## COUNTY OF NASSAU

Attorney
Attorney

Auth:

I West St

Mineda M 11501

## LOBBYIST PERIODIC REPORT FORM

1. Name, address and telephone number of lobbyist(s)/lobbying organization as it appears on Lobbyist Registration and Disclosure Form:
Philip Barbaro + Thomas Doran
Aetna
151 Farmington Avenue
Hartford Ct 06154
518 451 3125
2. Reporting Period: June 1 to Aug 31, 2015  (January 1 to March 31; April 1 to May 31; June 1 to August 31; or September 1 to December 31)
(Note: for Sections 3 through 6 below, where a lobbyist is required to file this report, any such lobbyist that has not earned or incurred any compensation or expenses for the period shall make such a statement herein)
3. List below amounts for any compensation paid or owed to 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  \$160  Philip Barbaro - health insurance benefits  Thomas Deran - health insurance benefits
4. List helpsy the sumulative total amounts somed to date for labbying years.
4. List below the cumulative total amounts earned to date for lobbying year:  \$\frac{4}{320}\$

perio		lobbying. Such amounts shall be detailed as to amount, to whom paid			
	Amount	Details no Expenses			
6.	List below the cum	List below the cumulative total amounts expended to date for lobbying year:			
and D	Disclosure Form, prov List whether and wassau County, New				
	Aetna	Corporation): NYS.			
8. lobby	Name, address and ist is retained, emplo	I telephone number of client(s) by whom, or on whose behalf, the yed or designated.			
	Aetna				
	151 Fare	rington Avenue			
	Hartford	a ( )			
	Employed	@ Actna (518) 451 3125			

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: 10/5/2015	Signed:	Margaret In Procee
	Print Name:	Margaret M Morec
	Title:	Director Government Affair
Illinois		Aetna
STATE OF NEW YORK ) COUNTY OF NASSAU ) SS	:	
Sworn to before me this 5 ths		
Day of October	, 20_/5.	
NOTARY PUBLIC	7	OFFICIAL SEAL  BARBARA B. KOKENES  NOTARY PUBLIC, STATE OF ILLINOIS  MY COMMISSION EXPLIPED A 10 PORT