

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	Details
	No expenses incurred during the Lobbying Period

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

No expenses incurred to date.

(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):

West End Strategies, Ltd. is a registered lobbyist in the State of New York and County of Nassau

8. Name, address and telephone number of client(s) by whom, or on whose behalf, the lobbyist is retained, employed or designated.

Island Harvest Food Bank, 40 Marcus Blvd., Hauppauge, NY 1178 631-873-4775

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

Conducted outreach to Legislator Laura Curran's office to arrange a site tour and briefing at the Freeport food distribution site on behalf of Island Harvest Food Bank. Site tour with Legislator Curran and Island Harvest Food Bank leadership is scheduled for June, 21, 2017 and is for informational purposes only.

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

Telephone & email contact with D. Viana (Legislative Aide for Legislator Curran) and M. Dignan (Scheduler for Legislator Curran) to arrange a tour and briefing of Island Harvest Food Bank's Freeport distribution site.

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: June 15, 2017

Signed:

Donald Miller

Print Name:

Donald Miller

Title:

President

STATE OF NEW YORK)

)

SS:

COUNTY OF NASSAU)

)

Sworn to before me this 15th

Day of June, 2017.

Joan M. Puglisi
NOTARY PUBLIC

