

5. List below amounts for any expenses expended or incurred by 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	Details
\$0.00	N/A
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. List below the cumulative total amounts expended to date for lobbying year:

0.00 _____

(In lieu of completing 7 through 10 below, you may attach a copy of your Lobbyist Registration and Disclosure Form, provided the information has not changed.)

7. List whether and where the lobbyist(s)/lobbying organization is registered as a lobbyist (e.g. Nassau County, New York State):

Within New York, Oracle America, Inc. is registered as a lobbyist with New York State, New York City and Nassau County. Oracle America, Inc.'s Nassau County lobbyist registration has been terminated effective March 15, 2017.

8. Name, address and telephone number of client(s) by whom, or on whose behalf, the lobbyist is retained, employed or designated.

Oracle America, Inc.
c/o 2350 Kerner Blvd., Suite 250
San Rafael, CA 94901
415-389-6800

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

Lobbying activities with Nassau County on behalf of Oracle America, Inc. included procurement and administrative processes concerning technology-related matters.

10. The name of persons, organizations or governmental entities before whom the lobbyist has lobbied 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: 3.31.2012

Signed:



Print Name:

Jason D. Kaune

Title:

Designated Agent

STATE OF NEW YORK)

)

SS:

COUNTY OF NASSAU)

Sworn to before me this _____

Day of _____, 20__.

NOTARY PUBLIC

See attached California Jurat

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

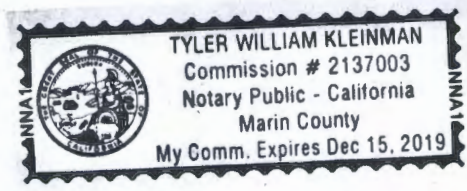
Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
 County of Marin

Subscribed and sworn to ~~(or affirmed)~~ before me
 on this 31 day of March, 2017,
 by Jason D. Kavre
 (1) Jason D. Kavre



(and (2) _____),
 Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Tyler Kleinman
 Signature of Notary Public

Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____
 Number of Pages: _____ Signer(s) Other Than Named Above: _____