COUNTY OF NASSAU

LOBBYIST PERIODIC REPORT FORM

1.		nd telephone number of lobbyist(s)/lobbying organization as it appears stration and Disclosure Form:	
West	t End Strategies, Ltd	d., Donald Miller, President	
160	Westend Ave. Freep	port, NY 11520	
516-	330-1647		
		. Sept. 1, 2017 to Dec. 31, 2017	
2.	Reporting Period	. Sept. 1, 2017 to Bec. 31, 2017	
(Janu 31)	ary 1 to March 31;	April 1 to May 31; June 1 to August 31; or September 1 to December	
lobby		rough 6 below, where a lobbyist is required to file this report, any such ned or incurred any compensation or expenses for the period shall make	
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 \$4000.00	Details Monthly retainer \$1000.00/month	

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 0	Details No expenses incurred	
		The expenses meaned	
6.	List below the co	umulative total amounts expended to date for lobbying year:	
-	_	through 10 below, you may attach a copy of your Lobbyist Registration rovided the information has not changed.)	
		d where the lobbyist(s)/lobbying organization is registered as a lobbyist unty, New York State):	
7.		• • • • • • • • • • • • • • • • • • • •	
	v York State		

Isla	and Harvest Food Bank
15	Grumman Rd. W., Suite 1450 Bethpage, NY 11714
51	6-294-8528
9.	Describe lobbying activity conducted, or to be conducted, in Nassau County, and identify client(s) for each activity listed, during the Reporting Period.
No l	lobbying activity conducted during the Reporting Period
· · · · · · · · · · · · · · · · · · ·	
10.	The name of persons, organizations or governmental entities before whom the lobbyist has lobbied during the period. None

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. Signed: Print Name: Title: STATE OF NEW YORK SS: COUNTY OF NASSAU Sworn to before me this **NOTARY** MARIA SURIEL

> Registration #01SU6212794 Qualified in Nessau County Commission Expires October 19, 2017

Notary Public, State of New York