

# ANNUAL REPORT OF REPRESENTED ENTITY

**NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION** 

## FORM L1-L Reporting For Calendar Year <u>2009</u>

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### 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 Represented Entity New Jersey State AFL-CIO  Business Address 106 West State Street	PLICATE	
Address		
City Trenton	State NJ	Zip Code 08608
*(Area Code) Telephone Number		
1. Provide the following information regarding the Governmental Affairs Agent	t(s) employed by the Repres	ented Entity named above.
1. Name Charles Wowkanech		
Registration Number 74-1 Job Title Presiden	t	
Business Address 106 West State Street		
City Trenton		Zip Code 08608
*(Area Code) Telephone Number 609-989-8730		
2. Name Eric Richard		
Registration Number 74-2 Job Title Legislativ	ve Affairs Coordinator	
Business Address 106 West State Street		
City Trenton	State NJ	Zip Code 08608
*(Area Code) Telephone Number 609-989-8730		
3. Name		
Registration Number Job Title		
Business Address		
City		Zip Code
*(Area Code) Telephone Number		
4. Name		
Registration Number Job Title		
Business Address		
City	State	Zip Code

<ol><li>Provide the following information rega- Entity.</li></ol>	ording the Governmental Affairs Agent(s) retained or	otherwise e	engaged by the Represented
Name of Agent or Firm None			
Business			
City		State	Zip Code
*(Area Code) Telephone Number	Occupation/Business		
2. Name of Agent or Firm			
Du3ii ie33	·		
City		State	Zip Code
	Occupation/Business		
	SCHEDULE A		
<ul> <li>any independent State authorit</li> <li>any county improvement authority</li> <li>any municipal utilities authority</li> <li>any inter-State or bi-State authority</li> <li>any board or commission estab</li> </ul>	ority;	of the Gove	ernor, or by the
No If "no," continue on to the		de the follov	wing information:
Name of Governmental Affairs Agent	Charles Wowkaench		
Name of Authority, Board, or Commission	n NJ Maritime Pilot and Docking Pilot Comr	nission	•
Date When Term of Service Expires	2012		
Name of Governmental Affairs Agent	Eric Richard		
Name of Authority, Board, or Commissio	n DOL Workers Comp. Advisory Board		
Date When Term of Service Expires	Continuing		
Name of Governmental Affairs Agent	Eric Richard		
Name of Authority, Board, or Commissio	n Minimum Wage Advisory Board		
Date When Term of Service Expires	2009		
Name of Governmental Affairs Agent	Eric Richard		
Name of Authority, Board, or Commissio	n Hunterdon County Board of Taxation		
Date When Term of Service Expires	Hold Over Status		
<ol><li>Did the Governmental Affairs Agent(s) r during the calendar year covered by this</li></ol>	named on page 1, question 1 file all Notices of Repre s Annual Report?	sentation ar	nd Quarterly Reports required
Yes If "yes," continue on to S	chedule B.	the necessa	ry reports immediately.
*I eave this field blank if your telephone number is under	isted. Pursuant to N.L.S.A. 47:1A-1.1. an unlisted telephone number is not a	a public record ar	nd must not be provided on this form.

<ol><li>Provide the following information regarding the Governmental Affairs Agent(s) retained or Entity.</li></ol>	otherwise e	ngaged by the Represented
1. Name of Agent or Firm		
Business Address		
		7in Code
City		
*(Area Code) Telephone Number Occupation/Business		
2. Name of Agent or Firm		
Business Address		
City	State	Zip Code
SCHEDULE A	_	
<ol> <li>Did any Governmental Affairs Agent named on page 1, question 1, serve as a member of:         <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> </ul> </li> </ol>		
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?		•
No If "no," continue on to the next question.	de the follov	ving information:
Name of Governmental Affairs Agent Charles Wowkanech		
Name of Authority, Board, or Commission State Employment and Training Commiss	ion	_ <del></del>
Date When Term of Service Expires 2009		
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 the Governmental Affairs Agent(s) named on page 1, question 1 file all Notices of Repreduring the calendar year covered by this Annual Report?	sentation an	d Quarterly Reports required
Yes If "yes," continue on to Schedule B.	the necessar	ry reports immediately.
*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a	public record an	nd must not be provided on this form.

			· · · · · · · · · · · · · · · · · · ·
PURPOSE:	To report the salary and compensation	LEB - SALARY & COMPENSATION  n paid by the Represented Entity to its Governmental Affairs Agen	t(s). include the
	report the salary and other compensa	In amounts reported.  who are employees of the Represented Entity named on page 1, que tion paid. NOTE: Only the pro rata share of each employee's salary are employee spends only a portion of his/her time lobbying.	stion 1, please nd
		\$	78,926.00
	2. For the Governmental Affairs Agents Represented Entity, please provide th	named on page 2, question 2, who are retained or otherwise engage e following information:	d by the
	NAME OF PAYEE	LOBBYING PURPOSE	COMPENSATION
	·		\$ .
·			
		Total \$	0.00
		SCHEDULE B TOTAL \$	78,926,00
PURPOSE:	To report the costs of support person	DULE C - SUPPORT PERSONNEL nel who, over the course of the reporting year, individually spend need Entity or Governmental Affairs Agent(s).	1 450 or more hours

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

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

### Schedule D-1 - Specific Intent

DATE

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:

DESCRIPTION (A,M, or D)

**AMOUNT** 

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

PAYEE

			\$	
		+		
			<u> </u>	· .
	·			
		Part   TOTAL \$		0.0
PART II - For assessn	nents, membership fees, or dues \$100 or less for the calendar year:	Part II TOTAL \$		0.0
	(Part I AND Part II)	Schedule D-1 TOTAL \$		0.0
memb regulat Intent	Jor Purpose  nort the pro rata amount of assessments, membership fees, or dues pership fees, or dues pership fees, or dues pership fees, or dues were pald by the Represented Entity to an entitions, governmental processes, or to communicate with the general put "please provide the information below:  ents, membership fees, or dues exceeding \$100 for the calendar year:	ty whose major purpose blic, and, was not reported	is to influence	e legislation
PURPOSE: To rep memb regulat Intent;	nort the pro rata amount of assessments, membership fees, or dues pership fees, or dues were paid by the Represented Entity to an entitions, governmental processes, or to communicate with the general put "please provide the information below:	ty whose major purpose	Is to Influence on Schedule	e legislation
PURPOSE: To rep memb regular intent; PART I For assessm	ort the pro rata amount of assessments, membership fees, or dues pership fees, or dues were paid by the Represented Entity to an entitions, governmental processes, or to communicate with the general put "please provide the information below: ents, membership fees, or dues exceeding \$100 for the calendar year:	ty whose major purpose blic, and, was not reported DESCRIPTION	Is to Influence on Schedule	e legislation D-1, "Specific
PURPOSE: To rep memb regular intent; PART I For assessm	ort the pro rata amount of assessments, membership fees, or dues pership fees, or dues were pald by the Represented Entity to an entitions, governmental processes, or to communicate with the general put "please provide the information below: ents, membership fees, or dues exceeding \$100 for the calendar year:  PAYEE	DESCRIPTION (A,M, or D)	Is to Influence on Schedule	e legislation D-1, "Specific OUNT
PURPOSE: To rep memb regular intent; PART I For assessm	ort the pro rata amount of assessments, membership fees, or dues pership fees, or dues were pald by the Represented Entity to an entitions, governmental processes, or to communicate with the general put "please provide the information below: ents, membership fees, or dues exceeding \$100 for the calendar year:  PAYEE	DESCRIPTION (A,M, or D)	Is to Influence on Schedule	e legislation D-1, "Specific OUNT
PURPOSE: To rep memb regular intent; PART I For assessm	ort the pro rata amount of assessments, membership fees, or dues pership fees, or dues were pald by the Represented Entity to an entitions, governmental processes, or to communicate with the general put "please provide the information below: ents, membership fees, or dues exceeding \$100 for the calendar year:  PAYEE	DESCRIPTION (A,M, or D)	s to Influence on Schedule  AM	OUNT  500.0
PURPOSE: To rep memb regular intent, part I For assessm  DATE  02-25-2009	ort the pro rata amount of assessments, membership fees, or dues pership fees, or dues were pald by the Represented Entity to an entitions, governmental processes, or to communicate with the general put "please provide the information below: ents, membership fees, or dues exceeding \$100 for the calendar year:  PAYEE	DESCRIPTION (A,M, or D)	s to influence on Schedule  AM \$	e legislation D-1, "Specific
PURPOSE: To rep memb regular intent, PART I For assessm  DATE  02-25-2009	ort the pro rata amount of assessments, membership fees, or dues pership fees, or dues were paid by the Represented Entity to an entitions, governmental processes, or to communicate with the general put "please provide the information below: ents, membership fees, or dues exceeding \$100 for the calendar year:  PAYEE  NJ SEED  The provided the information below:  PAYEE  NJ SEED	DESCRIPTION (A,M, or D)  Dart   TOTAL S	AM	OUNT 500.0

PURPOSE:	SCHEDULE E - COMMUNICATION EXPENSES  To report the costs of the preparation and distribution of materials related to influencing legislat governmental processes, and conducting communications with the general public.	lon, regulations,
EXPENSE		AMOUNT
Printed Mate	erials	s 907.00
Film, Slides,	Video, Audio, TV, Radio, Other Broadcast Medium, including the internet	0.00
Postage		1,416.00
Telephone,	Felegram, Facsimile	2,953.00
Pro Rata Ove	erhead Costs of Specific Events Over \$100 (please identify name and date of event)	0.00
Other (please	e describe)	
	SCHEDULE E TOTAL \$	5,276.00
PURPOSE:	SCHEDULE F - TRAVEL/LODGING  To report the travel and lodging costs of the Governmental Affairs Agents who are employees on named on page 1, question 1, related to influencing legislation, regulations, governmental processit the general public.	f the Represented Entity esses, or communicating
NAME OF	GOVERNMENTAL AFFAIRS AGENT	AMOUNT
CHARLES W	OWKANECH	\$ 5,552.00
ERIC RICHA	RD	2,118.00
	SCHEDULE F TOTAL \$	7,670,00

### 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 DAVID J. SOCOLOW, NJ COMMISS	IONER OF LA	BOR		
Date Dec 8, 2009 Description F - Food & Beverage			Amount \$	50.00
Name and Address of Payee/Vendor Name HILTON EAST BRUNSWICK				
Address 3 TOWER CENTER BLVD				
City EAST BRUNSWICK	State NJ			
If benefit was reimbursed, please report the date, the description, ar Date Dec 16, 2009 Amount \$ 50.00		of the reimbu	rsement.	
Description F - Food & Beverage				
Name of Benefit Recipient MAUREEN O'BRIEN-MURPHY, NJ D	EPT OF LABO	)R		
Date Dec 8, 2009 Description F - Food & Beverage			Amount \$	50.00
Name and Address of Payee/Vendor Name HILTON EAST BRUNSWICK				
Address 3 TOWER CENTER BLVD				
City EAST BRUNSWICK	State NJ	Zip Code	08816	
If benefit was reimbursed, please report the date, the description, ar Date Dec 16, 2009 Amount \$ 50.00	nd the amount o	<u> </u>		
Description F - Food & Beverage				
Name of Benefit Recipient				
Date Description			Amount \$	
Name and Address of Payee/Vendor Name				
Address				
City		ZIp Code		
If benefit was reimbursed, please report the date, the description, an Date Amount \$	nd the amount o	f the reimbur	sement.	
Description				
Name of Benefit Recipient				
Date Description			Amount \$	
Name and Address of Payee/Vendor Name				
Address				
City		Zip Code		
If benefit was reimbursed, please report the date, the description, an Date Amount \$	nd the amount o	f the reimbur	sement.	
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	\$ 0.00	+\$		=\$	0.00
Food and Beverage	100.00	+	25.00	=	125.00
Travel	0.00	+	0.00	=	0.00
Lodging	0.00	+	0.00	=	0.00
Honoraria	0.00	+	0.00	=	0.00
Loans	0.00	+	0,00	=	0.00
Gifts	0.00	+	0.00	=	0.00
Other(specify)	0.00	+	0.00	=	0.00
Total	\$ 100.00	+\$	25.00	= \$	125.00

SCHEDULE G-1 AND SCHEDULE G-2 TOTAL

<sup>\*\*</sup> 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 1	HIS AMOUNT FROM BENEFIT PASSING AMOUNTS.

\$

125.00

### **SUMMARY OF LOBBYING EXPENDITURES**

### **EXPENDITURES**

1. Salary and Compensation (Add the total fron	n questions 1 & 2) Schedule B Total \$	78,926.00
2. Support Personnel	Schedule C Totai	0.00
3. Assessments, Membership Fees, or Dues	Schedule D-1 and Schedule D-2 Total	500.00
4. Communication Expenses	Schedule E Total	5,276.00
5. Travel and Lodging	Schedule F Total	7,670.00
6. Benefit Passing	Schedule G-1 and Schedule G-2 Total	125.00
	Total Lobbying Expenditures \$	92,497.00

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

### **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.

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
			\$
		,	
		Part i Total S	0.00
PART II - For contrib less for the calendar	utions, loans, membership fees, dues, o year:	r assessments \$100 or Part    Total \$	0.00
		Receipts Table 1 Total (Part I and II) \$	0.00
Receipts Table 2 - M	the pro rata amount of contributions, le	pans, membership fees, dues, or assessments received b	by the Represented
PURPOSE: To report Entity. Note: If a rece "Major Purpose" rece regulations, governm	the pro rata amount of contributions, le lipt was already reported on Receipts Ta lipt. If the receipts were received by the nental processes, or to communicate wi	pans, membership fees, dues, or assessments <u>received below</u> ible 1 as a "Specific intent" receipt, DO NOT report again Represented Entity whose major purpose is to influence the the general public, please provide the information being (this figure must be more than 50%):	as a legislation,
PURPOSE: To report Entity. Note: If a rece "Major Purpose" rece regulations, governm Provide the percenta For each receipt, mul	the pro rata amount of contributions, leading the program of the receipts and the receipts were received by the nental processes, or to communicate winge of activity which constituted lobbying	able 1 as a "Specific Intent" receipt, DO NOT report again Represented Entity whose major purpose is to influence the the general public, please provide the information being (this figure must be more than 50%):  ———————————————————————————————————	as a legislation, low;
PURPOSE: To report Entity. Note: If a rece "Major Purpose" rece regulations, governm Provide the percenta For each receipt, mult Add together all net re	the pro rata amount of contributions, leading the program and the receipts are received by the mental processes, or to communicate with the processes, or to communicate with the processes of activity which constituted lobby in the processes of activity and the processes of activity which constituted lobby in the processes of activity which constituted by the arreceipt amounts to arrive at the aggregations.	able 1 as a "Specific Intent" receipt, DO NOY report again. Represented Entity whose major purpose is to influence the the general public, please provide the information being (this figure must be more than 50%):  ———————————————————————————————————	as a legislation, low;
PURPOSE: To report Entity. Note: If a rece "Major Purpose" rece regulations, governm Provide the percenta For each receipt, mult Add together all net re	the pro rata amount of contributions, left was already reported on Receipts Tallet. If the receipts were received by the nental processes, or to communicate winge of activity which constituted lobbylitiply the percentage indicated by the a	able 1 as a "Specific Intent" receipt, DO NOY report again. Represented Entity whose major purpose is to influence the the general public, please provide the information being (this figure must be more than 50%):  ———————————————————————————————————	as a legisiation, low:
PURPOSE: To report Entity, Note: if a rece "Major Purpose" rece regulations, government Provide the percenta For each receipt, multiple Add together all net receive Review each net received.	the pro rata amount of contributions, left was already reported on Receipts Tallet. If the receipts were received by the nental processes, or to communicate winge of activity which constituted lobbylicityly the percentage indicated by the areceipt amounts to arrive at the aggregation amount. Any net receipt in excess of	able 1 as a "Specific Intent" receipt, DO NOY report again Represented Entity whose major purpose is to influence th the general public, please provide the information be ang (this figure must be more than 50%):  mount of the receipt to arrive at a net receipt amount. ate total.  Receipts Table 2 Total \$  f \$100 should be listed below:	as a legislation, low:
PURPOSE: To report Entity, Note: if a rece "Major Purpose" rece regulations, government of the percenta for each receipt, multiple and together all net receive weach net received.	the pro rata amount of contributions, left was already reported on Receipts Tallet. If the receipts were received by the nental processes, or to communicate winge of activity which constituted lobbylicityly the percentage indicated by the areceipt amounts to arrive at the aggregation amount. Any net receipt in excess of	able 1 as a "Specific Intent" receipt, DO NOY report again Represented Entity whose major purpose is to influence th the general public, please provide the information be ang (this figure must be more than 50%):  mount of the receipt to arrive at a net receipt amount. ate total.  Receipts Table 2 Total \$  f \$100 should be listed below:	as a legislation, low;  96  0.00
PURPOSE: To report Entity, Note: if a rece "Major Purpose" rece regulations, government of the percenta for each receipt, multiple and together all net receive weach net received.	the pro rata amount of contributions, left was already reported on Receipts Tallet. If the receipts were received by the nental processes, or to communicate winge of activity which constituted lobbylicityly the percentage indicated by the areceipt amounts to arrive at the aggregation amount. Any net receipt in excess of	able 1 as a "Specific Intent" receipt, DO NOY report again Represented Entity whose major purpose is to influence th the general public, please provide the information be ang (this figure must be more than 50%):  mount of the receipt to arrive at a net receipt amount. ate total.  Receipts Table 2 Total \$  f \$100 should be listed below:	as a legislation, low;  96  0.00  AMOUNT

	nis certification shall be signed by a Governmental Affairs Agent employed by the Represented Entity or a responsible Financia Governmental Affairs Officer of the Represented Entity.
l.	Charles Wowkanech

**CERTIFICATION** 

hereby certify that I am duly authorized by

New Jersey State AFL-CIO

(print name of Represented Entity)

(print name)

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.

3-2-2010 Date