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:
GOTHAM GOVERNMENT RELATIONS & COMMUNICATIONS, LLC
1399 FRANKLIN AVE, GARDEN CITY, NY 11530
PHONE: (516) 880-8170
DDAVID SCHWARTZ, & BRADLEY GERSTMAN,
3) DIANE CAHILL, 4) MARISSA ESPINOZA (5) NICOLE DEUTSCH
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 such lobbyist that has not some below.
lobbyist that has not earned or incurred any compensation or expenses for the period shall make such a statement herein)
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.
Amount Paid by Just Kits for service's rendered by Paid by Just Kits for service's rendered by Details Paid by Just Kits for service's rendered by June, July, & August.
PAID BY NASSAU COUNTY MUSEUM OF ART FOR SERVICES RENDERED BY ALL LOBBYISTS FOR MONTHS JUNE, JULY, & AUGUST. PAID BY OPTOTRAFFIC FOR SERVICES RENDERED BY ALL LOBBYISTS FOR MONTHS JUNE, JULY, & AUGUST. PAID BY SLCD FOR SERVICES RENDERED BY ALL LOBBYISTS FOR MONTHS JUNE, JULY, & AUGUST.
4. List below the cumulative total amounts earned to date for lobbying year:
\$53,500 for all clients

Amount	Details
\$0	NO EXPENSES INCURRED
. List below the	cumulative total amounts expended to date for lobbying year:
	#O
	
d Disclosure Form,	g 7 through 10 below, you may attach a copy of your Lobbyist Registration provided the information has not changed.) and where the lobbyist(s)/lobbying organization is registered as a lobbyist
List whether a	provided the information has not changed.) and where the lobbyist(s)/lobbying organization is registered as a lobbyist New York State):
nd Disclosure Form, List whether a	provided the information has not changed.) and where the lobbyist(s)/lobbying organization is registered as a lobbyist
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Ind Disclosure Form, List whether a	provided the information has not changed.) and where the lobbyist(s)/lobbying organization is registered as a lobbyist New York State):
List whether a le.g. Nassau County, VES - WITH Name, addres	provided the information has not changed.) and where the lobbyist(s)/lobbying organization is registered as a lobbyist New York State):
List whether a e.g. Nassau County, VES - WITH Name, address obbyist is retained, en	provided the information has not changed.) and where the lobbyist(s)/lobbying organization is registered as a lobbyist New York State): NEW YORK STATE ENASSAU COUNTY s and telephone number of client(s) by whom, or on whose behalf, the imployed or designated.
List whether a e.g. Nassau County, VES - WITH Name, address obbyist is retained, en	and where the lobbyist(s)/lobbying organization is registered as a lobbyist New York State): NEW YORK STATE ENASSAU COUNTY s and telephone number of client(s) by whom, or on whose behalf, the

(4) SCHOOL FOR LANGUAGE : COMMUNICATIONS (SLCD) (MULTISTATE)
(516)609-2000, 100 GLEN COVE AVE, GLEN COVE, NY 1154
9. Describe lobbying activity conducted, or to be conducted, in Nassau County, and iden client(s) for each activity listed, during the Reporting Period.
D PROCUREMENT & CONTRACTS: JUST KIDS, NASSAU COUNTY
MUSEUM OF ART, OPTOTRAFFIC
DLEGISLATIVE: OPTOTRAFFIC
3) PROGRAM APPROVAL: SLCD
4 GENERAL RELATIONSHIP BUILDING: ALL OF THE ABOVE
10. The name of persons, organizations or governmental entities before whom the lobbyist lobbied during the period.
-NASSAU COUNTY LEGISLATURE
-NASSAU COUNTY EXECUTIVE

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: 12/04/2015

Signed:

Print Name:

Title:

STATE OF NEW YORK

SS:

COUNTY OF NASSAU

Sworn to before me this

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Day of Jeeember, 2015

MOTARY PLIBLIC

PUBLIC

EXP. August 24, 2019

NASSAU COUNTY

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