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:

AARP 750 Third Avenue New York, NY 10017

516-713-5144

2.	Reporting Period: June 1 - August 31, 2018						
(Janua:	ry 1 to March 31; Apri	1 1 to May 31; June 1 to August 31; or September 1 to December 31)					
lobbyis	_	h 6 below, where a lobbyist is required to file this report, any such or incurred any compensation or expenses for the period shall make					
		or any compensation paid or owed to the lobbyist during the period Such amounts shall be detailed as to amount, to whom paid and for					
	Amount	Details					
	559.97	Bernard Macias Compensation for Lobbying					
	Allerance and the party of the same of the						
	May be still and particular and an experience						
	Marie Control of the						
		LIE WILLIAM CONTROL OF THE CONTROL O					
4.	List below the cumulative total amounts earned to date for lobbying year:						
	559.97						

_		ants for any expenses expended or incurred by the lobbyist during the of lobbying. Such amounts shall be detailed as to amount, to whom paid
	Amount 0.00	Details
6.	List below the cu	mulative total amounts expended to date for lobbying year:
and I	Disclosure Form, pro	through 10 below, you may attach a copy of your Lobbyist Registration ovided the information has not changed.) where the lobbyist(s)/lobbying organization is registered as a lobbyist w York State):
Nass	sau County, New `	York State, New York City
AAR 750 New	vist is retained, emp	nd telephone number of client(s) by whom, or on whose behalf, the loyed or designated.

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:	Signed: Print Name: Title:	Ben Zund Ben Khal Stare Junt
STATE OF NEW YORK)	gg.	RV

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COUNTY OF NASSAU

Sworn to before me this III

Day of Sectional 2018

NOTARY PUBLIC

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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 - AARP
Prescription Formulary - AARP
Tax reduction case #17-m-0815

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

Nassau County Executive, Deputy Commissioner Martinez, Public Service Commission