## Lobbyist Bi-Monthly Report

	Form Confirmation #: LBR0262077			
Year of Registration : 2015				
Reporting Period:				
Mark One	-			
O January - February	O Mar	ch - April	O May - June	
O July - August	○Sep	tember - October	November - December	
Principal Lobbyist Information	n			
(To make changes to any o	the Lobbyist	: Information, go to "	Manage Profile" in the Lobbyist menu).	
Principal Lobbyist Name:	LONG ISLAI KAPLAN, RA	ND BOARD OF REALTOR	RS (FKA	
		LAN C/O LONG ISLAND BOARD OF REALTORS		
Address 2:		SE HIGHWAY	BOARD OF REALFORD	
City:	WEST BABYLON			
State:	NY			
Zip Code:	11704			
Business Phone:				
Fax Number:	(001) 001			
Email Address:		LIREALTOR.COM		
Type of Lobbying:	NonProcure			
Level of Government Lobbic	D-4L	mene		
Type of Lobbyist: Employed				
Details Menu".  To Add Additiona bimonthly period	al Lobbyists, v I, you must go	n" in your "Lobbyist F who lobbied for this c o to your "Lobbyist Re obbyist Registration D	lient for this	
First Na	me	Last Name	?	
RANDY		KAPLAN		
CATHLEEN	Language Control	QUINN NOLAN		
DOREEN		SPAGNUOLO		
Client Information			screening :	
Client Business Name:		LONG TOLAND DOLD	D OF DEAL TORS	
Business Address 1:		LONG ISLAND BOARD		
Address 2:		300 SUNRISE HIGHW	VAY	
		WEST DARW ON		
City:		WEST BABYLON		
State:		NY		
Zip Code:		11704		
Country:		US		
Business Phone:		(631) 661-4800		
Fax Number:		(631) 661-5202		
Chief Administrative Officer First Name:		JOSEPH E.		
Chief Administrative Officer Last Name:		MOTTOLA		
Chief Administrative Officer Title:		CHIEF EXECUTIVE OF	FFICER	

	Inird Party Information	
Name:		
Business Address 1:		
Address 2:		
City:		
State:		
Zip Code:		
Country:		
Business Phone:		
Summary of Compensation	and Reimbursed Expenses for this period	
Compensation	Reimbursed Expenses	
(Current Period Only)	(Current Period Only)	
15000	0	
Other Lobbying Expenses	(Current Period Only)	
	all expenses less than or equal to \$75 :	0
B.Report in the aggregate	all expenses for salaries of non-lobbying employees :	0
C 74		
C.Itemize all expenses exc	ses to report for this period.	
(pinned)		
✓ Check box to agree wi	th previous statement or enter expenses below	
		Тор
D. Total expenses for curre	ent period : \$ 0	
Subject		
Subjects on which you lo	ibbied:	
oubjects on minen you is		
REAL-ESTATE RELATED		
Person		
	unisinalibu su I saislatius Badu labbiad.	
Person, State Agency, Mi	unicipality or Legislative Body lobbied:	
NYS GOVERNOR: NYS LEGI	SLATIDE: NVC COLINCIL: OLIEENS BOROLICH PRESIDENT.	
	SLATURE; NYC COUNCIL; QUEENS BOROUGH PRESIDENT; TY EXECUTIVES AND LEGISLATURES; NASSAU & SUFFOLK COUNTY	
	D COUNCILS) VILLAGES; CITIES OF LONG BEACH AND GLEN COVE.	
Bill		
	to Number or brief description relative to the interduction of	
	te Number or brief description relative to the introduction or legislation or a resolution on which you lobbied:	
	regionation of a resolution on which you loss blear	
STATE LEVEL & NYC CO-OP	TRANSPARENCY & CO-OP 45 DAY LAW; SUFFOLK COUNTY CO-OP	
LAW; VILLAGE OF HEMPSTE	EAD CO-OP LAW; MORTGAGE INTEREST DEDUCTION; MANDATE	
RELIEF; MORTGAGE DEBT I	RELIEF; PROPERTY TAX CAP; CEASE & DESIST; MANSION TAX;	
	E # ON DISCLOSURES; INCREASE IN NASSAU & SUFFOLK COUNTY	
REAL ESTATE RECORDING	FEES	
Title		
Title and Identifying # of	f procurement contracts and documents on which you expect	
to lobby:		
No details were entered.		
Number or Subject Matter		
<del>-</del> -	er of Executive Order of Governor/Municipality on which you	
expect to lobby:	The state of the s	
No details were entered.		
Subject Matter		

Subject Matter of and Tribes involved in tribal-state compacts, etc on which you expect to lobby:

No details were entered.

## Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

Check box to agree with previous statement

Date: 1/7/2016

First Name: Comments: RANDY L.

Last Name:

KAPLAN