



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 0.00	None	Details
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

0.00  
\_\_\_\_\_

(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
- New York City
- Nassau County
- Suffolk County

8. 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

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

Age Friendly - working to make the county Age Friendly (AARP).

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

Kyle Rose-Louder, Deputy County Executive, For Health & Human Services

Jorge A Martinez, Deputy Commissioner, Nassau Office for the Aging

Caitlyn Murphy, Director, Nassau Office for the Aging

Trista Briel, Director, Nassau Office for the Aging

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: 9/12/19

Signed: Ben Kital

Print Name: Ben Kital

Title: State Director

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

Sworn to before me this 12th

Day of September, 2019.

Carol A. Nuzzo  
NOTARY PUBLIC

CAROLA A. NUZZO  
NOTARY PUBLIC, State of New York  
No. 01-4948820  
Qualified in Kings County  
Commission Expires 5-1-23