

DUPLICATE

FORM L1-A
Reporting For Calendar Year 2009

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FOR STATE USE ONLY

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT
AMENDED



NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
P.O. Box 185, Trenton, NJ 08625-0185
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
Website: www.elec.state.nj.us

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Eastern Environmental Law Center

Business Address 744 Broad Street - Suite 1525

City Newark State NJ Zip Code 07102

*(Area Code) Telephone Number (973) 424-1166

1. Provide the following information regarding the Governmental Affairs Agent(s) on whose behalf this report is filed.

1. Name Julia LeMense

Registration Number 1551-3 Occupation or Business attorney

Business Address same as above

City State Zip Code

*(Area Code) Telephone Number

2. Name

Registration Number Occupation or Business

Business Address

City State Zip Code

*(Area Code) Telephone Number

3. Name

Registration Number Occupation or Business

Business Address

City State Zip Code

*(Area Code) Telephone Number

4. Name

Registration Number Occupation or Business

Business Address

City State Zip Code

*(Area Code) Telephone Number

SUMMARY OF BENEFIT PASSING

PURPOSE: To report the total amount of providing benefits to State officials covered by the Act and their immediate family members.

	SCHEDULE G-1*	+	SCHEDULE G-2**	=	AMOUNT
Entertainment	\$ _____		+ \$ _____		= \$ _____
Food and Beverage	_____		+ _____		= _____
Travel	_____		+ _____		= _____
Lodging	_____		+ _____		= _____
Honoraria	_____		+ _____		= _____
Loans	_____		+ _____		= _____
Gifts	_____		+ _____		= _____
Other (specify) _____	_____		+ _____		= _____
Total	\$ _____		+ \$ _____		= \$ _____

**SCHEDULE G-1 AND
SCHEDULE G-2 TOTAL**

* After completing all entries on Schedule G-1, provide totals by category.

** Enter, by category, the value of benefit passing where the expenditure did NOT exceed the \$25/day or \$200/calendar year thresholds.

**ENTER THE TOTAL AMOUNT OF REIMBURSED BENEFITS, IF ANY.
DO NOT DEDUCT THIS AMOUNT FROM BENEFIT PASSING AMOUNTS.**

\$ _____ 0.00

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

1. Salary and Compensation	Schedule B Total	\$	_____	4,371.00
2. Support Personnel	Schedule C Total		_____	
3. Communication Expenses	Schedule E Total		_____	
4. Travel and Lodging	Schedule F Total		_____	
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total		_____	
Total Lobbying Expenditures			\$ _____	4,371.00

CERTIFICATION

This certification shall be signed by either the Governmental Affairs Agent filing this Annual Report on his/her own behalf, or by the Managing or Principal Partner or Chief Executive Officer of the Governmental Affairs Agent Firm.

I, Julia LeMense

(print name)

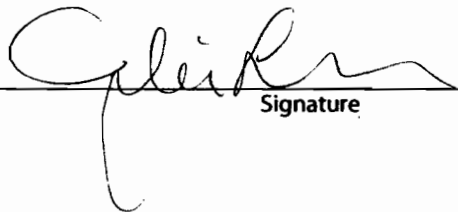
hereby certify that I am duly authorized by

Eastern Environmental Law Center

(print name of firm)

Amended

to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year 2009.
I certify that the statements made herein are true and accurate. I am aware that if any of the foregoing statements are willfully false, I may be subject to punishment.



Signature

April 29
February 25, 2010

Date