COUNTY OF NASSAU

LOBBYIST PERIODIC REPORT FORM

1.	Name, address a	nd telephone numbe	er of lobbyist(s)/lobbying	g organization as it appears or
Lobby	ist Registration ar	nd Disclosure Form:		

Long Island Board of Realtors 300 Sunrise Highway W. Babylon, NY 11704

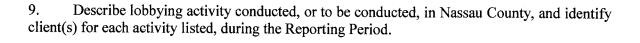
(631) 661-4800

\$30,000

2. Reporti	g Period: June 1 to August 31
(January 1 to N	arch 31; April 1 to May 31; June 1 to August 31; or September 1 to December 31)
(Note: for Second lobbyist that he such a statement	ons 3 through 6 below, where a lobbyist is required to file this report, any such s not earned or incurred any compensation or expenses for the period shall make therein)
3. List be for the purpose what purpose.	ow amounts for any compensation paid or owed to the lobbyist during the period of lobbying. Such amounts shall be detailed as to amount, to whom paid and for
what purpose.	
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	Details Marlo Paventi Dilts
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	Amount 0	Details
6.	0	ulative total amounts expended to date for lobbying year:
(In lie and I	Disclosure Form, provi	rough 10 below, you may attach a copy of your Lobbyist Registration ided the information has not changed.) where the lobbyist(s)/lobbying organization is registered as a lobbyist
(e.g.)	Nassau County, New	York State):
NYC	JCOPE Office of the City Colk County Sau County	lerk

Long Island Board of Realtors 300 Sunrise Highway West Babylon, NY 11704 (631) 661-4800



Real Estate realted issues including: Transparancy and fairhousing int he buying and selling process of co-op's, mortgage interest deduction, first time homebuyers savings account, flood insurance and mortgage recording fees.

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

NYS Assembly and Senate, Suffolk County Legislature, some members of town governments

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:	Signed: Print Name:	Marlo Paventi Deit
	Title:	Director of Johnmond
STATE OF NEW YORK)		Affais
COUNTY OF NASSAU) SS:		
Sworn to before me this3 rd		
Day of <u>september</u>	, 20 <u>19</u> .	
SUSCE FOR COL		

LISA FORCA
Notary Public, State of New York
No. 5000664
Qualified in Suffolk County
Commission Expires August 17,