

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 reporting period.
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

_____ No expenses incurred to date for the lobbying year.

(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):

Registered in New York State and Nassau County

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 11788

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

On behalf of Island Harvest Food Bank briefed County Executive's office of Hunger Action Month activities and arranged a photo opportunity (to be scheduled in early September) with the County Executive to promote Hunger Action Month.

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

Brian Nevin (advised of Hunger Action Month activities)

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: 9/15/2016

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 September, 2016.

Joan M. Puglisi
NOTARY PUBLIC

JOAN M. PUGLISI
Notary Public, State of New York
Registration #01PU6035475
Qualified In Nassau County
Commission Expires Jan. 3, 2018