



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	Details
946.76	Compensation for lobbying - Bernard Macias
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



County of Nassau

Lobbyist Client Annual Report

For the reporting year 20¹⁸

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

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: 1/11/19

Signed: Beth Finkel

Print Name: Beth Finkel

Title: State Director

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

Sworn to before me this 11th

Day of January, 2019

Maggie Castro
NOTARY PUBLIC

