## **COUNTY OF NASSAU**

## LOBBYIST PERIODIC REPORT FORM

1. Name, address and telephone number of lobbyist(s)/lobbying organization as it appears on Lobbyist Registration and Disclosure Form:

Constantinople & Vallone Consulting LLC 233 Broadway, Suite 830 New York, NY 10279 (212) 393-6500 (List of lobbyist attached)

2.	Reporting Period: A	oril 1 - May 31, 2017	
(Janua	ry 1 to March 31; Apri	il 1 to May 31; June 1 to August 31; or September 1 to December 31)	
lobbyi		h 6 below, where a lobbyist is required to file this report, any such or incurred any compensation or expenses for the period shall make	
	List below amounts for any compensation paid or owed to the lobbyist during the period e purposes of lobbying. Such amounts shall be detailed as to amount, to whom paid and for purpose.		
	Amount	Details	
	\$8,000	Government Relations	
	a street and the street and the street		
4.	List below the cumul	ative total amounts earned to date for lobbying year:	
		, , ,	
	\$20,000		

		or any expenses expended or incurred by the lobbyist during the bying. Such amounts shall be detailed as to amount, to whom paid
	Amount	Details
6.	List below the cumula	tive total amounts expended to date for lobbying year:
	0	
4		gh 10 below, you may attach a copy of your Lobbyist Registration d the information has not changed.)
7. (e.g. N	List whether and whe assau County, New Yo	re the lobbyist(s)/lobbying organization is registered as a lobbyist rk State):
		ng: Nassau County, Suffolk County, New York City, New e & House of Representatives
MP Er 40 Re Suite New	Name, address and to st is retained, employed ngineers, PC ctor Street 1020B York, NY 10006 736-1100	elephone number of client(s) by whom, or on whose behalf, the lor designated.

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None
9. Describe lobbying activity conducted, or to be conducted, in Nassau County, and identify client(s) for each activity listed, during the Reporting Period.
None
10. The name of persons, organizations or governmental entities before whom the lobbyist has lobbied during the period.
None

I understand that copies of this form will be sent to the Nassau County Department of Information Technology ("IT") to be posted on the County's website.

I also understand that upon termination of retainer, employment or designation I must give written notice to the County Attorney within thirty (30) days of termination.

VERIFICATION: I certify that all statements made on this statement are true, correct and complete to the best of my knowledge and belief and I understand that the willful making of any false statement of material fact herein will subject me to the provisions of law relevant to the making and filing of false instruments and will render such statement null and void.

Dated: 6 3 17

Signed:

Print Name:

PERRY CVAllone

Title:

PARtner

STATE OF NEW YORK

COUNTY OF NASSAU

SS:

Sworn to before me this

Day of

**NOTARY PUBLIC** 

ANA D CORSING
NY TARY PUBLIC-STATE OF NEW
NO. 01CO6256757

My Commission Expires 03 (CIS has

## Constantinople & Vallone Consulting LLC

STAFF LOBBYING FOR: MP ENGINEERS, PC

Anthony Constantinople, Jr.
Peter Vallone Sr.
Perry Vallone
Anthony Constantinople III
Steve Williams
Robert Kevin Jones
Aycan Kaptaner
Jacob Potent
Carol Swift
Andrea Reres
Gema Garcia
Stylianos Karolidis

The Woolworth Building
233 Broadway, Suite 830, New York, NY 10279
Phone: 212-393-6500 Fax: 212-393-6501