

ANNUAL REPORT OF REPRESENTED ENTITY

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

FORM L1-L Reporting For Calendar Year 2010

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Name of Represented Entity Elwyn			
Business Address 111 Elwyn Rd			
Address			
City Elwyn		State PA	Zip Code 19063
*(Area Code) Telephone Number			
1. Provide the following information regard	ling the Governmental Affairs Agent(s) employed by the Repres	ented Entity named above.
1. Name			
Registration Number	Job Title		
Business Address	<u> </u>		
City	•	State	Zip Code
*(Area Code) Telephone Number			
2. Name			
Registration Number			
Business Address			
City			Zip Code
*(Area Code) Telephone Number			
Registration Number			
Business Address			
City			Zip Code
*(Area Code) Telephone Number			
4. Name			
Registration Number	Job Title		
Business Address			
		_	Zip Code
*(Area Code) Telephone Number			

Elwyn

PURPOSE: To report the costs of the preparation and distribution of materials related to influencing legislar governmental processes, and conducting communications with the general public.	tion, regulations,
EXPENSE	AMOUNT
Printed Materials	\$
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	300.00
Postage	
Telephone, Telegram, Facsimile	2,000.00
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	450.00
Other (please describe)	
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SCHEDULE E TOTAL S	2750.00
SCHEDULE F - TRAVEL/LODGING	
PURPOSE: 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 processit with the general public.	
NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
	\$
SCHEDULE F TOTAL \$	
	,

SCHEDILLE E - COMMUNICATION EXPENSES

Elwyn

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*	S	CHEDULE G-2**	·	AMOUNT			
Entertainment		\$	_ +\$		=\$				
Food and Beverage			_ +		=				
Travel			_ +		= _				
Lodging			_ +		= _				
Honoraria			_ +		= _				
Loans	-		_ +		= _				
Gifts			_ +		=				
Other(specify)			_ +		= _				
Totai		\$	_ +\$		=\$				
			;			HEDULE G-1 AND HEDULE G-2 TOTAL			
** Enter, by category ENTER THE TOTAL A	all entries on Schedule G-1, the value of benefit passir AMOUNT OF REIMBURSED HIS AMOUNT FROM BENE	BENEFITS, IF ANY.	did NOT exce	eed the \$25/day or \$		ndar year thresholds.			
SUMMARY OF LOBBYING EXPENDITURES EXPENDITURES									
	1. Salary and Compensation	on (Add the total from qu	estions 1 & 2)	Schedule B To	tal \$	40,000.00			
	2. Support Personnel			Schedule C 1	Total	φ,			
	3. Assessments, Membersl	hip Fees, or Dues	Schedule D-1	and Schedule D-2 T	Total	Ø			
	4. Communication Expens	es		Schedule E 1	Total	2750.00			
	5. Travel and Lodging			Schedule F 1	Total	ø			
	6. Benefit Passing		Schedule G-	1 and Schedule G-2 T	Total	Ø			
	Total Lobbying Expenditures \$								

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.

Deborah Hamilton

(print name)

hereby certify that I am duly authorized by

(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.

Deborah Hamilton Signature