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Lobbyist Registration Form

Form Confirmation #: LR00035114

Year of Registration: 2015-2016

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name:

LONG ISLAND BOARD OF REALTORS (FKA

KAPLAN, RANDY L.)

Business Address 1:

RANDY KAPLAN C/O LONG ISLAND BOARD OF REALTORS

Address 2:

300 SUNRISE HIGHWAY

City:

WEST BABYLON

State:

NY

Zip Code:

11704

Business Phone:

(631) 661-4800

Fax Number:

(631) 661-5202

Email Address:

RKAPLAN@LIREALTOR.COM

Type of Lobbying:

NonProcurement

Level of Government Lobbied: Both

Type of Lobbyist:

Employed

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Additional Lobbyist Information

Click "Remove" to delete any lobbyist(s) who will not be lobbying for this client for this registration period. To Add additional lobbyists, go to "Manage Profile" in the menu.

First Name	Last Name	?
JAHNEILLE	EDWARDS	
RANDY	KAPLAN	
CATHLEEN	QUINN NOLAN	
DOREEN	SPAGNUOLO	

Client Information

Client Business Name:

LONG ISLAND BOARD OF REALTORS

Business Address 1:

300 SUNRISE HIGHWAY

Address 2:

City:

WEST BABYLON

State: Zip Code: NY 11704

Country:

US

Business Phone: Fax Number:

(631) 661-4800 (631) 661-5202

Chief Administrative Officer First Name: JOSEPH E.

Chief Administrative Officer Last Name: MOTTOLA

Chief Administrative Officer Title:

CHIEF EXECUTIVE OFFICER

Third party information

Name:

Business Address 1:

Address 2: City:

State: Zip Code:

Country:			
Business Phone:			
lient Business Nature			
Select the category that best describes	the nature of the Client's business		
O Banking & Financial Services	○ Communications	○ Education	
O Environment & Natural Resources	O Health & Mental Hygiene	○ Insurance	
OLabor	CLaw	O Manufacturing	
O Marketing & Sales	O Public Utilities	O Public, Community	
O Racing & Wagering	Real Estate & Construction	State & Local Gove	rnment
O Trade Associations	○ Transportation	OTravel & Tourism	
Subject			
Subjects on which you expect to lobby:			
REAL-ESTATE RELATED			
Person		- market and a support of the suppor	
Person, State Agency, Municipality, or I	egislative Body you expect to lobl	y:	
NYS GOVERNOR; NYS LEGISLATURE; NYC C SUFFOLK & NASSAU COUNTY EXECUTIVES TOWNS (SUPERVISORS AND COUNCILS) VI	AND LEGISLATURES; NASSAU & SUFF	OLK COUNTY	
Bill Bill, Rule, Regulation, Rate Number or b intended introduction of legislation or a	resolution on which you lobbied:	roduction or	
No details were entered.			
litle little			
Title and Identifying # of procurement to lobby:	contracts and documents on which	h you expect	
No details were entered.		en e	
Number or Subject Matter Number or Subject Matter of Executive expect to lobby:	Order of Governor/Municipality or	n which you	
	. •		
No details were entered.			
Subject Matter Subject Matter of and Tribes involved in expect to lobby:	n tribal-state compacts, etc on wh	ich you	
No details were entered.			
Contract/Authorizations			
You must either mail in a copy of your	signed contract/authorization or u	pload and attach a	
scanned copy of the same.			
Contract / Authorization Start Date (MM/DD/YYYY):	1/1/2015		
Contract / Authorization End Date (MM/DD/YYYY):	12/31/2016		
Check here if mailing:	ក្រាមប្រជាជាតិ នៃក្នុងស្វីស្វែកប្រធាន បា	Caption (14.4)	
https://onlineapps.jcope.ny.gov/Lobby	Watch/Administration/LB_Reg	istrationForm.aspx?x	7/24/201

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Or Community of the Community of the Community of the Responsibility of the Responsibility of the Responsibility of the Community of the Responsibility of the Community of the Responsibility of the Community of	
Click here to upload signed contract/authorizations:	
Or Choose previous uploaded and unassigned contract/authorization(s) below:	
Original Contract	
FileName Description Date	
1500 2015 02 25 11 12 20 ndf 15 15 15 DD Pont####### 3/25/2015	
11:14:23 AM	
If an uploaded contract/authorization does not appear, click here to see updated list of choices	
Declaration	
I declare under penalty of perjury that the information contained in this registration is true, correct and complete to the best of my knowledge and belief.	
Date: 1/7/2015 First Name: RANDY L. Last Name: KAPLAN Comments:	
Fees	
Please Check one of the following: Amount :200.00 IMPORTANT : Please choose your payment carefully - Registration fees are non-refundable.	
Payment Mode	
© Credit Card Credit Card Authorization Code: 209216	

Prior to final submission please verify reporting year you have selected.