

## ANNUAL REPORT OF REPRESENTED ENTITY

FORM L1-L
eporting For Calendar Year 2009

**ELEC RECEIVED** 

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# SPORTING EL

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

**NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION** 

	al Affairs Agent(s) employed by the Represent	Zip Code 19004
Address P. O. Box 2609  City Bala Cynwyd  *(Area Code) Telephone Number 215-209-1350  1. Provide the following information regarding the Governmenta  1. Name William G. M. Goetz	I Affairs Agent(s) employed by the Represent	
*(Area Code) Telephone Number 215-209-1350  1. Provide the following information regarding the Governmenta  1. Name William G. M. Goetz	I Affairs Agent(s) employed by the Represent	
Provide the following information regarding the Governmenta     Name William G. M. Goetz		ted Entity named above.
1. Name William G. M. Goetz		ted Entity named above.
D		
Registration Number 1423-1 Job Ti	tle Resident Vice President, New York	City, New Jersey, Phila.
Business Address P. O Box 2609		
City Bala Cynwyd	State PA	Zip Code 19004
*(Area Code) Telephone Number 215-209-1350		
2. Name		
Registration Number Job Ti	tle	
Business Address		
City	_	Zip Code
*(Area Code) Telephone Number		
3. Name		
Registration Number	tle	
Business Address		
City	State	Zip Code
*(Area Code) Telephone Number		
4. Name		
Registration Number Job Tr	tle	
Business Address		
City	State	Zip Code
*(Area Code) Telephone Number		

Entity.	Arrairs Agent(s) retained or otherwise engaged by the Represented
1. Name of Agent or Firm Sterns & Weinroth	
Address 50 West State Street, Suite 1400	
City Trenton	State NJ Zip Code 08607
*(Area Code) Telephone Number 609-392-2100	Occupation/Business Law Firm
2. Name of Agent or Firm	
Business Address	
City	State Zip Code
*(Area Code) Telephone Number	Occupation/Business
. SCHI	EDULE A
Did any Governmental Affairs Agent named on page 1, question     any independent State authority;	1, serve as a member of:
> any county improvement authority;	
<ul> <li>any municipal utilities authority;</li> </ul>	
any inter-State or bi-State authority as a member from N	•
<ul> <li>any board or commission established by statute or resol</li> <li>Legislature, or by any Agency, Department or other insti</li> </ul>	
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	<u> </u>
2. Did the Governmental Affairs Agent(s) named on page 1, questi during the calendar year covered by this Annual Report?	on 1 file all Notices of Representation and Quarterly Reports required
Yes If "yes," continue on to Schedule B.	No If "no," please file the necessary reports immediately.
*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.	I, an unlisted telephone number is not a public record and must not be provided on this form.

SCHEDUI FR.	CALARY &	COMPENSATION

**PURPOSE:** To report the salary and compensation paid by the Represented Entity to its Governmental Affairs Agent(s). Include the reimbursement of an Agent's expenses in amounts reported.

For the Governmental Affairs Agents who are employees of the Represented Entity named on page 1, question 1, 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.

5 7,717.30

For the Governmental Affairs Agents named on page 2, question 2, who are retained or otherwise engaged by the Represented Entity, please provide the following information:

NAME OF PAYEE	LOBBYING PURPOSE	СОМ	PENSATION
1. Sterns & Weinroth	Rail Transpo	s	72,412.00
2.			<u> </u>
3.			
4.			
5.			
6.			
7.			
	Tota	al \$	72,412.00
	SCHEDULE B TOTA	L\$	80,129.30

#### **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 Represented Entity or 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 Represented Entity or Governmental Affairs Agent(s) in influencing legislation, regulations, governmental processes, or communicating with the general public.

SCHEDULE C TOTAL	\$	0.00
SCHEDULE C TOTAL	.\$	U.

#### 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 Represented Entity. If the assessments, membership

fees, or dues were paid by the Represented 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
			\$
	(nine)		
		Part I TOTAL \$	0.00
PART II – For assessm	nents, membership fees, or dues \$100 or less for the calendar year:	Part II TOTAL \$	0.00
	(Part I AND Part II) So	chedule D-1 TOTAL \$	0.00

#### Schedule D-2 - Major Purpose

**PURPOSE:** To report the pro rata amount of assessments, membership fees, or dues <u>paid by the Represented Entity</u>. If the assessments, membership fees, or dues were <u>paid by the Represented Entity</u> 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

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

Intent," please provide the information below:

DATE	PAYEE	DESCRIPTION (A,M, or D)	AMOUN	Τ
02-20-2009	New Jersey Business & Industry Association	M	\$ 1,	400.00
			<u> </u>	
		Part I TOTAL \$	1,	400.00
PART N - For asset	ssments, membership fees, or dues \$100 or less for the calendar year:	Part II TOTAL \$		0.00
	(Part I and Part II	) Schedule D-2 TOTAL \$	1,	400.00
	Schedule D-1 AND	Schedule D-2 TOTAL \$	1,	400.00

<b>PURPOSE:</b> To report the costs of the preparation and distribution of materials related to influencing legislat governmental processes, and conducting communications with the general public.	tion, regulations,
EXPENSE (MML)	AMOUNT
Rrinted Materials	\$ 0.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	0.00
Postage	0.00
Telephone, Telegram, Facsimile	0.00
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	0.00
Other (please describe)	
SCHEDULE E TOTAL \$	0.00
SCHEDULE F - TRAVEL/LODGING  PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents who are employees of named on page 1, question 1, related to influencing legislation, regulations, governmental processing the general public.	
NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
William G. M. Goetz	\$ 1,921.99
SCHEDULE F TOTAL \$	1,921.99

**SCHEDULE E - COMMUNICATION EXPENSES** 

#### **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		
	Description	Amount \$	
	Name and Address of Payee/Vendor Name		
	Address		
	City	State Zip Code	
	_	the description, and the amount of the reimbursement.	
	Date Amount \$ Description		
	Name of Benefit Recipient		<u> </u>
	Date Qescription	Amount \$	
	Name and Address of Payee/Vendor Name		
	Address		•
	City	State Zip Code	
	If benefit was reimbursed, please report the date, Date Amount \$	the description, and the amount of the reimbursement.	
	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, Date Amount \$	the description, and the amount of the reimbursement.	
	. Description		
	Name of Benefit Recipient		
	Date Description	Amount \$	
	Name and Address of Payee/Vendor Name		
	Address		
	City	State Zip Code	
		the description, and the amount of the reimbursement.	
	Description		
			\.
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JUNIN	$\mathbf{m}$	nı	UГ	DEIT	EFII	$\Gamma$	221144

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

	SCI	HEDULE G-1*	SCHEDULE G-2**	AMOUNT
Entertainment	\$	+\$		=\$
Food and Beverage		+		=
Travel		+		=
Lodging		+		=
Honoraria		+		=
Loans		+		=
Gifts	·	+		=
Other(specify)	<del></del>	+		=
Total	\$	0.00 +\$	0.00	= \$0.00
				SCHEDULE G-1 AND SCHEDULE G-2 TOTAL

<sup>\*</sup> After completing all entries on Schedule G-1, provide totals by category.

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

.00

#### **SUMMARY OF LOBBYING EXPENDITURES**

#### **EXPENDITURES**

1. Salary and Compensation (Add the total from	n questions 1 & 2) Schedule B Total \$	80,129.30
2. Support Personnel	Schedule C Total	0.00
3. Assessments, Membership Fees, or Dues	Schedule D-1 and Schedule D-2 Total	1,400.00
4. Communication Expenses	Schedule E Total	0.00
5. Travel and Lodging	Schedule F Total	1,921.99
6. Benefit Passing	Schedule G-1 and Schedule G-2 Total	0.00
	Total Lobbying Expenditures \$	83,451.29

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

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#### Receipts Table 1 - Specific Intent

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

If the contributions, loans, membership fees, dues, or assessments were received by the Represented Entity with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

DATE	SOURCE	ADDRESS	AMOUNT		
		(none)	\$		
	Part I Total				
PART II - For contributions, loans, membership fees, dues, or assessments \$100 or Part II Total \$ less for the calendar year:					
	,	Dessive Table 4 Table (David and H) A			
		Receipts Table 1 Total (Part I and II) \$	0.00		
Receipts Table 2 - M	lajor Purpose	Keceipts Table T Total (Part Land II) \$	0.00		
URPOSE: To report ntity. Note: If a rece Major Purpose" rece	the pro rata amount of contributions, ipt was already reported on Receipts T ipt. If the receipts were received by the	loans, membership fees, dues, or assessments <u>received bable 1 as a "Specific Intent" receipt, DO NOT report againe</u> Represented Entity whose major purpose is to influence with the general public, please provide the information be	oy the Represented as a legislation,		
URPOSE: To report ntity. Note: If a rece Major Purpose" rece egulations, governm	the pro rata amount of contributions, ipt was already reported on Receipts T ipt. If the receipts were received by the nental processes, or to communicate w	loans, membership fees, dues, or assessments <u>received b</u> able 1 as a "Specific Intent" receipt, DO NOT report again e Represented Entity whose major purpose is to influence	oy the Represented as a legislation,		
tURPOSE: To report ntity. Note: If a received Major Purpose received regulations, government Provide the percentation or each receipt, multiple	the pro rata amount of contributions, ipt was already reported on Receipts Tipt. If the receipts were received by the nental processes, or to communicate wage of activity which constituted lobby	loans, membership fees, dues, or assessments <u>received b</u> lable 1 as a "Specific Intent" receipt, DO NOT report again e Represented Entity whose major purpose is to influence with the general public, please provide the information be sing (this figure must be more than 50%):	oy the Represented as a e legislation, elow:		
PURPOSE: To report ntity. Note: If a receive Major Purpose receive gulations, government or each receipt, multid together all net receive.	the pro rata amount of contributions, ipt was already reported on Receipts Tipt. If the receipts were received by the nental processes, or to communicate wage of activity which constituted lobby tiply the percentage indicated by the	loans, membership fees, dues, or assessments received by able 1 as a "Specific Intent" receipt, DO NOT report again as Represented Entity whose major purpose is to influence with the general public, please provide the information being (this figure must be more than 50%):  amount of the receipt to arrive at a net receipt amount. gate total.  Receipts Table 2 Total \$	oy the Represented as a e legislation, elow:		
PURPOSE: To report ntity. Note: If a receive Major Purpose receive gulations, government or each receipt, multid together all net receive.	the pro rata amount of contributions, ipt was already reported on Receipts Tipt. If the receipts were received by the nental processes, or to communicate wage of activity which constituted lobby tiply the percentage indicated by the receipt amounts to arrive at the aggress.	loans, membership fees, dues, or assessments received by able 1 as a "Specific Intent" receipt, DO NOT report again as Represented Entity whose major purpose is to influence with the general public, please provide the information being (this figure must be more than 50%):  amount of the receipt to arrive at a net receipt amount. gate total.  Receipts Table 2 Total \$	oy the Represented as a e legislation, elow:		

. DATE	SOURCE	ADDRESS		AMOUNT
		(Ame)		\$
	Table	1 and Table 2 Totals	Receipts Total \$	0.00

CERTIFICATION				
This certification shall be signed by a Governmental Affairs Agen or Governmental Affairs Officer of the Represented Entity.	t employed by the Represented Entity or a responsible Financial			
ı, William G. M. Goetz				
(print name)				
hereby certify that I am duly authorized by				
CSX Transportation				
(print name of Represente	d Entity) .			
to file and certify the accuracy and correctness of this Annual Rep				
I certify that the statements made herein are true and accurate. I willfully false, I may be subject to punishment.	am aware that if any of the foregoing statements are			
11m free	February 4, 2010			
Signature	Date			