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:

Kasirer LLC 321 Broadway, Suite 201 New York, NY 10007 212-285-1800

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2. Reporting Period: June 1 to August 31				
(January 1 to March 31; April 1 to May 31; June 1 to August 31; or September 1 to December 31)			
(Note: for Sections 3 through 6 below, where a lobbyist is required to file this report, any sucl lobbyist that has not earned or incurred any compensation or expenses for the period shall make such a statement herein)	1			
3. List below amounts for any compensation paid or owed to the lobbyist during the period for the purposes of lobbying. Such amounts shall be detailed as to amount, to whom paid and for what purpose.	i r			
Amount Details				
22,500 paid by Eastern Communications Ltd. for relationship building				
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	_			
	-			
	•			
4. List below the cumulative total amounts earned to date for lobbying year:				
\$37,500 from Eastern Communications Ltd.				

		obbying. Such amounts shall be detailed as to an	
	Amount	Details N/A	
6.	List below the cumu	lative total amounts expended to date for lobbyin	g year:
	\$37,500 from Eastern Cor	mmunications Ltd.	<u> </u>
		ough 10 below, you may attach a copy of your L ded the information has not changed.)	obbyist Registration
7. (e.g. 1	List whether and wassau County, New	here the lobbyist(s)/lobbying organization is reg York State):	istered as a lobbyist
New	York State, New Yo	rk City, Nassau County	
8. lobby	Name, address and ist is retained, employ	telephone number of client(s) by whom, or or ed or designated.	whose behalf, the
4814 Long	ern Communications 36th Street Island City, NY 111 729-2044		

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: 9 14 2021	Signed: Print Name: Title:	MUC TUR Execut
STATE OF NEW YORK)	gg.	
COUNTY OF NASSAU)	SS:	
Sworn to before me this\ullet_		
Day of Stotenber	, 20 <u>૩\</u> .	
ALEXIS WERTH Notary Public, State of New York Reg. No. 02WE0355826 NOTARY Publish Lichnew York County Commission Expires 03/20/2025	<u></u>	