

# ANNUAL REPORT OF REPRESENTED ENTITY

### FORM L1-L Reporting For Calendar Year 2010

# MAY 0 4 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

Amendment

Name of Represented Entity Commerce and Industry Ass	sociation of NJ
Business South 61 Paramus Road	
Address South of Farantia Road,	
City Paramus	State NJ Zip Code 07652
*(Area Code) Telephone Number 201-368-2100	
1. Provide the following information regarding the Governmenta	tal Affairs Agent(s) employed by the Represented Entity named above.
1. Name David Lorette	
Registration Number 1386-6 Job Ti	itle VP, Government Affairs and Communications
Business Address	
City	
*(Area Code) Telephone Number	
Name John Galandak	
Registration Number 1386-4 Job Tit	itle President
Business Address	
City	
*(Area Code) Telephone Number	
. Name Paul Tyahla	
Registration Number 1386-5 Job Tit	tle VP Government Affairs and Communications
Business Address	
City	5:
*(Area Code) Telephone Number	
. Name	
Registration Number Job Title	le
Business Address	
	State Zip Code
*(Area Code) Telephone Number	

## 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.)

Date Description F Amount \$ 75.59  Name and Address of Payee/Vendor Name  Address  City State Zip Code for benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date Also Lifts Mallos Association Amount \$ 5.50  Jame of Benefit Recipient Also Lifts Mallos Association Amount \$ 5.50  Jame and Address of Payee/Vendor Same Same Address of Payee/Vendor Same State Zip Code State Zip Code State Zip Code State Address Amount \$ 5.50  Description State Zip Code State Zip Code State Amount \$ 5.50		
Name and Address of Payee/Vendor Name  Name and Address of Payee/Vendor Name  State  State  State  Name and Address of Payee/Vendor Name  State  Name of Benefit Recipient  Date  Amount S  Description  Name of Benefit Recipient  Date  State	Name of Benefit Recipient Jon Brannick, Assemblyman	
Name Address    Melion   Melio	Date 6/6/10 Description F Amount \$	75.58
Address	Name and Address of Payee/Vendor	
City First Reflection   State NT Zip Code 07073  If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date Acril 20, 2011   Amount \$ 75.58  Description   Permbursement   Permount		
If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date	- 1 C// ( )	
Name of Benefit Recipient  Date   Description   Descriptio	If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.	
Name of Benefit Recipient  Date 6 0 10 Description F Amount \$ 75.58  Name and Address of Payee/Vendor Name		
Date 6 Description F Amount 5 75.5 Name and Address of Payee/Vendor Name SAME AS AD WE  Address  City State Zip Code If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date Amount 5 Description  Name of Benefit Recipient Description F Amount 5 T5.5 Name and Address of Payee/Vendor Name State Zip Code Description  Description  Name of Benefit Recipient Amount 5 Name Name State Zip Code Name Amount 5 Name Name Name Name Name State Name Name Name Name Name Name Name Nam	Description reimbursement for June 6, dinner	_
Name and Address of Payee/Vendor Name    Same	Name of Benefit Recipient V produce Chivokola, Assemblyman	
Name   SAME   AS NOWE   Address   State   Zip Code   If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Description   Description   F   Amount \$    Name of Benefit Recipient   State   Zip Code    Name and Address of Payee/Vendor   State   Zip Code    If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date   Alison   Lifter   McHose   Afsorbywww.n.    Description   Amount \$    Name of Benefit Recipient   Alison   Lifter   McHose   Amount \$    Name and Address of Payee/Vendor   Amount \$    Name and Address of Payee/Vendor   State   Zip Code    Name and Address of Payee Point the date, the description, and the amount of the reimbursement.  Address   Zip Code    Description   State   Zip Cod	/// /: ^	<u> </u>
Name   SAME   AS NOWE   Address   State   Zip Code   If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Description   Description   F   Amount \$    Name of Benefit Recipient   State   Zip Code    Name and Address of Payee/Vendor   State   Zip Code    If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date   Alison   Lifter   McHose   Afsorbywww.n.    Description   Amount \$    Name of Benefit Recipient   Alison   Lifter   McHose   Amount \$    Name and Address of Payee/Vendor   Amount \$    Name and Address of Payee/Vendor   State   Zip Code    Name and Address of Payee Point the date, the description, and the amount of the reimbursement.  Address   Zip Code    Description   State   Zip Cod	Name and Address of Payee/Vendor	
State   Zip Code     If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.   Date		
If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date Amount \$  Description  Name of Benefit Recipient Thomas (7,161), As yearly man Amount \$  Name and Address of Payee/Vendor Name 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 Alison Lifts Mothers Association Amount \$  Date Amount \$  Date Alison Lifts Mothers Association Amount \$  Name of Benefit Recipient Alison Lifts Mothers Association Amount \$  Date Association State Zip Code  State Zip Code  State Zip Code  Description State Zip Code  Address  Description State Zip Code		
Date		
Name of Benefit Recipient  Date 6/6/10 Description  Description  Name and Address of Payee/Vendor  Name  Address  City  State  Description  State  Amount \$  State  State  Amount \$  Description  Name of Benefit Recipient  Amount \$  Description  Name of Benefit Recipient  Date  Aliso  Aliso  Aliso  Aliso  Amount \$  State  Description  Name and Address of Payee/Vendor  Name  State  Aliso  Amount \$  State  State  State  Amount \$  State  State	· · · · · · · · · · · · · · · · · · ·	
Name and Address of Payee/Vendor Name    State	Description	
Name Sheefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date Amount \$  Description F Amount \$  Name of Benefit Recipient Alisan Lifts Michael Afschlywww.n.  Date Description F Amount \$  Name and Address of Payee/Vendor Name Sheef Afschlyww.n.  Address  City State Zip Code  Ebenefit was reimbursed, please report the date, the description, and the amount of the reimbursement.		75.58
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 Alisan Lifts Martings, Assably wanne  Date Doescription F Amount \$  Name and Address of Payee/Vendor  Name Share Assably wanne  Share	Name and Address of Payee/Vendor	
State Zip Code  If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Amount \$  Description  Name of Benefit Recipient  Description  Description  Description  F  Amount \$  Name and Address of Payee/Vendor  Name  State  State  Zip Code  Description  State  Zip Code		
If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date		
Date Amount \$		
Name of Benefit Recipient    Alison Little Mothors Assorbly woman	· · · · · · · · · · · · · · · · · · ·	
Name and Address of Payee/Vendor Name  Showle LS	Description	
Name and Address of Payee/Vendor Name  Showle LS	Name of Benefit Recipient Alica Littal Mythuse Assu Musica La	
Name and Address of Payee/Vendor  Name	Date 6 6 10 Description F. Amount \$	5.59
Name    S Lml LS LD EV2   Address   Zip Code		
Address  Lity State Zip Code  benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date Amount \$	Name Stand 15 th and	
benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date Amount \$	Address	
Date Amount \$	City State Zip Code	
vesemption	Description	

### **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 Nancy Munoz Assemblywoman		
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 <u>07073</u>	
If benefit was reimbursed, please report the date, the description, and the amoun Date Amount \$	it of the reimbursement.	
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 <u>07677</u>	
If benefit was reimbursed, please report the date, the description, and the amoun Date Amount \$	it of the reimbursement.	
Description		
Name of Benefit Recipient Gary Schaer, Assemblyman		
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 75.58	
If benefit was reimbursed, please report the date, the description, and the amoun		
Date Amount \$		
Description		
Name of Benefit Recipient		
Date Description		
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 Date Amount \$		
Description		

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COMMIN		VI DI	_14	LVIJIIA

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

SCHEDULE G-1 AND SCHEDULE G-2 TOTAL

ENTER THE TOTAL AMOUNT OF REIMBURSED BENEFITS, IF ANY.

DO NOT DEDUCT THIS AMOUNT FROM BENEFIT PASSING AMOUNTS.

\$ 132.58

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

#### **EXPENDITURES**

Total Lobbying Expenditures \$ 42, 775. 34

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

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

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, Diane C. Walsh (print name)
hereby certify that I am duly authorized by
Commerce and Industry Association of New Jersey (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.

Suam C. Walsh Signature