



ANNUAL REPORT OF REPRESENTED ENTITY

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P.O. Box 185, Trenton, NJ 08625-0185

Reporting For Calendar Year 2009

ELEC RECEIVED

FEB 1 6 2010

FOR STATE USE ONLY

(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)	FOR STATE USE ONLY	
Website: www.elec.state.nj.us		Amendment [
Name of Represented Entity New York Shipping Association, Inc.		
Business Address 333 Thornall Street, #3A		
		<u> </u>
City Edison,	State NJ	Zip Code <u>08837</u>
*(Area Code) Telephone Number (732) 452-7800		
1. Provide the following information regarding the Governmental Affairs Agent(s)	employed by the Repres	ented Entity named above.
1. Name James H. Cobb, Jr.		
Registration Number 1285-1 Job Title Director, Go	overnmental Affairs	
Business Address New York Shipping Association, Inc., 333 Thornall S	street, #3A	
City Edison	State NJ	Zip Code <u>08837</u>
*(Area Code) Telephone Number (732) 452-7808		
2. Name N/A		<u> </u>
Registration Number Job Title		
Business Address		
City		Zip Code
*(Area Code) Telephone Number	<u> </u>	
3. Name N/A		
Registration Number Job Title		
Business Address		
City	Canan	Zip Code
*(Area Code) Telephone Number		
4. Name N/A		
Registration Number Job Title		
Business Address		·
City	State	Zip Code
*(Area Code) Telephone Number		

2. Provide the following information regarding the Governmental Affairs Agent(s) retained or othe Entity.	erwise eng	aged by the	Represented
Name of Agent or Firm			
Business Address 791 Alexander Road			
City Princeton Sta	ate NJ	Zip Code	08540
*(Area Code) Telephone Number (609) 452-1500 Occupation/Business Pub	olic Affairs	<u> </u>	
2. Name of Agent or Firm N/A			
Business Address			
City Sta	ate	_Zip Code	
*(Area Code) Telephone Number Occupation/Business			
SCHEDULE A			
 Did any Governmental Affairs Agent named on page 1, question 1, 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 Legislature, or by any Agency, Department or other instrumentality of the State?	he Governo	or, or by the	
No If "no," continue on to the next question.	ne following	g informatio	n:
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		_ ,	
2. Did the Governmental Affairs Agent(s) named on page 1, question 1 file all Notices of Representa during the calendar year covered by this Annual Report?	ation and C	zuarteriy Keş	corts required
Yes If "yes," continue on to Schedule B. No If "no," please file the n	necessary re	eports imme	diately.
*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	ic record and me	ust not be provid	ed on this form.

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.

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.

s 294.83

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. Smith Pizzutillo LLC	Continued strategy for industry air compliance; opposed potential classification	\$ 25,689.00
2. (continued)	of the Port of NY/NJ as a major facility under the NJ Clean Air Act; opposed NJ DEP rules	
3. (continued)	concerning air emissions relating to port equipment; monitored Coastal Access rules (NJ DEP; proposed continued development of the	
4. (continued)	port.	
5.		·
6.		
7.		
	Total \$	25,689.00
	SCHEDULE B TOTAL \$	_25,983.83

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 CT	P IATOT	N/A	
SCHEDOLE C	IUIALS	N/A	

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:

DATE	PAYEE	DESCRIPTION (A,M, or D)	AMOUNT
	N/A		\$
			·
	·		
		Part I TOTAL \$	N/A
RT II – For asse:	ssments, membership fees, or dues \$100 or less for the calendar year:	Part II TOTAL \$	N/A
	(Part I AND Part II)	Schedule D-1 TOTAL \$	
	\FØLL AND FØLLI		N/A
IRPOSE: To r men regu Inter	report the pro rata amount of assessments, membership fees, or dues mbership fees, or dues were paid by the Represented Entity to an entiplations, governmental processes, or to communicate with the general pullint," please provide the information below: sments, membership fees, or dues exceeding \$100 for the calendar year:	paid by the Represented lity whose major purpose i	Entity. If the assessme
JRPOSE: To r men regu Inter RT I – For assess	Major Purpose report the pro rata amount of assessments, membership fees, or dues inbership fees, or dues were <u>paid by the Represented Entity</u> to an entiplations, governmental processes, or to communicate with the general pulnt," please provide the information below: sments, membership fees, or dues exceeding \$100 for the calendar year:	paid by the Represented lity whose major purpose iblic, and, was not reported	Entity. If the assessme is to influence legislar on Schedule D-1, "Spe
IRPOSE: To r men regu Inter	Major Purpose report the pro rata amount of assessments, membership fees, or dues inbership fees, or dues were paid by the Represented Entity to an entiplations, governmental processes, or to communicate with the general pulnt," please provide the information below:	paid by the Represented lity whose major purpose liblic, and, was not reported	Entity. If the assessme
IRPOSE: To r men regu Inter RT I – For assess	Major Purpose report the pro rata amount of assessments, membership fees, or dues inbership fees, or dues were <u>paid by the Represented Entity</u> to an entiplations, governmental processes, or to communicate with the general pulnt," please provide the information below: sments, membership fees, or dues exceeding \$100 for the calendar year:	paid by the Represented lity whose major purpose iblic, and, was not reported	Entity. If the assessme is to influence legislar on Schedule D-1, "Spe
RPOSE: To r men regu Inter RT I – For assess	report the pro rata amount of assessments, membership fees, or dues on the ship fees, or dues were paid by the Represented Entity to an entiplations, governmental processes, or to communicate with the general pulnt," please provide the information below: sments, membership fees, or dues exceeding \$100 for the calendar year: PAYEE	paid by the Represented lity whose major purpose iblic, and, was not reported	Entity. If the assessme is to influence legislar on Schedule D-1, "Spe
RPOSE: To r men regu Inter RT I – For assess	report the pro rata amount of assessments, membership fees, or dues on the ship fees, or dues were paid by the Represented Entity to an entiplations, governmental processes, or to communicate with the general pulnt," please provide the information below: sments, membership fees, or dues exceeding \$100 for the calendar year: PAYEE	paid by the Represented lity whose major purpose iblic, and, was not reported	Entity. If the assessme is to influence legislar on Schedule D-1, "Spe
RPOSE: To r men regu Inter RT I – For assess	report the pro rata amount of assessments, membership fees, or dues on the ship fees, or dues were paid by the Represented Entity to an entiplations, governmental processes, or to communicate with the general pulnt," please provide the information below: sments, membership fees, or dues exceeding \$100 for the calendar year: PAYEE	paid by the Represented lity whose major purpose iblic, and, was not reported	Entity. If the assessme is to influence legislar on Schedule D-1, "Spe
IRPOSE: To remember regulation for the remainder of the r	report the pro rata amount of assessments, membership fees, or dues on the ship fees, or dues were paid by the Represented Entity to an entiplations, governmental processes, or to communicate with the general pulnt," please provide the information below: sments, membership fees, or dues exceeding \$100 for the calendar year: PAYEE	paid by the Represented lity whose major purpose iblic, and, was not reported	Entity. If the assessme is to influence legislar on Schedule D-1, "Spe
IRPOSE: To r men regu Inter RT I – For assess	report the pro rata amount of assessments, membership fees, or dues on the ship fees, or dues were paid by the Represented Entity to an entiplations, governmental processes, or to communicate with the general pulnt," please provide the information below: sments, membership fees, or dues exceeding \$100 for the calendar year: PAYEE	paid by the Represented lity whose major purpose iblic, and, was not reported	Entity. If the assessme is to influence legislar on Schedule D-1, "Spe
JRPOSE: To r men regu Inter RT I – For assess	report the pro rata amount of assessments, membership fees, or dues on the ship fees, or dues were paid by the Represented Entity to an entiplations, governmental processes, or to communicate with the general pulnt," please provide the information below: sments, membership fees, or dues exceeding \$100 for the calendar year: PAYEE	paid by the Represented lity whose major purpose iblic, and, was not reported	Entity. If the assessme is to influence legislar on Schedule D-1, "Spe
PRPOSE: To remended regulater for assess DATE	report the pro rata amount of assessments, membership fees, or dues on the ship fees, or dues were paid by the Represented Entity to an entiplations, governmental processes, or to communicate with the general pulnt," please provide the information below: sments, membership fees, or dues exceeding \$100 for the calendar year: PAYEE	paid by the Represented lity whose major purpose is blic, and, was not reported DESCRIPTION (A,M, or D)	Entity. If the assessments to influence legislation Schedule D-1, "Spe
JRPOSE: To remended regulates and regulates	report the pro rata amount of assessments, membership fees, or dues inbership fees, or dues were paid by the Represented Entity to an entiplications, governmental processes, or to communicate with the general pulnit," please provide the information below: Sments, membership fees, or dues exceeding \$100 for the calendar year: PAYEE N/A sments, membership fees, or dues \$100 or less for the calendar year:	paid by the Represented lity whose major purpose is blic, and, was not reported DESCRIPTION (A,M, or D) Part I TOTAL \$	Entity. If the assessments to influence legislation Schedule D-1, "Spentation Schedule D-1," AMOUNT \$ N/A N/A

SCHEDULE E - COMMUNICATION EXPENSES PURPOSE: To report the costs of the preparation and distribution of materials related to influencing leg governmental processes, and conducting communications with the general public.	gislation, regulations,
EXPENSE N/A	AMOUNT
Printed Materials	\$
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	
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 TOTA	ALS N/A
SCHEDULE F - TRAVEL/LODGING PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents who are employed named on page 1, question 1, related to Influencing legislation, regulations, governmental public.	ees of the Represented Entity processes, or communicating
NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
Travel Expense	\$ 99.00
SCHEDULE F TOTA	AL\$ 99.00

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	N/A			
Date	Description		Amount \$	N/A
Name and Address of Paye	ee/Vendor			
			Zip Code	
If benefit was reimbursed, Date	please report the date, the description, an Amount \$		f the reimbursement.	
Description				
Name of Benefit Recipient	N/A			
Date	Description		Amount \$	N/A
Name and Address of Paye				
City		State	Zip Code	
If benefit was reimbursed, Date	please report the date, the description, an Amount \$		the reimbursement.	
Description				
Name of Benefit Recipient	N/A			
Date	Description		Amount \$	N/A
Name and Address of Paye	ee/Vendor			
City			Zip Code	
	please report the date, the description, an Amount \$		the reimbursement.	
	, and the			
Name of Benefit Recipient	N/A			
Date	Description		Amount \$	N/A
Name and Address of Paye	re/Vendor			
A -d -d				
City			Zip Code	
If benefit was reimbursed, Date	please report the date, the description, an Amount \$		the relmbursement.	
Description				

		SUMMARY O	F BENEFIT PA	SSING		
PURPOSE: To rep	ort the total amount of prov	iding benefits to S	State officials cov	ered by the Act and th	eir immedi	ate family members.
		SCHEDUL	E G-1*	SCHEDULE G-2**		AMOUNT
Entertainment		\$	+\$		_ =\$_	
Food and Beverage	e		+		_ = _	
Travel			+		_ = _	
Lodging			+		_ = _	
Honoraria			+		_ = _	
Loans			+	·	_ = _	
Gifts			+	<u>-</u>	_ = _	
Other(specify)			+		_ = _	
Total		\$ <u>N/A</u>	+\$	N/A	- · <u> </u>	N/A HEDULE G-1 AND
** Enter, by categor	all entries on Schedule G-1, ry, the value of benefit passir AMOUNT OF REIMBURSED THIS AMOUNT FROM BENEI	D BENEFITS, IF AN	enditure did NOT		or \$200/cale	
EXPENDITURES	5	MARY OF LOB				
	1. Salary and Compensation	on (Add the total)	from questions 1	& 2) Schedule B	Total \$	
	2. Support Personnel			Schedule	C Total	
	3. Assessments, Membersh	hip Fees, or Dues	Scheduk	e D-1 and Schedule D-	2 Total	N/A
	4. Communication Expens	es		Schedule	E Total	
	5. Travel and Lodging			Schedule	F Total	99.00
	6. Benefit Passing		Schedul	e G-1 and Schedule G	-2 Total	N/A
			Tota	il Lobbying Expendit	ures \$	26,082.83

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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:

PART I - For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year: **SOURCE AMOUNT** DATE **ADDRESS** \$ N/A Part | Total \$ N/A PART II - For contributions, loans, membership fees, dues, or assessments \$100 or Part II Total \$ N/A less for the calendar year: Receipts Table 1 Total (Part I and II) \$ N/A Receipts Table 2 - Major Purpose PURPOSE: To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity. 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, 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%): 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	ADDR	ESS	AMOUNT
	N/A			\$
		Table 1 and Table 2 Totals	Receipts Total \$	N/A

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.
i, Joseph Curto, President
(print name)
hereby certify that I am duly authorized by
New York Shipping Association, Inc.
(print name of Represented Entity)
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.
February 9, 2010
Signature Date