



ANNUAL REPORT OF LOBBYIST ORGANIZATION

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

**P.O. BOX 185
TRENTON, NEW JERSEY 08625-0185
(609) 292-8700**

FORM L1-L 2001

ELEC RECEIVED

MAR 14 2011

FOR STATE USE ONLY

NAME OF LOBBYIST ORGANIZATION

R.T. McCray Associates

BUSINESS ADDRESS

81 Main St
Woodbridge NJ 07095

TELEPHONE NUMBER

732-855-9177

(AREA CODE)

1. Please provide the following information regarding the legislative agent(s) employed by the lobbyist organization named above.

NAME & REGISTRATION #	BUSINESS ADDRESS & TELEPHONE #	JOB TITLE
1.		
2.		
3.		

2. Please provide the following information regarding the legislative agent(s) retained, engaged, or otherwise used by the lobbyist organization.

NAME OF AGENT OR FIRM	BUSINESS ADDRESS & TELEPHONE #	OCCUPATION/BUSINESS
1.		
2.		

3. Did any legislative 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 Legislative Agent _____

Name of Authority, Board or Commission _____

Date When Term of Service Expires _____

Name of Legislative Agent _____

Name of Authority, Board or Commission _____

Date When Term of Service Expires _____

Name of Legislative Agent _____

Name of Authority, Board or Commission _____

Date When Term of Service Expires _____

Name of Legislative Agent _____

Name of Authority, Board or Commission _____

Date When Term of Service Expires _____

Name of Legislative Agent _____

Name of Authority, Board or Commission _____

Date When Term of Service Expires _____

4. Did the legislative 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 complete Schedule A and submit with the Annual Report.

SCHEDULE A - SUBJECT AREAS OF LOBBYING

PURPOSE: To report the subject areas of lobbying.

GENERAL CATEGORY OF LEGISLATION OR REGULATION	BILL NUMBER OR PROPOSED RULE NUMBER: (P) PROMOTED OR (O) OPPOSED	SPONSOR OR AUTHORIZER/AGENCY	DESCRIPTION OF BILL OR NJ REGISTER TITLE OF RULE	CLIENT
<i>No Activity</i>				

SCHEDULE B - SALARY & COMPENSATION

PURPOSE: To report the salary and compensation paid by the lobbyist organization to its legislative agent(s). Please include the reimbursement of an agent's expenses in amounts reported.

1. For the legislative agents who are employees of the lobbyist organization, please report the salary and other compensation paid.

\$ _____

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

2. For the legislative agents who are retained by the lobbyist organization, please provide the following information:

NAME OF PAYEE	LOBBYING PURPOSE	COMPENSATION
1.		\$ -0-
2.		
3.		
4.		
5.		
6.		
7.		
8.		
Total		\$ -0-
SCHEDULE B TOTAL		\$ -0-

SCHEDULE C - SUPPORT PERSONNEL

PURPOSE: To report the costs of support personnel who, over the course of the reporting year, spend 450 or more hours in activity supporting the lobbyist organization or legislative 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 lobbyist or legislative agent(s) in influencing legislation or regulation.

SCHEDULE C TOTAL \$ 0

SCHEDULES D-1 & D-2 ASSESSMENTS, MEMBERSHIP FEES OR DUES

Schedule D-1 -- Specific Intent

PURPOSE: To report the amount of assessments, membership fees or dues paid by a lobbyist organization. If the assessments, membership fees, or dues were paid by a lobbyist organization with the specific intent to influence legislation or regulation, please provide the information below:

PART I -- For assessments, membership fees or dues exceeding \$100 for the calendar year:

DATE	PAYEE	DESCRIPTION (A, M OR D)	AMOUNT
			\$ - 0 -
Part I TOTAL \$			_____
PART II -- For assessments, membership fees or dues \$100 or less for the calendar year:			Part II TOTAL \$ _____
(Part I AND Part II) Schedule D-1 Total			TOTAL \$ _____

Schedule D-2 -- Major Purpose

PURPOSE: To report the pro rata amount of assessments, membership fees or dues paid by a lobbyist organization. If the assessments, membership fees, or dues were paid by a lobbyist organization to an entity whose major purpose is to influence legislation or regulation, and, was not reported on Schedule D-1, "Specific Intent," please provide the information below:

PART I -- For assessments, membership fees or dues exceeding \$100 for the calendar year:

DATE	PAYEE	DESCRIPTION (A, M OR D)	AMOUNT
			\$ 0
Part I TOTAL \$			_____
PART II - For assessments, membership fees or dues \$100 or less for the calendar year:			Part II TOTAL \$ _____
(Part I and Part II) Schedule D-2 TOTAL \$			_____
SCHEDULE D-1 AND SCHEDULE D-2 TOTAL \$			_____ <i>o</i>

SCHEDULE E -- COMMUNICATION EXPENSES

PURPOSE: To report the costs of the preparation and distribution of materials, and the costs of postage, telephone, telegram, facsimile, overhead costs of specific events, and other expenses

EXPENSE	AMOUNT
Printed Materials	\$ -0-
Film, Slides, Video, Audio	
Postage	
Telephone, Telegram, Facsimile	
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	
Other (please describe):	
SCHEDULE E TOTAL \$ -0-	

SCHEDULE F -- TRAVEL/LODGING

PURPOSE: To report the travel and lodging costs of the legislative agents who are employees of the lobbyist organization (named in question 1, page 1), related to influencing legislation or regulation.

NAME OF LEGISLATIVE AGENT	AMOUNT
	\$ -0-
SCHEDULE F TOTAL \$ -0-	

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, please detail below.

DATE	NAME OF BENEFIT RECIPIENT	NAME/ADDRESS OF PAYEE	DESCRIPTION	AMOUNT
		<i>No Activity</i>		\$

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	\$ _____	+ \$ _____	= \$ <u>-0-</u>
Food and Beverage	_____	+ _____	= _____
Travel and Lodging	_____	+ _____	= _____
Honoraria	_____	+ _____	= _____
Loans	_____	+ _____	= _____
Gifts	_____	+ _____	= _____
Other (specify)	_____	+ _____	= _____
Total	\$ _____	+ \$ _____	= \$ <u>-0-</u>
			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-
\$ _____

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

1. Salary and Compensation	Schedule B (Add the total from questions 1 & 2)	\$ <u>-0-</u>
2. Support Personnel	Schedule C Total	_____
3. Assessments, Membership Fees or Dues	Schedules D-1 and D-2 Total	_____
4. Communication Expenses	Schedule E Total	_____
5. Travel and Lodging	Schedule F Total	_____
6. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____
Total Lobbying Expenditures		\$ <u>-0-</u>

RECEIPTS TABLES 1 AND 2

Receipts Table 1 -- Specific Intent

PURPOSE: To report the amount of contributions, loans, membership fees, dues, or assessments provided to the lobbyist organization.

If the contributions, loans, membership fees, dues, or assessments were provided to the lobbyist organization with the specific intent to influence legislation or regulation, please provide the information below:

PART I -- For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
1.			\$ - 0 -
2.			\$
3.			\$
Part I Total			\$ _____
PART II -- For contributions, loans, membership fees, dues or assessments \$100 or less for the calendar year:			Part II Total \$ _____
Receipts Table 1 Total (Part I and II)			\$ _____

Receipts Table 2 -- Major Purpose

PURPOSE: To report the pro rata amount of contributions, loans, membership fees, dues, or assessments (receipts) received by a lobbyist organization. Note: If a receipt was already reported on Receipts Table I as a "Specific Intent" receipt, DO NOT report again as a "Major Purpose" receipt. If the receipts were received by the lobbyist organization whose major purpose is to influence legislation or regulation, please provide the information below:

Please provide the percentage of activity which constituted lobbying: (This figure must be more than 50%) 0 - %

For each receipt, multiply the percentage indicated by the amount of the receipt to arrive at a net receipt amount. Add together all net receipt amounts to arrive at the aggregate total.

Receipts Table 2 Total \$ 0 -

Review each net receipt amount. Any net receipt in excess of \$100 should be listed below:

DATE	SOURCE	ADDRESS	AMOUNT
1.			\$ 0 -
2.			\$
3.			\$
Table 1 and Table 2 Totals			Receipts Total \$ <u>0 -</u>

CERTIFICATION

This certification shall be signed by a legislative agent employed by the lobbyist organization or a responsible financial or governmental affairs officer of the lobbyist organization.

I, Richard T. McCray, J.D.
(print name)

hereby certify that I am duly authorized by

R.T. McCray Associates
(print name of lobbyist organization)

to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year _____ . 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

3/8/11
Date