

## County of Nassau

## Lobbyist Annual Report

## For the reporting year 2018

1. Name, address and telephone number of lobbyist(s)/lobbying organization as it appears on Lobbyist Registration and Disclosure Form:

AARP 750 Third Avenue New York, NY 10017 516-713-5144

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

AARP

750 Third Avenue New York, NY 10017 516-713-5144 3. A description of the subject or subjects on which each lobbyist retained, employed or designated by such client has lobbied:

Age friendly communities, Prescription Formulary, Tax reduction case #17-m-0815

4. Names of the persons and agencies before which such lobbyist has lobbied:

Nassau County Executive, Deputy Commissioner Martinez, Public Service Commission

5. List below amounts for any compensation paid or owed to the lobbyist during the prior year for the purposes of lobbying. Such amounts shall be detailed as to amount, to whom paid and for what purpose.

Amount 946.76	Details Compensation for lobbying - Bernard Macias			

the second se	

6. List below the cumulative total amounts earned for lobbying throughout the year: 946.76

7. List below the expenses incurred or expensed by lobbyist for the purpose of lobbying:

Amount 0.00	Details
0.00	none
and a start of a start of the s	
aanse 200 - 200 - 200	

 List below the cumulative total amounts expended for lobbying throughout the year: 946.76

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:	11	9	Signed:	
	1		Print Name:	Beth Finkel
				State Director

STATE OF NEW YORK) ) SS:	
COUNTY OF NASSAU )	
Sworn to before me this 11dy	//-
Day of January	, 20 <u>19</u> . *
NOTARY PUBLIC	





## County of Nassau

### Lobbyist Client Annual Report

# For the reporting year 20<sup>18</sup>

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

#### AARP

750 Third Avenue New York, NY 10017 516-713-5144

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

AARP 750 Third Avenue New York, NY 10017 516-713-5144

**Bernard Macias** 

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

Age friendly communities, prescription formulary, tax reduction case #17-m-0815

1

4. Names of the persons and agencies before which such lobbyist has lobbied:

Nassau County Executive, Deputy Commissioner Martinez, Public Service Commission

5. List below the expenses paid or incurred in relation to the lobbyist(s) retained by client or for any other lobbying:

Amount	Details
946.76	Compensation for Lobbying - Bernard Macias
anna halan anna an tha anna an airtean	
**************************************	
	2

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: 11119	Signed: <u>Beth Finkel</u> Print Name: <u>Beth Finkel</u> Title: <u>State Director</u>
STATE OF NEW YORK) ) SS: COUNTY OF NASSAU )	
Sworn to before me this 114	
Day of January	2019 NTARY PUB
NOTARY PUBLIC	No. 01CA6026996 Exp. 08/08/2011

3