

COUNTY OF NASSAU

LOBBYIST PERIODIC REPORT FORM

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

Philip Barbaro, Thomas Doran
Aetna
151 Farmington Avenue
Hartford, CT 06156
518 451 3125

2. Reporting Period: 9/1/15 - 12/31/15

(January 1 to March 31; April 1 to May 31; June 1 to August 31; or September 1 to December 31)

(Note: for Sections 3 through 6 below, where a lobbyist is required to file this report, any such lobbyist that has not earned or incurred any compensation or expenses for the period shall make such a statement herein)

3. List below amounts for any compensation paid or owed to 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
<u>\$100</u>	<u>Phil Barbaro; meetings with N.C. Legislature</u>
<u>\$100</u>	<u>Thomas Doran; meetings with NC Legislature</u>
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4. List below the cumulative total amounts earned to date for lobbying year:

~~\$200~~ \$520

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

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

(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):

Nassau County :
Aetna (corporation) ; NYS JCOPE

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

Aetna
151 Farmington Ave
Hartford CT ; 518 451 3125

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

Employee Benefits - health insurance

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

Nassau County Legislature, majority & minority members

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: 1/15/16

Signed: Margaret M Moree

Print Name: Margaret Moree

Title: Director, Government Affairs
Actne

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

Sworn to before me this _____

Day of _____, 20__.

NOTARY PUBLIC