

County of Nassau

Lobbyist Client Annual Report

For the reporting year 2021

1. Name, address and telephone number of client utilizing a lobbyist:

Conifer Realty, LLC 1000 University Ave., Suite 500 Rochester, NY 14607 Contact: Salvatore Leone, 856-793-2083

2. Name, address and telephone number of each lobbyist retained, employed, or designated by client:

McBride Consulting & Business Development Group 290 Broad Hollow Rd., Ste 130E Melville, NY 11747 631-944-3227

3. A description of the subject or subjects on which each lobbyist retained, employed or designated by such client has lobbied:

Municipal Procurement: Advocacy of affordable housing development in the Village of Hempstead

4. Names of the persons and agencies before which such lobbyist has lobbied:

Assembly Member Taylor Darling, Senator Kevin Thomas, Village of Hempstead; Deputy Mayor Jeff Daniels and Mayor Waylyn Hobbs, Town of Hempstead; Councilwoman Dorothy Goosby

5. List below the expenses paid or incurred in relation to the lobbyist(s) retained by client or for any other lobbying:

Amount	Details
\$15,000	MKBS Management Corp. (January Services)
\$15,000	MKBS Management Corp. (February Services)
\$15,000	MKBS Management Corp. (March Services)
\$15,000	MKBS Management Corp. (April Services)
\$15,000	MKBS Management Corp. (May Services)
\$15,000	MKBS Management Corp. (June Services)
\$15,000	MKBS Management Corp. (July Services)
\$15,000	MKBS Management Corp. (August Services)
\$15,000	MKBS Management Corp. (September Services)
\$15,000	MKBS Management Corp. (October Services)
\$15,000	MKBS Management Corp. (November Services)
\$15,000	MKBS Management Corp. (December Services)

6. List below the cumulative total amounts expended or incurred on lobbying throughout the prior year:
\$180,000
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: 1/11/2022 Signed:
Print Name: Saw Leone
Title: Executive Vice President
New Jersey State of New York) Burlington) SS: COUNTY OF NASSAU)
Sworn to before me this
Day of January , 20 <u>12</u>
NOTARY PUBLIC
TARA L SORRELL NOTARY PUBLIC OF NEW EDGES

