\$12,000

## COUNTY OF NASSAU

## LOBBYIST PERIODIC REPORT FORM

1.	Name, address and telephone number of lobbyist(s)/lobbying organization as it appears or
Lobb	st Registration and Disclosure Form:

Lobb	yist Registration a	nd Disclosure Form:
Wes 160	ald Miller t End Strategies, Westend Ave. port, NY 11520-t	
2.	Reporting Period	d: September 1, 2016 to December 31, 2016
(Janu	ary 1 to March 31;	April 1 to May 31; June 1 to August 31; or September 1 to December 31)
such a  3. for the	ast that has not ear a statement herein)  List below amou	arough 6 below, where a lobbyist is required to file this report, any such rened or incurred any compensation or expenses for the period shall make on the lobbyist during the period ying. Such amounts shall be detailed as to amount, to whom paid and for
	Amount \$4000.00	Details Paid to West End Strategies, Ltd. for lobbying/government relations services.
4.	List below the cu	amulative total amounts earned to date for lobbying year:

	Amount	Details  No expenses incurred during the Reporting Period.
6.	List below the co	umulative total amounts expended to date for lobbying year:
	No expenses incurre	d during the lobbying year.
7.	disclosure Form, pr	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 w York State):
Regi	stered in New Yo	ork State and Nassau County.
8. lobby	Name, address a ist is retained, emp	and telephone number of client(s) by whom, or on whose behalf, the loyed or designated.
Island 40 M	d Harvest Food B arcus Blvd. pauge, NY 1178	Bank

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: \_1/17/2017

Signed:

Donald Miller

Print Name:

President

Title:

STATE OF NEW YORK )

SS.

**COUNTY OF NASSAU** 

Sworn to before me this 174k

Day of

20/

NOTARY PUBLIC

JOAN M. PUGLISI

Notary Public, State of New York
Registration #01PU6035475
Qualified In Nassau County
Commission Expires Jan. 3, 20/6