



County of Nassau  
Lobbyist Client Annual Report  
For the reporting year 2020

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

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

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

Davidoff Hutcher & Citron LLP  
605 Third Avenue  
New York, New York 10158  
Phone: 212-557-7200

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

Matters related to information technology and software.



6. List below the cumulative total amounts expended or incurred on lobbying throughout the prior year:

0.00

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: 12/30/20

Signed: 

Print Name: Joel Aurora

Title: Designated Agent for Filer

STATE OF ~~NEW YORK~~)

) SS:

COUNTY OF ~~NASSAU~~)

Sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, 2020

See attached California Grant  
NOTARY PUBLIC

**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

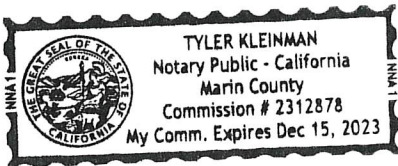
Subscribed and sworn to (or affirmed) before me  
 on this 30 day of December, 2020,  
 by \_\_\_\_\_  
Date Month Year

(1) Opal Clifford Shond. Aurora

(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: \_\_\_\_\_