



**ANNUAL REPORT
OF
COMMUNICATION
WITH THE GENERAL PUBLIC**

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

FORM L1-G
Reporting For Calendar Year 2010

ELEC RECEIVED
FEB 15 2011

FOR STATE USE ONLY

Amendment

Name of Reporting Entity Planned Parenthood Action Fund of New Jersey

Business Address PO Box 928

City Elizabeth State NJ Zip Code 07207

*(Area Code) Telephone Number _____

*Any person who receives contributions or makes expenditures in excess of \$2,500 in any year for the purpose of communication with the general public ("grassroots lobbying"), shall be required to file and certify the correctness of an Annual Report. Throughout this Annual Report, "person" will be referred to as "**Reporting Entity**." Note that "Reporting Entity" means an individual, partnership, committee, association, corporation, and any other organization or group of persons.*

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

1. Support Personnel	Schedule C Total \$	_____
2. Assessments, Membership Fees, or Dues	Schedule D-1 and Schedule D-2 Total	_____
3. Communication Expenses	Schedule E Total	8,500.00
4. Travel and Lodging	Schedule F Total	_____
	Total Expenditures \$	8,500.00

CERTIFICATION

This certification must be signed by a responsible representative of the Reporting Entity filing this report.

I, Michele Jaker
(print name)

hereby certify that I am duly authorized by
Planned Parenthood Action Fund of New Jersey
(print name of Reporting Entity)

to file and certify the accuracy and correctness of this Annual Report 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

February 14, 2011

Date

FORM L1-G HAS NO SCHEDULE A OR B

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 Reporting Entity which relate to communication with the general public. 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 Reporting Entity related to communicating with the general public.

SCHEDULE C TOTAL \$.00

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 the Reporting Entity. If the assessments, membership fees, or dues were paid by the Reporting Entity with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public, 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
			\$

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 \$.00

Schedule D-2 - Major Purpose

PURPOSE: To report the pro rata amount of assessments, membership fees, or dues paid by the Reporting Entity. If the assessments, membership fees, or dues were paid by the Reporting Entity to an entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, 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
			\$

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 D-2 TOTAL \$.00

SCHEDULE E - COMMUNICATION EXPENSES

PURPOSE: To report the costs of communicating with the general public.

EXPENSE	AMOUNT
Printed Materials	\$
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	8,500.00
Postage	
Telephone, Telegram, Facsimile	
Other (please describe):	
SCHEDULE E TOTAL	\$ 8,500.00

SCHEDULE F - TRAVEL/LODGING

PURPOSE: To report the travel and lodging costs related to communicating with the general public.

NAME	AMOUNT
	\$
SCHEDULE F TOTAL	\$.00

RECEIPTS TABLES 1 AND 2

Receipts Table 1 - Specific Intent

PURPOSE: To report the amount of contributions, loans, membership fees, dues, or assessments received by the Reporting Entity.

If the contributions, loans, membership fees, dues, or assessments were received by the Reporting Entity with the specific intent to communicate with the general public, 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
03-23-2010	Eric Schoenberg	626 Pawnee Lane, Franklin Lakes NJ	\$ 4,000.00
01-29-2010	Susan Stearns	43 Old Farm Road, Oakhurst, NJ	2,000.00
07-01-2010	Margaret Stone	5 Trent Court, Morristown, NJ	1,000.00

Part I Total \$ 7,000.00

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 received by the Reporting Entity. **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 Reporting Entity whose major purpose is to communicate with the general public, please provide the information below:

Provide the percentage of activity which constituted lobbying (this figure must be more than 50%): _____ %

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 \$ _____

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

DATE	SOURCE	ADDRESS	AMOUNT
			\$

Table 1 and Table 2 Totals

Receipts Total \$ _____

RECEIPTS TABLES 1 AND 2

Receipts Table 1 - Specific Intent

PURPOSE: To report the amount of contributions, loans, membership fees, dues, or assessments received by the Reporting Entity.

If the contributions, loans, membership fees, dues, or assessments were received by the Reporting Entity with the specific intent to communicate with the general public, 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
03-17-2010	Dr. Connie Newman	3 Red Fox Trail, Warren	\$ 300.00
2-12-2010	Karen Furst	777 Lenape Trail, Westfield	250.00
2-12-2010	Andrea Ivey-Harris	501 Delaware Ave, Point Pleasant Beach	250.00
Part I Total \$			800.00
PART II - For contributions, loans, membership fees, dues, or assessments \$100 or less for the calendar year:			Part II Total \$ 700.00
Receipts Table 1 Total (Part I and II) \$			8,500.00

Receipts Table 2 - Major Purpose

PURPOSE: To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Reporting Entity. **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 Reporting Entity whose major purpose is to communicate with the general public, please provide the information below:

Provide the percentage of activity which constituted lobbying (this figure must be more than 50%): _____ %

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 \$ _____

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

DATE	SOURCE	ADDRESS	AMOUNT
			\$

Table 1 and Table 2 Totals **Receipts Total \$** _____