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 8309 New York, NY 10279 212-393-6500 (list of individual lobbyist attached)

_		. has 4 Assessed 04 0040				
2.	Reporting Period: June 1 - August 31,, 2018					
(Janua	ry 1 to March 31;	April 1 to May 31; June 1 to August 31; or September 1 to December 31)				
lobbyi		grough 6 below, where a lobbyist is required to file this report, any such med or incurred any compensation or expenses for the period shall make				
		ants for any compensation paid or owed to the lobbyist during the period ying. Such amounts shall be detailed as to amount, to whom paid and for				
	Amount \$15,000	Details Government Relations				
4.	List below the c	umulative total amounts earned to date for lobbying year:				
	\$40,000					

		for any expenses expended or incurred by the lobbyist during the bbying. Such amounts shall be detailed as to amount, to whom paid
	Amount	Details
6.	List below the cumu	lative total amounts expended to date for lobbying year:
		ough 10 below, you may attach a copy of your Lobbyist Registration led the information has not changed.)
7. (e.g. N	List whether and whassau County, New Y	here the lobbyist(s)/lobbying organization is registered as a lobbyist ork State):
	au County, Suffolk (e of Representative	County, New York City, New York State, Federal (Senate & s)
The G 621 N Boca	Name, address and st is retained, employ GEO Group, Inc. IW 53rd Street Raton, FL 33487 199-5824	telephone number of client(s) by whom, or on whose behalf, the ed or designated.

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: Sept 12, 2018	Signed: Print Name: Title:	Partner Vallows
STATE OF NEW YORK SS: COUNTY OF NASSAU Sworn to before me this 12 Day of Septembel Uzabeh livungi	, 20	ELIZABETH K KIMUNDI Notary Public, State of New York No. 02KI6295507 Qualified in Kings County Commission Expires Jan. 06, 20

Constantinople & Vallone Consulting LLC

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

STAFF LOBBYING FOR The GEO Group, Inc.

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