

# ANNUAL REPORT OF REPRESENTED ENTITY

# FORM L1-L Reporting For Calendar Year 2010

ELEC RECEIVED FEB - 9 2011

#### 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

FOR STATE USE ONLY

- 1	
	10.00

Amendment

Name of Represented Entity Commerce and Industry Ass	ociation of NJ	
Business South 61 Paramus Road,		
Address South of Furdings Hoda,		
City Paramus	State NJ	Zip Code 07652
*(Area Code) Telephone Number 201-368-2100		
1. Provide the following information regarding the Governmenta	al Affairs Agent(s) employed by the Repre	esented Entity named above.
1. Name David Lorette		
Registration Number 1386-6 Job Ti	tle VP, Government Affairs and Co	ommunications
Business Address		
City		Zip Code
*(Area Code) Telephone Number		
2. Name John Galandak		
Registration Number 1386-4 Job Ti	tle President	
Business AddressCity		Zip Code
*(Area Code) Telephone Number		
3. Name Paul Tyahla		
Registration Number 1386-5 Job Ti	tle VP Government Affairs and Cor	mmunications
Business AddressCity	_	Zip Code
*(Area Code) Telephone Number		
	tle	
Business Address		
City		Zip Code
*(Area Code) Telephone Number		
(		

Entity.	/ \( \lambda \)
1. Name of Agent or Firm	/\
Business Address	
City	State Zip Code
*(Area Code) Telephone Number	Occupation/Business
2. Name of Agent or Firm	
Business Address	
City	StateZip Code
*(Area Code) Telephone Number	Occupation/Business
SCH	IEDULE A
<ol> <li>Did any Governmental Affairs Agent named on page 1, questio</li> <li>any independent State authority;</li> </ol>	on 1, serve as a member of:
<ul> <li>any independent state authority;</li> <li>any county improvement authority;</li> </ul>	
<ul> <li>any municipal utilities authority;</li> </ul>	
> any inter-State or bi-State authority as a member from I	New Jersey; or,
<ul> <li>any board or commission established by statute or reso</li> <li>Legislature, or by any Agency, Department or other inst</li> </ul>	plution, or by executive order of the Governor, or by the
No If "no," continue on to the next question.	Yes If "yes," please provide the following information:
Name of Governmental Affairs Agent 50k2	alandak
Name of Authority, Board, or Commission Red Tage	Review Commission
Date When Term of Service Expires D.eco. D.eco.	31,2013
<b>1</b> —	Juludik
Name of Authority, Board, or Commission New Jers	say Privatization Task Force
Date When Term of Service Expires	31,2010
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	
during the calendar year covered by this Annual Report?	ion 1 file all Notices of Representation and Quarterly Reports required
Yes If "yes," continue on to Schedule BFor David Lorette	No If "no," please file the necessary reports immediately.  - Q1+Q2 for John Town dak and Paul Tyahla
*I gave this field blank if your telephone number is unlisted. Pursuant to N.I.S. & 47:14.1	1, an unlisted telephone number is not a public record and must not be provided 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.

> 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.

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.	NIA		\$
2.			
3.			
4.			
5.			
6.			
7.			

**SCHEDULE B TOTAL \$** 

#### **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 \$



### 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	(A,M, or D)	AMOUNT
			\$
		Part I TOTAL \$	
PART II – For assessn	nents, membership fees, or dues \$100 or less for the calendar year:	Part II TOTAL \$	
	(Part I AND Part II) S	chedule D-1 TOTAL \$	<i>N/A</i>
regula Intent,	ership fees, or dues were <u>paid by the Represented Entity</u> to an entity tions, governmental processes, or to communicate with the general publinglesses provide the information below:  ents, membership fees, or dues exceeding \$100 for the calendar year:		
DATE	PAYEE	DESCRIPTION (A,M, or D)	AMOUNT
DAIL	TALL	(A,M, OI D)	\$
		Part I TOTAL \$	
PART II – For assessm	ents, membership fees, or dues \$100 or less for the calendar year:	Part II TOTAL \$	
	(Part I and Part II) S	schedule D-2 TOTAL \$	
	Schedule D-1 AND So	hedule D-2 TOTAL \$	Λ//Δ
		caale D Z TOTAL T	14//7

SCHEDIII	FF-	COMMUNIC	'ATION I	FYPENSES

**PURPOSE:** To report the costs of the preparation and distribution of materials related to influencing legislation, regulations, governmental processes, and conducting communications with the general public.

Film, Sildes, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet (1) 2 months of the Postage  Telephone, Telegram, Facsimile  Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)  CIANT Annual Legislative (1) One on One (1) Dinner (1) Officials (1)	EXPENSE	AMOUNT
Postage  Telephone, Telegram, Facsimile  Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)  CTANT Annual Legislative "One go One" Dinner - () () ()  The 159.50 (final method) - direct benefits) = 1412 (Atladecs) × 12 officials  (TANT BC Annual Meeting + Luncheon - 10 (12) (10)  28,500.62 (total method) - direct benefits) = 472 × 6 officials  SCHEDULE F-TRAVEL/LOGING  PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents who are employees of the Represented Entite named on page 1, question 1, related to influencing legislation, regulations, governmental processes, or communicating with the general public.  NAME OF GOVERNMENTAL AFFAIRS AGENT  David Locatte (final) solutions  Pal Typhala (final) solutions  The Callandak  The 1510 control of the state of the control of the control of the solution in the solution solution in the solution of the solution in the solution of the s	Printed Materials	
Postage  Telephone, Telegram, Facsimile  Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)  CTANT Annual Legislative "One go One" Dinner - () () ()  The 159.50 (final method) - direct benefits) = 1412 (Atladecs) × 12 officials  (TANT BC Annual Meeting + Luncheon - 10 (12) (10)  28,500.62 (total method) - direct benefits) = 472 × 6 officials  SCHEDULE F-TRAVEL/LOGING  PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents who are employees of the Represented Entite named on page 1, question 1, related to influencing legislation, regulations, governmental processes, or communicating with the general public.  NAME OF GOVERNMENTAL AFFAIRS AGENT  David Locatte (final) solutions  Pal Typhala (final) solutions  The Callandak  The 1510 control of the state of the control of the control of the solution in the solution solution in the solution of the solution in the solution of the s	Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet - web husting	51,961.48
PPOR Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)  CIANT Angual Legislative "One-on-one" Dinner - 6/1/10  IN 159.50 (hital merked - direct beneats) = HIL (Attentess) × ID officials \$1,036.01  (IANT B <sup>CL</sup> Angual Meeting + Luncheen - 10 [12]/10  18,500.82 (total merked) - direct beneats) = HTL × 6 officials \$362.30  Other (please describe)  SCHEDULE F-TRAVEL/LODGING  PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents who are employees of the Represented Entite named on page 1, question 1, related to influencing legislation, regulations, governmental processes, or communicating with the general public.  NAME OF GOVERNMENTAL AFFAIRS AGENT  AMOUNT  Pur Typhia (towal no lodging) 5 1, 085.55  Pal Typhia (towal no lodging) 5 1, 085.55  Pal Typhia (towal no lodging) 5 1, 085.55	Postage	
CIANT Annual Legislative "One-on-One" Dinner - 6/1/10  12, 25, 50 (tital marked - direct benefits) = 142 (titales) ×12 officials \$1,036.01  (IANT 136 Annual Meeting + Lunchers - 10/12/10  28, 500.82 (tital marked - direct benefits) = 472 × 6 officials \$362.30  Other (please describe)  SCHEDULE F-TRAVEL/LODGING  PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents who are employees of the Represented Entit named on page 1, question 1, related to influencing legislation, regulations, governmental processes, or communicatin with the general public.  NAME OF GOVERNMENTAL AFFAIRS AGENT  Part Typhila (time) to lodging) \$1,085.55  Part Typhila (time) to lodging) \$1,085.55	Telephone, Telegram, Facsimile	
CIANT BSA Annul Meeting + Lunchesn - 10   122/10  28,500.62 (tital nuches) - direct buckts) = 472 × 6 officials \$36230  Other (please describe)  SCHEDULE F-TRAVEL/LODGING  PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents who are employees of the Represented Entinamed on page 1, question 1, related to influencing legislation, regulations, governmental processes, or communicating with the general public.  NAME OF GOVERNMENTAL AFFAIRS AGENT  Part Typhia (time) or lodging)  5 1,085.55  Part Typhia (time) or lodging)  7 sha Galanghak	Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	
CIANT BSA Annul Meeting + Lunchesn - 10   122/10  28,500.62 (tital nuches) - direct buckts) = 472 × 6 officials \$36230  Other (please describe)  SCHEDULE F-TRAVEL/LODGING  PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents who are employees of the Represented Entinamed on page 1, question 1, related to influencing legislation, regulations, governmental processes, or communicating with the general public.  NAME OF GOVERNMENTAL AFFAIRS AGENT  Part Typhia (time) or lodging)  5 1,085.55  Part Typhia (time) or lodging)  7 sha Galanghak	CIANT Annul Legislative "One-on-One" Dinner - 6/8/10	
SCHEDULE F - TRAVEL/LODGING  PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents who are employees of the Represented Entit named on page 1, question 1, related to influencing legislation, regulations, governmental processes, or communicatin with the general public.  NAME OF GOVERNMENTAL AFFAIRS AGENT  AMOUNT  David Locatte (track), co lodging 5 1, 095.55  Part Typhila (track), co lodging 5 1, 095.55  Part Typhila (track), co lodging 5 1, 095.55  David Locatte (track), co lodging 5 1, 095.55	12, 259.50 Gotal overhead - direct benefits) = 142 (Attendees) ×12 officials	\$1,036.01
SCHEDULE F - TRAVEL/LODGING  PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents who are employees of the Represented Entit named on page 1, question 1, related to influencing legislation, regulations, governmental processes, or communicatin with the general public.  NAME OF GOVERNMENTAL AFFAIRS AGENT  AMOUNT  David Locatte (track), co lodging 5 1, 095.55  Part Typhila (track), co lodging 5 1, 095.55  Part Typhila (track), co lodging 5 1, 095.55  David Locatte (track), co lodging 5 1, 095.55	CIANT BBC Annual Meeting + Luncheon - 10/22/10	
SCHEDULE F - TRAVEL/LODGING  PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents who are employees of the Represented Entity named on page 1, question 1, related to influencing legislation, regulations, governmental processes, or communicating with the general public.  NAME OF GOVERNMENTAL AFFAIRS AGENT  David Logette (tax), no lodging)  Part Typhia (taxe), no lodging)  S 1, 085.55	28,500.82 (total overhead - direct buests) = 472 x 6 officials	136230
SCHEDULE F - TRAVEL/LODGING  PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents who are employees of the Represented Entity named on page 1, question 1, related to influencing legislation, regulations, governmental processes, or communication with the general public.  NAME OF GOVERNMENTAL AFFAIRS AGENT  AMOUNT  Divid Locate (tave), no lodging)  S 1, 085.55  Paul Typhila (tave), no lodging)  The Galand	Other (please describe)	
SCHEDULE F - TRAVEL/LODGING  PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents who are employees of the Represented Entity named on page 1, question 1, related to influencing legislation, regulations, governmental processes, or communication with the general public.  NAME OF GOVERNMENTAL AFFAIRS AGENT  AMOUNT  Divid Locate (tave), no lodging)  S 1, 085.55  Paul Typhila (tave), no lodging)  The Galand		7 35070
PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents who are employees of the Represented Entity named on page 1, question 1, related to influencing legislation, regulations, governmental processes, or communication with the general public.  NAME OF GOVERNMENTAL AFFAIRS AGENT  AMOUNT  Solve to the travel and lodging costs of the Governmental Affairs Agents who are employees of the Represented Entity and the Represented		2,237.17
Divid Lorette (travel, no lodging) \$ 1,085.59  Paul Tyrhla (travel, no lodging) \$77.29  John Galandak	<b>PURPOSE:</b> 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 process.	
Paul Tyrhla (trivel no lodging) 877.29 John Galandak	NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
John Galandak		s 1,085.55
John Galandak	Paul Tynkla (travel no ludging)	877.25
SCHEDULE F TOTAL S 1962.80	- · · / · · / · · / · · / · · · / ·	
SCHEDULE F TOTAL S 1 7 6 L . % 0		10/2 20
	SCHEDULE F TOTAL \$	1,962.80

# 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.

Name of Benefit Recipient Jon Brannick, Assemblyman	
Date 6/6/10 Description F Amount \$	5.58
Name and Address of Payee/Vendor Name  Address  Address  Name  Merdowlands  Plaza	
City Ent Rutherford State NJ Zip Code 07073	
If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date Amount \$	
Description	
Name of Benefit Recipient Upradia Chivukula, Assemblyman  Date 6/6/10 Description F Amount \$	15.58
Name and Address of Payee/Vendor Name	
Address	
City State Zip Code  If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date Amount \$	
Description	
Name of Benefit Recipient Thomas Giblin, Assemblyman  Date 6/9/10 Description F Amount \$	75.58
Name and Address of Payee/Vendor Name SAME AS ABOVE	
Address	
City State Zip Code	
If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date Amount \$	
Description	
Name of Benefit Recipient  Date (16/10)  Description  Description  Description  Description	15.59
Name and Address of Payee/Vendor Name  SAME AS ADDRE	
Address	
City State Zip Code	
If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date Amount \$	
Description	

# 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.

Name of Benefit Recipient Nancy Munoz	
Date 6/8/2010 Description F - Food & Beverage Amount \$	75.58
Name and Address of Payee/Vendor Name Sheraton Meadowlands	
Address 2 Meadowlands Plaza	
City East Rutherford State NJ Zip Code 07073	
If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date Amount \$	
Description	
Name of Benefit Recipient Nancy Munoz, Assemblywoman	
Date 10/22/2010 Description F - Food & Beverage Amount \$	56.00
Name and Address of Payee/Vendor Name Hilton Woodcliff Lakes	
Address 200 Tice Blvd.	
City Woodcliff Lakes State NJ Zip Code 07677	
If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date Amount \$	
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, the description, and the amount of the reimbursement.  Date Amount \$	
Description	
Name of Benefit Recipient Gary Schaer, Assemblyman	
Date 6-8-2010 Description E - Entertainment Amount \$	75.58
Name and Address of Payee/Vendor Name Sheraton Meadowlands	
Address 2 Meadowlands Plaza	
City East Rutherford State NJ Zip Code 07073	
If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date Amount \$	
Description	

# 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.

Name of Benefit Recipient  Date 6 6 10 Description  Fre. Scalera, Assemblyman  Amount \$	75.58
Name and Address of Payee/Vendor Name  Name	
Address 2 Mentantials Plan	
City Ext Rither for State NJ Zip Code 1073	
If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date Amount \$	
Description	
Name of Benefit Recipient    F(R)   Schar, Asserblyman	56.00
Name and Address of Payee/Vendor Name  Word Life Lake	
Address LOO Tice Boulevard	
City Woolchff Lake State NJ Zip Code 07677	
If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date Amount \$	
Description	
Name of Benefit Recipient John Voss, Asserbywoman  Date 6/6/10 Description F Amount \$	75.5₺
Name and Address of Payee/Vendor Name  Name	
Address 2 Mendowlands Plaza	
City Ent Rither ford State NJ Zip Code (7)	
If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date Amount \$	
· · · · · · · · · · · · · · · · · · ·	
Date Amount \$  Description	
Date Amount \$	75.58
Date Amount \$	75.58
Date Amount \$	75.58
Date Amount \$  Description	75.58
Date Amount \$	75.58
Date Amount \$	75.58

# 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.

Name of Benefit Recipient Gerald Ca	rdinale, Senator	<u>_</u>	_		
Date 6/8/2010 Descrip	tion F - Food & Beverage			Amount \$	75.58
Name and Address of Payee/Vendor Name Sheraton Meadowlands					
Address 2 Meadowlands Plaza		_			
City East Rutherford		State NJ	_ Zip Code	07073	
If benefit was reimbursed, please report Date A	rt the date, the description, an mount \$		the reimbur	sement.	
Description					
Name of Benefit Recipient Robert Go	ordon, Senator				
Date 6/8/2010 Descript	tion F - Food & Beverage			Amount \$	75.58
Name and Address of Payee/Vendor Name Sheraton Meadowlands					
Address 2 Meadowlands Plaza					
City East Rutherford		State NJ	Zip Code	07073	
If benefit was reimbursed, please repor DateA	t the date, the description, and mount \$		the reimbur	sement.	
Description					
Name of Benefit Recipient Robert Go	ordon, Senator				_
Date 10/22/2010 Descript	tion F - Food & Beverage			Amount \$	56.00
Name and Address of Payee/Vendor Name Hilton Woodcliff Lakes					
Address 200 Tice Blvd.					
City Woodcliff Lakes	_	State NJ	Zip Code	07677	
If benefit was reimbursed, please repor Date An	t the date, the description, and mount \$	d the amount of	the reimburs	sement.	
Description					
Name of Benefit Recipient					
Date Descript	ion	_		Amount \$	
Name and Address of Payee/Vendor Name					
Address					
			Zip Code		
If benefit was reimbursed, please repor Date Ar	t the date, the description, and nount \$	the amount of	the reimburs	sement.	
Description					

# 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.

Name of Benefit Recipient		Vandervalk,	Assemblywinn	56.00
Date 10/2-110	Description		Amount	\$
Name and Address of Payee	Nendor Hitton World	·cc 1 L.		
Name Address	200 Tice Book			_
	1:00		Zip Code 07677	-
	lease report the date, the description			_
	Amount \$ 57			
Description F				_
Name of Benefit Recipient	(unie W	have Asse	blywork Amount \$	
Date 1012/10	Description F	- Jean - 1/1100	Amount \$	56.00
1.01				
Name and Address of Payee, Name	Vendor Share his	ab ove		
Address				-
City			Zip Code	•
	ease report the date, the descriptio Amount \$	n, and the amount o		•
Description				
Name of Benefit Recipient				
Date	Description			
Name and Address of Payee/ Name	Vendor			
Addrage				
City		State	Zip Code	
If benefit was reimbursed, ple Date	ease report the date, the description Amount \$	n, and the amount of	f the reimbursement.	
Description				
Name of Benefit Recipient				
Date	Description		Amount \$	
Name and Address of Payee/ Name	Vendor			
City		State	Zip Code	
If benefit was reimbursed, ple Date	ase report the date, the description	i, and the amount of	the reimbursement.	

SUMM	ARV	ΩE	RENE	EIT I	DAC	SING
	MNI	UГ	DEINE		PA3	DING

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	\$	+\$	= \$
Food and Beverage	\$ 1,111.38	+	= \$1,111.38
Travel		+	=
Lodging		+	=
Honoraria		+	=
Loans		+	=
Gifts		+	=
Other(specify)		+	=
Total	\$ <u>1, 111. 38</u>	+\$	=\$ <u>/,//1.38</u>
			SCHEDULE G-1 AND SCHEDULE G-2 TOTAL
* After completing all entries on Schedule G-1.	, provide totals by category.		

ENTER THE TOTAL	AMOUNT OF	REIMBURSED	BENEFITS, IF	ANY.
DO NOT DEDUCT 1	THIS AMOUNT	FROM BENEF	IT PASSING	AMOUNTS.

#### SUMMARY OF LOBBYING EXPENDITURES

#### **EXPENDITURES**

Schedule B Total \$ 56, 341. 37 1. Salary and Compensation (Add the total from questions 1 & 2) Schedule C Total 2. Support Personnel 3. Assessments, Membership Fees, or Dues Schedule D-1 and Schedule D-2 Total Schedule E Total 3, 359, 79 4. Communication Expenses Schedule F Total 1,962,80 5. Travel and Lodging Schedule G-1 and Schedule G-2 Total / //// 38 6. Benefit Passing

Total Lobbying Expenditures \$ 62, 775, 34

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

D		CE	:11	DT	C	T	Λ	D		CC	: 1	Λ	N	ır	2
п	1 =		- 64		-		м		_			_	T I		

### 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 II - For cont	ributions, loans, membership fees, dues, c	or assessments \$100 or Part II Total \$						
ress for the calcula	Receipts Table 1 Total (Part I and II) \$	<u> </u>						
Receipts Table 2	- Major Purpose							
<b>PURPOSE:</b> To report the pro rata amount of contributions, loans, membership fees, dues, or assessments <u>received by the Represented Entity</u> . <b>Note:</b> 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 perce	ntage of activity which constituted lobbyi	ing (this figure must be more than 50%):	<u></u> %					
For each receipt, n Add together all n								
Review each net re	eceipt amount. Any net receipt in excess o	of \$100 should be listed below:						
DATE	SOURCE	ADDRESS	AMOUNT					
			\$					
	Table	1 and Table 2 Totals Receipts Total \$	NA					

	cation shall be signed by a mental Affairs Officer of the		•	employed by th	ne Represented	Entity or a resp	onsible Financial
l,	Diane	C.	Walsh (print name)				

**CERTIFICATION** 

hereby certify that I am duly authorized by

	Commerce and	Industry	Association of	New Tersay				
(print name of Represented Entity)								

to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity 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 2/10/11
Date