## 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:

Marc S. Alessi Shelter Rock Strategies LLC 300 Garden City Plaza, 5th Floor Garden City, NY 11530 (516) 294-4000

2.	Reporting Period: 2	021 - June 1 to August 31			
(Janua	ry 1 to March 31; Apr	il 1 to May 31; June 1 to August 31; or September 1 to December 31)			
lobbyi	for Sections 3 through ist that has not carned statement herein)	th 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 purposes of lobbying. Such amounts shall be detailed as to amount, to whom paid and for purpose.				
	Amount \$5,000	Details Chard-Green Thumb (Figurillo Phermaceuticals) - Paid in full through July 2021; Aug 2021 invoice outstanding			
4.	List below the cumulative total amounts earned to date for lobbying year:				
	17,500.00				

List whether and where the lobbyist(s)/lobbying organization is registered as a lobg. Nassau County, New York State):  Excretary of State, Clerk of the House of Representatives, NYS Joint Commission of the Ethics, Suffolk County Legislature and Nassau County.  Name, address and telephone number of client(s) by whom, or on whose behalf behist is retained, employed or designated.	\$400,00 Client - Green Thumb (Fioretto Pharmaceuticals) - JCOPE & Nassau Cour	nty registratio
lieu of completing 7 through 10 below, you may attach a copy of your Lobbyist Registration Disclosure Form, provided the information has not changed.)  List whether and where the lobbyist(s)/lobbying organization is registered as a lobg. Nassau County, New York State):  excretary of State, Clerk of the House of Representatives, NYS Joint Commission of abitic Ethics, Suffolk County Legislature and Nassau County.  Name, address and telephone number of client(a) by whom, or on whose behalf obbyist is retained, employed or designated.		
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obbyist is retained, employed or designated.		
obbyist is retained, employed or designated.		
obbyist is retained, employed or designated.		
lient: Green Thumb Industries c/o Fiorello Pharmaceuticals - Tel. #312.471.6720	Name, address and telephone number of client(s) by whom, or on who	se behali
Address: 325 W. Huron St., Chicago, IL 60654	Name, address and telephone number of client(s) by whom, or on who bbyist is retained, employed or designated.	se behali
Public Ethics, Suffolk County Legislature and Nassau County.  . Name, address and telephone number of client(s) by whom, or on whose be obbyist is retained, employed or designated.	7. List whether and where the lobbyist(s)/lobbying organization is registered (e.g. Nassau County, New York State):	
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Address: 325 W. Huron St., Chicago, IL 60654	obbyist is retained, employed or designated.	

9.	Describe lobbying activity conducted, or to be conducted, in Nassau County, and identify
client(	s) for each activity listed, during the Reporting Period.

Green Thumb Industries (Fiorello Pharmaceuticals) - Assisting the client interface with local officials to find an appropriate Nassau County location for its business.

10. The name of persons, organizations or governmental entities before whom the lobbyist has lobbied during the period.

Nassau County Legislature, Nassau County Executive's Office, Nassau County IDA, Town of Hempstead, Town of Oyster Bay, Town of North Hempstead, City of Long Beach, City of Glen Cove, Village of Freeport, Village of Hempstead, Village of Valley Stream, Village of Westbury, Nassau County Village Officials Association, New York State Long Island Legislative Delegation and Long Island Congressional Delegation.



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:	Marc S. Ale	ssi
	Title:	Member	
STATE OF NEW YORK  SS:  COUNTY OF NASSAU  Sworn to before me this  Day of Sterombian  NOTARY PUBLIC			

John Tochterman

Notary Public, State of New York

No. 01TO5061163

Qualified in Suffolk County

Commission Expires: June 3rd,