

County of Nassau

Lobbyist Client Annual Report

For the reporting year 20¹⁶

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

Jewish Association for Services for the Aged (JASA) 247 West 37th Street, New York, NY 10018 212-273-5260

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

Jolene Boden, Long Island District Director, JASA, 158 Third Street, Mineola, NY 11501 516-742-2050
Bari Goltzman, Director Long Beach Services, JASA, 75 East Walnut Street, Long Beach, NY, 11561, 516-432-0570
Molly Krakowski, Director, Legislative Affairs, JASA, 247 West 37th St, NY, NY 10018, 212-273-5260

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

JASA lobbied Nassau County Office for the Aging, Nutrition Services, Community Services, and Fiscal to discuss funding for JASA sponsored programs serving the aging Nassau County.

JASA lobbied former New York State Assembly Member Todd Kaminsky re: funding for JASA services in Nassau County.

4. Names of	the persons and agencies before which such lobbyist has lobbied:
Vicktoria Meyerl	noefer, Director of the Office for the Aging s - Nutrition Services
Donna Reed - A	dministrator of Community Service
Brian Hall - Fisc	al ly Member Todd Kaminsky
T GITTIGIT / LOGGITTS	iy Morrisor Toda Narrimsky
List below for any other lobb	with the expenses paid or incurred in relation to the lobbyist(s) retained by client or bying:
Amount	Details
\$25	Compensation for lobbying expenses incurred.
\$48	Compensation for lobbying expenses incurred.
-	
· · · · · · · · · · · · · · · · · · ·	
>=	

6. List below the cumulative total amounts expended or incurred on lobbying throughout the prior year:
\$73
3
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: 1/13/17 Signed: Molly Kalonsh Print Name: Molly Krakowski
Title: Director, Legislative Affairs, JASA
STATE OF NEW YORK)
) SS: COUNTY OF NASSAU)
Sworn to before me this 18th
Day of January, 2017.
DAHIANA RECIO