

4. List below the cumulative total amounts earned to date for lobbying year:

~~_____~~ \$25,000

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
N/A	N/A
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

_____ N/A

(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):

~~_____~~ New York State
_____ Suffolk County
_____ Nassau County

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

Long Island Association

Same address and telephone as above.

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

for the Long Island Association (the diet), Matthew Cohen and Ken Law submit letters, testimony and other written correspondence, as well as engage in verbal communications regarding legislation, rules, regulations and other public policy matters proposed in and by Nassau County.

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

Nassau County Executive, Nassau County Legislature

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.

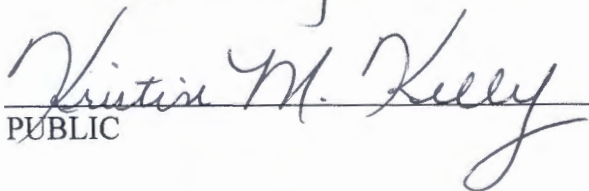
I also understand that upon termination of retainer, employment or designation I must give written notice to the County Attorney within thirty (30) days of termination.

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: <u>1/17/18</u>	Signed: 
	Print Name: <u>Matthew Cohen</u>
	Title: <u>Vice President of Government Affairs</u>

STATE OF NEW YORK)
) SS:
 COUNTY OF NASSAU)

Sworn to before me this 17th
 Day of January, 2018.

 NOTARY
 PUBLIC

KRISTIN M. KELLY
 NOTARY PUBLIC-STATE OF NEW YORK
 No. 01KE6164022
 Qualified in Suffolk County
 My Commission Expires April 09, 2019