COUNTY OF NASSAU

LOBBYIST PERIODIC REPORT FORM

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

Craig Johnson Long Point Strategic Advisors, Inc. D/B/A Long Point Advisors 25 Overlook Drive Port Washington, NY 11050 516-707-5610

2.	Reporting Perio	j: June 1 to August 31			
(Jan		April 1 to May 31; June 1 to August 31; or September 1 to December 3	(1)		
lobb	e: for Sections 3 t yist that has not en a statement herein	rough 6 below, where a lobbyist is required to file this report, any su ned or incurred any compensation or expenses for the period shall ma	ich		
	List below amon the purposes of lob t purpose.	ants for any compensation paid or owed to the lobbyist during the peri- ying. Such amounts shall be detailed as to amount, to whom paid and i	od		
	Amount	Details			
	0.00	NA			
			_		
			_		
			_		
4.	List below the cumulative total amounts earned to date for lobbying year:				
	0.00				

and i	or what purpose.				
	Amount 0.00	NA Details			
6.	List below the cumulative total amounts expended to date for lobbying year:				
	0.00				
and I	Disclosure Form, pro	through 10 below, you may attach a copy of your Lobbyist Registration ovided the information has not changed.) where the lobbyist(s)/lobbying organization is registered as a lobbyist w York State):			
7. (e.g.	List whether and Nassau County, Ne	ovided the information has not changed.) where the lobbyist(s)/lobbying organization is registered as a lobbyist			
and I 7. (e.g. New	List whether and Nassau County, Ne York State, Nass	ovided the information has not changed.) where the lobbyist(s)/lobbying organization is registered as a lobbyist w York State): au County, Suffolk County			
and I 7. (e.g. New 8.	Disclosure Form, pro List whether and Nassau County, Ne York State, Nass Name, address a	where the lobbyist(s)/lobbying organization is registered as a lobbyist w York State):			

9. client	Describe lobbying activity conducted, or to be conducted, in Nassau County, and identif (s) for each activity listed, during the Reporting Period.
None	h.
10. lobbie	The name of persons, organizations or governmental entities before whom the lobbyist had 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: 9/9/2021	Signed: Print Name: Title:	Craig Johnso CEO
STATE OF NEW YORK) COUNTY OF NASSAU)	SS:	
Sworn to before me this		
NOTARY PUBLIC	, 20,24,	