



County of Nassau

Lobbyist Client Annual Report

For the reporting year 2019

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

AARP  
750 Third Avenue  
New York, NY 10017  
(516) 716-5144

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

Beth Finkel  
750 3rd Avenue, 31st Floor  
New York NY, 10017  
(212) 407-3720

Bernard Macias  
27 Lincoln Blvd  
Merrick NY, 115566  
(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 - working to make the county Age Friendly (AARP)

---

---

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

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

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

Amount	Details
<u>74.69</u>	<u>Beth Finkel for Lobbying Detailed Above</u>
<u>74.69</u>	<u>Bernard Macias for Lobbying Detailed Above</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

6. List below the cumulative total amounts expended or incurred on lobbying throughout the prior year:

149.39

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: 1/14/2020

Signed: Beth Finkel

Print Name: Beth Finkel

Title: NY State Director  
ANACP

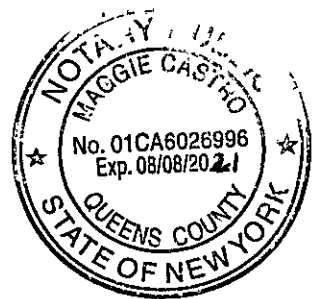
STATE OF NEW YORK)

) SS:

COUNTY OF NASSAU )

Sworn to before me this 14th

Day of January, 2020



Maggie Castro  
NOTARY PUBLIC