

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 11788 | 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.

Arranged and attended a site tour with Legislator Laura Curran on behalf of Island Harvest Food Bank at its Freeport, NY distribution site, which took place on July 26, 2017. West End Strategies, Ltd.

facilitated an introduction between Legislator Curran and Randi Shubin Dresner, president & CEO, Island Harvest Food Bank, the purpose of which was to brief the Legislator on Island Harvest Food Bank's hunger-relief efforts throughout the 5th Legislative District.

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

Legislator Laura Curran, 5th LD

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: 9/14/17

Signed: Donald Miller

Print Name: Donald Miller

Title: President

STATE OF NEW YORK)
) SS:
 COUNTY OF NASSAU)

Sworn to before me this 14th

Day of September, 20 17

Maria Suriel

 NOTARY PUBLIC

