



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
na	NA
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

na  
\_\_\_\_\_

(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):

The Jewish Association for Services for the Aged (JASA) is registered with the New York State Joint Commission on Public Ethics (JCOPE). Jolene Boden, Gloria Lebeaux, and Molly Krakowski are also registered with JCOPE as lobbyists.

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

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

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

During the current period, April 1 - May 31:

Jolene Boden met with former Assembly Member Todd Kaminsky to discuss funding for JASA services in Nassau.

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

Senator Todd Kaminsky, when he was in his former position as NYS Assembly Member

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: 6/10/2016

Signed:

Molly Krakowski

Print Name:

Molly Krakowski

Title:

Director, Legislative Affairs

STATE OF NEW YORK )

)

SS:

COUNTY OF NASSAU )

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

Day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC