

DUPLICATE

FORM L1-A
Reporting For Calendar Year 2009

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



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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

Amendment

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Claudine M. Leone, Esq.

Business Address 224 West Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number (609) 394-1711

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

1. Name Claudine M. Leone, Esq.

Registration Number 1754-1 Occupation or Business Attorney/Lobbyist

Business Address 224 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number (609) 394-1711

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 _____

2. REPRESENTED ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY

Provide the following information concerning those Represented Entities who have designated this report to include their activity.

Note: For each Represented Entity, Form L-2 must be filed.

1. Name of Represented Entity New Jersey Academy of Family Physicians

Business Address 224 West State Street

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Trenton State NJ Zip Code 08608

Type of Business Professional Association

2. Name of Represented Entity American Camp Association, NJ Chapter

Business Address PO Box 672

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Pittstown State NJ Zip Code 08867

Type of Business Professional Association

3. Name of Represented Entity _____

Business Address _____

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City _____ State _____ Zip Code _____

Type of Business _____

4. Name of Represented Entity _____

Business Address _____

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City _____ State _____ Zip Code _____

Type of Business _____

5. Name of Represented Entity _____

Business Address _____

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City _____ State _____ Zip Code _____

Type of Business _____

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity _____

| | | |
|------------------------|--------------------------|---|
| Business Address _____ | <input type="checkbox"/> | Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity. |
|------------------------|--------------------------|---|

City _____ State _____ Zip Code _____

Type of Business _____

2. Name of Represented Entity _____

| | | |
|------------------------|--------------------------|---|
| Business Address _____ | <input type="checkbox"/> | Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity. |
|------------------------|--------------------------|---|

City _____ State _____ Zip Code _____

Type of Business _____

3. Name of Represented Entity _____

| | | |
|------------------------|--------------------------|---|
| Business Address _____ | <input type="checkbox"/> | Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity. |
|------------------------|--------------------------|---|

City _____ State _____ Zip Code _____

Type of Business _____

4. Name of Represented Entity _____

| | | |
|------------------------|--------------------------|---|
| Business Address _____ | <input type="checkbox"/> | Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity. |
|------------------------|--------------------------|---|

City _____ State _____ Zip Code _____

Type of Business _____

5. Name of Represented Entity _____

| | | |
|------------------------|--------------------------|---|
| Business Address _____ | <input type="checkbox"/> | Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity. |
|------------------------|--------------------------|---|

City _____ State _____ Zip Code _____

Type of Business _____

SCHEDULE A

1. Did any Governmental Affairs Agent named in this Annual Report serve as a member of:

- > any independent State authority;
- > any county improvement authority;
- > any municipal utilities authority;
- > any inter-State or bi-State authority as a member from New Jersey; or,
- > any board or commission established by statute or resolution, or by executive order of the Governor, or by the Legislature, or by any Agency, Department or other instrumentality of the State?

No If "no," continue on to the next question. Yes If "yes," please provide the following information:

Name of Governmental Affairs Agent _____

Name of Authority, Board, or Commission _____

Date When Term of Service Expires _____

Name of Governmental Affairs Agent _____

Name of Authority, Board, or Commission _____

Date When Term of Service Expires _____

Name of Governmental Affairs Agent _____

Name of Authority, Board, or Commission _____

Date When Term of Service Expires _____

Name of Governmental Affairs Agent _____

Name of Authority, Board, or Commission _____

Date When Term of Service Expires _____

2. Did all Governmental Affairs Agent(s) named in this Annual Report file all Notices of Representation and Quarterly Reports required during the calendar year covered by this Annual Report?

Yes If "yes," continue on to Schedule B. No If "no," please file the necessary reports immediately.

SCHEDULE B - SALARY & COMPENSATION

PURPOSE: To report the salary and compensation paid to the Governmental Affairs Agents on whose behalf this report is filed. Include the reimbursement of an Agent's expenses in amounts reported.

NOTE: Only the pro rata share of each Governmental Affairs Agent's salary and compensation need to be included if the Agent spends only a portion of his/her time on lobbying activity.

NAME OF GOVERNMENTAL AFFAIRS AGENT

AMOUNT

Claudine M. Leone, Esq.

\$ 77,500.00

SCHEDULE B TOTAL \$ 77,500.00

SCHEDULE C - SUPPORT PERSONNEL

PURPOSE: To report the costs of support personnel who, over the course of the reporting year, individually spend 450 or more hours supporting the activities of the Governmental Affairs Agent(s).

After determining to which person(s) this applies, report the pro rata share of those costs which are attributable to supporting the activities of the Governmental Affairs Agent(s) in influencing legislation, regulations, governmental processes, or communicating with the general public.

SCHEDULE C TOTAL \$ 0.00

NO SCHEDULE D FOR GOVERNMENTAL AFFAIRS AGENTS

SCHEDULE G-1**ITEMIZATION OF BENEFITS WHICH EXCEEDED \$25 PER DAY OR \$200 PER CALENDAR YEAR TO STATE OFFICIALS AND THEIR IMMEDIATE FAMILY MEMBERS**

PURPOSE: To report detailed information concerning benefits passed to State officials covered by the Act, as well as the immediate family members of these officials. If the value of a benefit exceeded \$25 per day or \$200 per calendar year, report below.

(Select one description item for each entry from the drop down list. When selecting "O - Other", enter a description in the space provided.)

Name of Benefit Recipient _____

Date _____ Description _____ Amount \$ _____

Name and Address of Payee/Vendor

Name _____

Address _____

City _____ State _____ Zip Code _____

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient _____

Date _____ Description _____ Amount \$ _____

Name and Address of Payee/Vendor

Name _____

Address _____

City _____ State _____ Zip Code _____

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient _____

Date _____ Description _____ Amount \$ _____

Name and Address of Payee/Vendor

Name _____

Address _____

City _____ State _____ Zip Code _____

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient _____

Date _____ Description _____ Amount \$ _____

Name and Address of Payee/Vendor

Name _____

Address _____

City _____ State _____ Zip Code _____

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

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 | \$ _____ 77,500.00 |
| 2. Support Personnel | Schedule C Total | _____ |
| 3. Communication Expenses | Schedule E Total | _____ 3,035.00 |
| 4. Travel and Lodging | Schedule F Total | _____ |
| 5. Benefit Passing | Schedule G-1 and Schedule G-2 Total | _____ |
| Total Lobbying Expenditures | | \$ _____ 80,535.00 |

RECEIPTS TABLE

PURPOSE: To report all fees, retainers, allowances, reimbursement of expenses, or other compensation received from Represented Entities for the purpose of influencing legislation, regulations, governmental processes, or communicating with the general public.

NOTE: Report only the pro rata share of each receipt which is related to influencing legislation, regulations, governmental processes, or communicating with the general public.

| REPRESENTED ENTITY | AMOUNT |
|---|---------------------|
| 1. New Jersey Academy of Family Physician | \$ 47,500.00 |
| 2. American Camp Association, NJ Section | 30,000.00 |
| 3. | |
| 4. | |
| 5. | |
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| 11. | |
| 12. | |
| 13. | |
| 14. | |
| 15. | |
| 16. | |
| 17. | |
| 18. | |
| TOTAL RECEIPTS | \$ 77,500.00 |

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, Claudine M. Leone, Esq.

(print name)

hereby certify that I am duly authorized by

Claudine M. Leone, Esq.

(print name of firm)

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

2/10/2010

Date