

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
 before submitting or form will be returned.

Reporting Information	
Year: 2015	
Fill in circle if amendment <input type="radio"/>	
Report Period:	<input checked="" type="radio"/> January/June <input type="radio"/> July/December
Type of Lobbying:	<input checked="" type="radio"/> Nonprocurement <input type="radio"/> Procurement <input type="radio"/> Both
Client Filing Fee Check Number:	

FOR OFFICE USE ONLY

Client Information		
Name: Long island Board of REALTORS		
Randy Kaplan		
Permanent Business Address: 300 Sunrise Highway		
City: West Babylon	State: NY	ZIP code: 11704
Business Phone: (631) 661-4800	Fax Number:	
Third Party Beneficiary (see instructions):		

Lobbyist(s) Information & Compensation (Current Period Only)		
Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.		
A	Type of Lobbyist: <input type="radio"/> Retained <input checked="" type="radio"/> Employed <input type="radio"/> Designated	
	Level of Gov't: <input type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input checked="" type="radio"/> Both	
	Name: Randy Kaplan	Phone Number:
	Address: 300 Sunrise Highway	
	City: West Babylon	State: NY ZIP code: 11704
	Compensation for current period: \$ 15000 .00	
B	Type of Lobbyist: <input type="radio"/> Retained <input checked="" type="radio"/> Employed <input type="radio"/> Designated	
	Level of Gov't: <input type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input checked="" type="radio"/> Both	
	Name: Jahneille Edwards	Phone Number:
	Address: 300 Sunrise Highway	
	City: West Babylon	State: NY ZIP code: 11704
	Compensation for current period: \$ 15000 .00	
C	Type of Lobbyist: <input type="radio"/> Retained <input type="radio"/> Employed <input type="radio"/> Designated	
	Level of Gov't: <input type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both	
	Name:	Phone Number:
	Address:	
	City:	State: ZIP code:
	Compensation for current period: \$.00	
<input type="radio"/> Continued on attached pages		
D	TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets):	\$ 30000 .00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75:	\$ 0	.00
B Report in the aggregate all expenses for salaries of non-lobbying employees:	\$ 0	.00
C Itemize each expense exceeding \$75:		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
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PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<input type="radio"/> Continued on attached pages		
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.		
D Total expenses for current period:	\$ 0	.00 (if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Please select one of the following options:

- Reporting is required. (Please use the Microsoft Excel Source of Funding spreadsheet template found on the JCOPE website at "Lobbying Forms and Instructions" → "PDF Registration and Reporting")
- Exemption pending or previously approved
- Reporting is not required - under spending threshold
- Reporting is not required - no applicable contributions
- Reporting is not required - filer is exempt as 501(c)(3) or governmental organization

VI Subjects lobbied:

Real-Estate Related Subjects

Continued on attached pages

VII Person, State Agency, Municipality or Legislative Body lobbied:

NYS Governor; NYS Legislature; Nassau & Suffolk County Legislatures & County Executives; NYC Council & Queens Borough President; Nassau & Suffolk Town Supervisors & Councils; Villages and Cities of Long Beach & Glen Cove

Continued on attached pages

VIII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

State Level Co-op Transparency & 45 Day Law; Suffolk County Co-op Law; Village of Hempstead Co-op Law; Mortgage Interest Deduction; Mandate Relief; Mortgage Debt Relief; Property Tax Cap; Cease & Desist; Mansion Tax; Team Definition; License # on Disclosures.

Continued on attached pages

IX Title and Identifying Numbers of procurement contracts/documents lobbied:

Continued on attached pages

X Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

Continued on attached pages

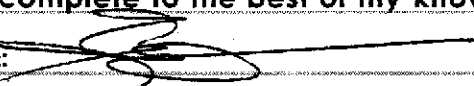
XI Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

Continued on attached pages

XII Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer for any reason does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)

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

X SIGNATURE:  **DATE:** July 10, 2015

PRINT NAME: LAST Mottola **FIRST** Joseph

TITLE: CEO

Mark One: Chief Administrative Officer Designee(Attach Letter)

The following MUST be attached to this report at the time of submission:

- You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XII.
- If applicable, continuation sheets for sections III,IV,VI,VII,VIII,IX,X, and XI.
- If applicable, a completed Source of Funding spreadsheet. (Blank spreadsheet should be downloaded from the JCOPE website at "Lobbying Forms and Instructions" → "PDF Registration and Reporting")

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.