COUNTY OF NASSAU

LOBBYIST PERIODIC REPORT FORM

1.	Name, address and telephone number of lobbyist(s)/lobbying organization as it appears on
Lobby	ist Registration and Disclosure Form:
AARF	

New York, NY 10017

750 Third Avenue

516.713.5144

2.	Reporting Period: January 1 - March 31, 2018					
(Janua	ary 1 to March 31; A	pril 1 to May 31; June 1 to August 31; or September 1 to December 31)				
lobbyi		ugh 6 below, where a lobbyist is required to file this report, any such of or incurred any compensation or expenses for the period shall make				
		s for any compensation paid or owed to the lobbyist during the period ng. Such amounts shall be detailed as to amount, to whom paid and for				
	Amount \$89.09	Details Bernard Macias Compensation for Lobbying				

4.	List below the cumulative total amounts earned to date for lobbying year:
	\$89.09

		for any expenses expended or incurred by the lobbyist during the obbying. Such amounts shall be detailed as to amount, to whom paid				
	Amount \$0.00	Details				
6.	List below the cumulative total amounts expended to date for lobbying year: \$0.00					
	Ψ0.00					
		ough 10 below, you may attach a copy of your Lobbyist Registration ded the information has not changed.)				
7. (e.g.]	List whether and wh Nassau County, New Y	nere the lobbyist(s)/lobbying organization is registered as a lobbyist ork State):				
Nassau County, New York City, New York State						
8. lobby	rist is retained, employe	telephone number of client(s) by whom, or on whose behalf, the ed or designated.				
	Third Avenue York, NY 10017					
516.	713.5144					

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: 4/6/18	Signed: Print Name: Title:	Beth Finkel State Director
STATE OF NEW YORK Guens COUNTY OF NASSAU Sworn to before me this Day of NOTARY PUBLIC SS:	, 20 <u>\</u> \ \	No. 01CA6026996 Exp. 08/08/20.21