

## **ANNUAL REPORT** REPRESENTED ENTITECEIVED VIA FAX

### **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)

FORM L1-L Reporting For Calendar Year 2009

## **ELEC RECEIVED** FEB 1 7 2010

FOR STATE USE ONLY

Website. www.elec state.nj u	s		Amendment	<b>V</b>
Name of Represented Entity New Jersey Citizen Ac	tion			_
Business Address 744 Broad Street, Suite 2080				
			·	
City Newark		State NJ	Zip Code 07102	
*(Area Code) Telephone Number 732.246.4772				
1. Provide the following information regarding the Gover	rnmental Affairs Agent(s) e	employed by the Repres	ented Entity named abov	/e.
1 Name Phyllis Salowe-Kaye				
Registration Number 915-1	Job Title Executive D	rector		
Business Address 744 Broad Street, Suite 2080				
City Newark		State NJ	Zip Code 07102	
*(Area Code) Telephone Number				
2. Name Ev Liebman				
Registration Number 1654-1	Job Title Director of C	Organizing and Advo	cacy	
Business Address One Port Center, Two Riverside	e Drive Suite 632			
City Camden		State NJ	Zip Code 08102	
*(Area Code) Telephone Number 856.966.3091				
. Name Marilyn Carpinteyro			· · ·	_
Registration Number 1591-1	Job Title Legislative/P	olitical Director		
Business Address 25 Raritan Ave., Suite 200				
City Highland Park		State NJ	Zip Code 08904	
*(Area Code) Telephone Number <u>732.246.4772</u>				
Name Jim Walsh				
Registration Number 1586-3	Job Title Program Dire	ector		
Business Address 75 Raritan Ave., Suite 200				
City Highland Park		State NJ	Zip Code 07102	
*(Area Code) Telephone Number 732.246.4772				

1. Provide the following information regarding the Gove	ernmental Affairs Agent(s) emplo	yed by the Repres	ented Entity named above.
1. Name Atif Malik			
Registration Number 1591-3	Job Title Organizer		
Business Address 744 Broad Street, Suite 2080			
City Newark		State NJ	ZIp Code 07102
*(Area Code) Telephone Number 973.643.8800			
2. Name Eve Weissman			
Registration Number 1645-2	Job Title Organizer		
Business Address 75 Raritan Ave, Suite 200			
City Highland Park		State NJ	Zip Code 08904
*(Area Code) Telephone Number 732.246.2772			
. Name Crystal Snedden			
Registration Number 1591-4	Job Title Organizer		
Business Address 744 Broad Street, Suite 2080			
City Newark		State NJ	Zip Code 07102
*(Area Code) Telephone Number 973.643.8800			
Name Leslie Schlesinger			
Registration Number	Job Title CRA Organizer		
Business Address 744 Broad Street, Suite 2080			
City Newark		State NJ	Zip Code 07102
*(Area Code) Telephone Number 973.643.8800			

Registration Number 1591-5	Job Title Organizer		
Business Address One Port Center, Two	Riverside Drive, Suite 632		
City Camden		State NJ	Zip Code 08102
(Area Code) Telephone Number			
Name.			
Registration Number	Job Title		
Business Address			
Lity			Zip Code
(Area Code) Telephone Number			
Name			
legistration Number	Job Title		
Susiness Address			
ity		State	Zip Code
(Area Code) Telephone Number			
Name			
legistration Number	Job Title		
Business Address			
			Zip Code
City			

1. Name of Agent or Firm N/A		
Business		
Address		
City	State	Zip Code
*(Area Code) Telephone Number Occupation/Business		
2. Name of Agent or Firm		
Business Address		
City	State	Zıp Code
*(Area Code) Telephone Number Occupation/Business		
SCHEDULE A		
<ul> <li>any independent State authority,</li> <li>any county improvement authority;</li> <li>any municipal utilities authority,</li> <li>any inter-State or bi-State authority as a member from New Jersey, or,</li> <li>any board or commission established by statute or resolution, or by executive order Legislature, or by any Agency, Department or other instrumentality of the State?</li> </ul>	of the Gove	rnor, or by the
☐ No If "no," continue on to the next question ☐ Yes If yes," please provide	de the follow	ung information:
lame of Governmental Affairs Agent Phyllis Salowe-Kaye		
lame of Authority, Board, or Commission New Jersey Public Broad Casting Authorit	V	
ate When Term of Service Expires 2012		
ame of Governmental Affairs Agent		
ame of Authority, Board, or Commission		
ate When Term of Service Expires		
ame of Governmental Affairs Agent		
ame of Authority, Board, or Commission		
ate When Term of Service Expires		
ame of Governmental Affairs Agent		
arne of Authority, Board, or Commission		
ate When Term of Service Expires		
Did the Governmental Affairs Agent(s) named on page 1, question 1 file all Notices of Repres	entation and	d Quarterly Reports required
uring the calendar year covered by this Annual Report?		
Yes If "yes," continue on to Schedule B.  No If "no," please file t	he necessary	reports immediately.

### **SCHEDULE B - SALARY & 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

1. 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.

29,395.08

2. 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	COMPENSATION
1.		5
2.		
3.		
4.		
j.		
	•	Total \$ 0,00

SCHEDULE B TOTAL \$

29.395.08

### **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 S

960.00

### 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 <u>paid by the Represented Entity</u> If the assessments, membership fees, or dues were <u>paid by the Represented Entity</u> 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
02-12-2009	ELEC-NJCA Staff Lobby Registration Fees	А	\$ 3,825.00
			·
		Part I TOTAL S	3,825.00
PART II – For asses	sments, membership fees, or dues \$100 or less for the calendar year	Part II TOTAL S	0.00
	(Part I AND Part II)	Schedule D-1 TOTAL \$	3,825.00

### 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 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
			\$ 0.00
		Part i TOTAL S	0.00
NRT II For assessments, me	embership fees, or dues \$100 or less for the calendar year:	Part II TOTAL S	0.00
	(Part I and Part II	) Schedule D-2 TOTAL \$	0.00
	Schedule D-1 AND	Schedule D-2 TOTAL S	0.00

02/16/2010 05 16 FAX 732 214 8385 N J CITIZEN ACTION	008/012
SCHEDULE E - COMMUNICATION EXPENSES  PURPOSE: To report the costs of the preparation and distribution of materials related to influencing legovernmental processes, and conducting communications with the general public	egislation, regulations,
EXPENSE	AMOUNT
Printed Materials	\$ 650.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	400.00
Postage	22.00
Telephone, Telegram, Facsimile	4,500.00
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	
Other (please describe)	
•	
•	
SCHEDULE E TO	TAL \$ 5,572.00
SCHEDULE F - TRAVEL/LODGING	
PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents who are employ named on page 1, question 1, related to influencing legislation, regulations, governmental with the general public	
NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
hyllis Salowe-Kaye	\$ 79.90
v Liebman	695.02
ve Weissman	447.68

NAME OF GOVERNMENTAL AFFAIRS AGENT		AMOUNT
hyllis Salowe-Kaye	5	79.90
v Liebman		695.02
ve Weissman		447.68
larilyn Carpinteyro		202.56
	SCHEDULE F TOTAL \$	1,425.16

## **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 Reci	pient N/A			
Date	Description		Amount \$	
Name and Address o Name	f Payee/Vendor			
Address				
City		State	Zıp Code	
	irsed, please report the date, the des	scription, and the amoun		
Description				
Name of Benefit Recip	pient			
Date				
Name and Address of Name	f Payee/Vendor			
			Zip Code	
	rsed, please report the date, the des	cription, and the amoun		
Description				
Name of Benefit Recip	pient	•		
Date				
Name and Address of Name	Payee/Vendor			
Address				
City		State	Zip Code	
f benefit was relmbur Date	sed, please report the date, the desc			
Description				
Name of Benefit Recip	ient			
Date	Description		Amount S	
Name and Address of t	Payee/Vendor			
A -4 -4				
City	·	State	Zip Code	
f benefit was reimburs	sed, please report the date, the desc Amount \$	ription, and the amount		

### **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	\$	+\$	= \$0.00
Food and Beverage		+	=
Travel		+	=
Lodging		+	=
Honoraria		+	=
Loans		+	
Gifts		+	=
Other(specify)		+	=
Total	\$	+ \$	= \$
			SCHEDULE G-1 AND SCHEDULE G-2 TOTAL
<ul> <li>After completing all entries on Schedule G-1</li> </ul>	, provide totals by category.		j

\*\* 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.

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### **SUMMARY OF LOBBYING EXPENDITURES**

### **EXPENDITURES**

1. Salary and Compensation (Add the total from	questions 1 & 2) Schedule B Total \$	29,395.08
2. Support Personnel	Schedule C Total	960.00
3. Assessments, Membership Fees, or Dues	Schedule D-1 and Schedule D-2 Total	3,825.00
4. Communication Expenses	Schedule E Total	5,572.00
5. Travel and Lodging	Schedule F Total	1,425.16
6. Benefit Passing	Schedule G-1 and Schedule G-2 Total	0.00
	Total Lobbying Expenditures \$	41,174.24

### **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 Represented Entity.

PART II - For contributions, loans, membership fees, dues, or assessments \$100 or Part II Total S less for the calendar year:  Receipts Table 2 - Major Purpose  PURPOSE: To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Representation of the receipt was already reported on Receipts Table 1 as a Specific Intent receipt, DO NOT report again as a Major Purpose received by the Represented Entity whose major purpose is to influence legislation, regulations, governmental processes, or 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%):  or each receipt, multiply the percentage indicated by the amount of the receipt to arrive at an entireceipt amount, and together all net receipt amounts to arrive at the aggregate total  Receipts Table 2 Total S  leview each net receipt amount Any net receipt in excess of \$100 should be listed below.  DATE  SOURCE  ADDRESS  AMOU	PART I - For contribu	utions, loans, membership fees, dues	, or assessments exceeding \$100 for the calendar y	ear
PART II - For contributions, loans, membership fees, dues, or assessments \$100 or Part II Total 5 less for the calendar year:  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 Representity. Note: If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a Major Purpose" receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, egulations, governmental processes, or 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 \$				\$
PART II - For contributions, loans, membership fees, dues, or assessments \$100 or Part II Total \$ ess for the calendar year:  Receipts Table 1 Total (Part I and II) \$  Receipts Table 2 - Major Purpose  URPOSE: To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Representity. Note: If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a Major Purpose" receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, aguilations, governmental processes, or to communicate with the general public, please provide the information below:  revoide the percentage of activity which constituted lobbying (this figure must be more than 50%):  or each receipt, multiply the percentage indicated by the amount of the receipt to arrive at a net receipt amount, did together all net receipt amounts to arrive at the aggregate total  Receipts Table 2 Total \$  eview each net receipt amount. Any net receipt in excess of \$100 should be listed below.  DATE  SOURCE  ADDRESS  AMOU				
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Receipts Table 1 Total (Part I and II) \$  eceipts Table 2 - Major Purpose  URPOSE: To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Representity. Note: If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a Major Purpose" receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, iguilations, governmental processes, or to communicate with the general public, please provide the information below:  revide the percentage of activity which constituted lobbying (this figure must be more than 50%):  or each receipt, multiply the percentage indicated by the amount of the receipt to arrive at a net receipt amount. In the aggregate total receipt amounts to arrive at the aggregate total receipt amount. Seview each net receipt amount. Any net receipt in excess of \$100 should be listed below.  DATE SOURCE ADDRESS AMOU			Part I T	Total \$
URPOSE: To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Representative. Note: If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a Major Purpose" receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, egulations, governmental processes, or to communicate with the general public, please provide the information below:  revide the percentage of activity which constituted lobbying (this figure must be more than 50%):  or each receipt, multiply the percentage indicated by the amount of the receipt to arrive at a net receipt amount, and together all net receipt amounts to arrive at the aggregate total  Receipts Table 2 Total S  eview each net receipt amount. Any net receipt in excess of \$100 should be listed below.  DATE  SOURCE  ADDRESS  AMOU		•		
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### CERTIFICATION

This certification shall be signed by a Governmental Affairs Agent employed by the Represented Entity or a responsible Financial or Governmental Affairs Officer of the Represented Entity.

1. MHKILIA CARDINTEYID (print name)

hereby certify that I am duly authorized by

New Sersey City In Action
(print name of Represented Entity)

to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year 2007. 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

2/14/2010