



# Annual Report - Quick Facts



## Who Is Required To Report?

- A Governmental Affairs Agent or Represented Entity
  - who receives receipts in excess of \$2,500 or
  - makes expenditures of more than \$2,500 in any calendar year
  - for the purpose of communication with, or providing a benefit to, a State official covered by the "Legislative and Governmental Process Activities Disclosure Act"
  - for the purpose of influencing legislation, regulations, or governmental processes, or for the purpose of communication with the general public ("grassroots lobbying").
- A person other than a Governmental Affairs Agent or Represented Entity
  - who makes expenditures or receives contributions in excess of \$2,500
  - for the purpose of communication with the general public ("grassroots lobbying").

## General Information

**Notice of Lobbying Benefit:** February 1, 20XX

**Due Date of Report:** February 15, 20XX  
(Period Covered by Report: January 1, 20XX to December 31, 20XX of previous year.)

(Note that if the due date of a report falls on a weekend or holiday, the due date then becomes the next business day.)

**Where to File Report:** Annual Reports must be filed electronically at [www.elec.state.nj.us](http://www.elec.state.nj.us)

**For Assistance With Filing:** ELEC Office Hours- 9 to 5

**Phone Numbers:** Toll free number in New Jersey 1-888-313-3532  
Local number (609) 292-8700

## Forms L1-L, L1-A, L1-G, L-2, and L-3

- **Form L1-L** - Annual Report for use by a Represented Entity.
  - any person, partnership, committee, association, trade association, corporation, labor union, or any other organization that employs, retains, designates, engages, or otherwise uses the services of a Governmental Affairs Agent.
- **Form L1-A** - Annual Report for use by a lobbying firm, a law firm, a public relations firm, or other business that employs or engages a Governmental Affairs Agent.
- **Form L1-G** - Annual Report for use by a person whose only lobbying activity is communication with the general public, referred to as “grassroots lobbying.”  
Note that “person” includes an individual, partnership, committee, association, corporation, and any other organization or group of persons.
- **Form L-2** - For use by a Represented Entity designating a Governmental Affairs Agent to file an Annual Report on its behalf, or by a person who engages in communication with the general public who designates a Governmental Affairs Agent to file an Annual Report on its behalf.
- **Form L-3** - For use by an out-of-state person or entity for the purpose of consenting to service of process.
- Each form will have instructions; please read the instructions carefully before completing each section of the form. It is important to review the instructions each reporting year to avoid error.

## Information Concerning Consolidated Reporting

In some instances, a single Annual Report can be filed to satisfy the filing requirement for more than one Represented Entity or Governmental Affairs Agent.

Examples are as follows:

1. A Represented Entity (for example, a corporation) employs (in-house) three Governmental Affairs Agents who lobby only for the corporation. The corporation can file one report (L1-L) containing the three Agents' activities. A separate report by each Agent does not have to be filed.
2. A Represented Entity or a person or entity that engages in communication with the general public (grassroots lobbying) may designate its Governmental Affairs Agent or Governmental Affairs Agent firm to file a report (L1-A) on its behalf provided that:
  - a) all lobbying activity was performed by the Governmental Affairs Agent or Governmental Affairs Agent firm; and,
  - b) all lobbying expenditures consisted of the payment of a fee, retainer or other compensation to the Governmental Affairs Agent or Governmental Affairs Agent firm; and,
  - c) Form L-2 is filed.
3. A Governmental Affairs Agent firm (for example, a law firm or contract lobbyist firm) may file one report (L1-A) representing the activity of all of its Agents.

## Information Concerning Recordkeeping

- Maintain records and documents for three years. These items include, but are not limited to:
  - checks
  - bank statements
  - contracts
  - receipts
- A record or document of any single expenditure in an amount of \$5.00 or less may be excluded from this requirement.
- Adequate documentation must be maintained to support the information contained in the report and provide the basis for auditing by the Commission.



## Information Concerning Benefit Passing

- Provide details of benefits exceeding \$25 per day or \$200 in a calendar year.
- Provide a notice of lobbying benefit to all benefit recipients no later than February 1, 20XX.
- The Agent and Represented Entities can not offer or give more than \$250 per year in compensation, rewards, gifts, employment, honoraria, or other things of value, to any benefit recipient.
- The \$250 per year limit includes each member of the immediate family of the Legislator (spouse, child, parent, or sibling of the member residing in the same household as the Legislator).
  - For example, if a benefit is given to a Legislator that equals \$250 in value, that Legislator's spouse cannot accept a gift in any amount because the \$250 threshold has been reached.
- There is also a provision in the law that allows for a full reimbursement of a benefit.
  - A benefit recipient can make a full reimbursement of the benefit to the Represented Entity or the Governmental Affairs Agent within 90 days of acceptance. **Reimbursements are reportable transactions.**

The gift ban law also includes restrictions on payment for travel, subsistence, and entertainment expenses and on the acceptance of gifts by Legislators, Executive Branch officers, or their staffs. These provisions are not under the jurisdiction of ELEC. ELEC cannot provide guidance or advice on these statutory sections (see N.J.S.A. 52:13D-24 and 24.1). Benefits passed pursuant to these sections are subject to reporting on the Annual Report.

ELECTRONIC FILING  
INSTRUCTIONS FOR ANNUAL REPORTS

- *It is strongly recommended that you review "The Filing Process" and the information presented under "Forms and Instructions." There is a short video and Step-by- step instructions to enable the "Trust This Document" security feature for accepting the Registration Number and PIN to display your name on the signature line.*
- To download, enter information, save and ELECTRONICALLY file the Annual Form, you must have the latest version of Adobe Reader. The latest version is FREE at [www.adobe.com](http://www.adobe.com).
- Once at the Adobe site, close all other Internet connections. Click on "Get Adobe Reader," and follow the instructions. After installing or upgrading to Adobe's latest version return to the Commission's website at [www.elec.state.nj.us](http://www.elec.state.nj.us) to download, complete, save and electronically file the Form.
- A registration number and personal identification number (PIN) is also required to file electronically.
- Use of the TAB key to move between fields is recommended but the mouse can also be used to navigate the fields.
- The Form is **expandable** and will **automatically** calculate any amount(s) put on a schedule. Therefore, do not add dollar signs (\$) or commas (,) to the amount(s).

The Form allows you to Delete certain items by either clicking the  or  button. It also allows you to Add certain items by clicking  button.





# Annual Report of Represented Entity Form L1-L





**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 2015**

FOR STATE USE ONLY

Amendment

Name of Represented Entity:

Business Address

City State Zip Code

\*(Area Code) Telephone Number

1. Provide the following information regarding the Governmental Affairs Agent(s) employed by the Represented Entity named above.

1. Name

Registration Number  Job Title

Business Address

City  State  Zip Code

\*(Area Code) Telephone Number

2. Name

Registration Number  Job Title

Business Address

City  State  Zip Code

\*(Area Code) Telephone Number

3. Name

Registration Number  Job Title

Business Address

City  State  Zip Code

\*(Area Code) Telephone Number

4. Name

Registration Number  Job Title

Business Address

City  State  Zip Code

\*(Area Code) Telephone Number

\*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 and must not be provided on this form.

# General Information

- Provide the calendar year of last year. This will be the year prior to the filing year of this Annual Report. The field for the year can be edited. The year will automatically be entered on the certification page.
- Check the amendment box if this is an amended report.
- Provide the name, full business address, and telephone number of the Represented Entity. Do not report the telephone number anywhere on this report if it is unlisted.
- If the business address of the Represented Entity is not in New Jersey, file Form L-3, "Consent to Service of Process." The Form L-3 must be electronically filed when submitted as an annual report.



ANNUAL REPORT  
OF  
REPRESENTED ENTITY

FORM L1-L  
Reporting For Calendar Year 2015

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:

[Redacted]

Business Address [Redacted]

City [Redacted] State [Redacted] Zip Code [Redacted]

\*(Area Code) Telephone Number [Redacted]

1. Provide the following information regarding the Governmental Affairs Agent(s) employed by the Represented Entity named above.

1. Name [Redacted]

Registration Number [Redacted] Job Title [Redacted]

Business Address [Redacted]

City [Redacted] State [Redacted] Zip Code [Redacted]

\*(Area Code) Telephone Number [Redacted]

2. Name [Redacted]

Registration Number [Redacted] Job Title [Redacted]

Business Address [Redacted]

City [Redacted] State [Redacted] Zip Code [Redacted]

\*(Area Code) Telephone Number [Redacted]

3. Name [Redacted]

Registration Number [Redacted] Job Title [Redacted]

Business Address [Redacted]

City [Redacted] State [Redacted] Zip Code [Redacted]

\*(Area Code) Telephone Number [Redacted]

4. Name [Redacted]

Registration Number [Redacted] Job Title [Redacted]

Business Address [Redacted]

City [Redacted] State [Redacted] Zip Code [Redacted]

\*(Area Code) Telephone Number [Redacted]

\*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 and must not be provided on this form.

# Question 1

- Provide the name, registration number (badge number), and job title of all In-House Agents who are employed by the Represented Entity.
- Provide the address and telephone number only if it is different than the Represented Entity.
- Click on "Delete Item" to delete entries and click on "Add Item" to add entries.

# Question 2

2. Provide the following information regarding the Governmental Affairs Agent(s) retained or otherwise engaged by the Represented Entity.

1. Name of Agent or Firm [Redacted]

Business Address [Redacted]

City [Redacted] State [Redacted] Zip Code [Redacted]

\*(Area Code) Telephone Number [Redacted] Occupation/Business [Redacted]

Lobbying Purpose [Redacted] **COMPENSATION** [Redacted]

2. Name of Agent or Firm [Redacted]

Business Address [Redacted]

City [Redacted] State [Redacted] Zip Code [Redacted]

\*(Area Code) Telephone Number [Redacted] Occupation/Business [Redacted]

Lobbying Purpose [Redacted] **COMPENSATION** [Redacted]

3. Name of Agent or Firm [Redacted]

Business Address [Redacted]

City [Redacted] State [Redacted] Zip Code [Redacted]

\*(Area Code) Telephone Number [Redacted] Occupation/Business [Redacted]

Lobbying Purpose [Redacted] **COMPENSATION** [Redacted]

4. Name of Agent or Firm [Redacted]

Business Address [Redacted]

City [Redacted] State [Redacted] Zip Code [Redacted]

\*(Area Code) Telephone Number [Redacted] Occupation/Business [Redacted]

Lobbying Purpose [Redacted] **COMPENSATION** [Redacted]

- Enter the name (s) of the Governmental Affairs Agent(s) or the Governmental Affairs Agent Firm (s) retained or otherwise engaged by the Represented Entity. These are out-of-house agents.
- Include the full business address, telephone number, and either the occupation of the Agent or the business of the firm.
- Enter the lobbying purpose.
- Enter the amount of compensation (fees, allowances, retainer, etc.). Do not use dollar signs(\$) or commas (.). The total amount of compensation will automatically be calculated.

### SCHEDULE A

1. Provide the following information for any Governmental Affairs Agent named on **page 1, question 1**, who served 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 Governor, or by the Legislature, or by any Agency, Department or other instrumentality of the State.

(If this question does not apply, move on to question 2.)

|   |                      |  |
|---|----------------------|--|
| Name of Governmental Affairs Agent      | <input type="text"/> |  |
| Name of Authority, Board, or Commission | <input type="text"/> |  |
| Date When Term of Service Expires       | <input type="text"/> | <input type="button" value="Delete Item"/> |
| Name of Governmental Affairs Agent      | <input type="text"/> |  |
| Name of Authority, Board, or Commission | <input type="text"/> |  |
| Date When Term of Service Expires       | <input type="text"/> | <input type="button" value="Delete Item"/> |
| Name of Governmental Affairs Agent      | <input type="text"/> |  |
| Name of Authority, Board, or Commission | <input type="text"/> |  |
| Date When Term of Service Expires       | <input type="text"/> | <input type="button" value="Delete Item"/> |
| Name of Governmental Affairs Agent      | <input type="text"/> |  |
| Name of Authority, Board, or Commission | <input type="text"/> |  |
| Date When Term of Service Expires       | <input type="text"/> | <input type="button" value="Delete Item"/> |
| <input type="button" value="Add Item"/> |                      |  |

2. Did the Governmental Affairs Agent(s) named on page 1, question 1 file all Notices of Representation and Quarterly Reports required during the calendar year covered by this Annual Report?

- Yes If "yes," continue on to Schedule B.       No If "no," please file the necessary reports immediately.

## Schedule A · Question 1

List all In-House Agents named on page 1, question 1 of the Annual Report who, during the calendar year covered by the Annual Report, served 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 executive order of the Governor, or by the Legislature, or by any Agency, Department, or other instrumentality of the State.

**SCHEDULE A**

1. Provide the following information for any Governmental Affairs Agent named on **page 1, question 1**, who served 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 Governor, or by the Legislature, or by any Agency, Department or other instrumentality of the State.

(If this question does not apply, move on to question 2.)

|   |  |             |
|---|--|-------------|
| Name of Governmental Affairs Agent      |  |             |
| Name of Authority, Board, or Commission |  |             |
| Date When Term of Service Expires       |  | Delete Item |
| Name of Governmental Affairs Agent      |  |             |
| Name of Authority, Board, or Commission |  |             |
| Date When Term of Service Expires       |  | Delete Item |
| Name of Governmental Affairs Agent      |  |             |
| Name of Authority, Board, or Commission |  |             |
| Date When Term of Service Expires       |  | Delete Item |
| Name of Governmental Affairs Agent      |  |             |
| Name of Authority, Board, or Commission |  |             |
| Date When Term of Service Expires       |  | Delete Item |
| Add Item                                |  |             |

2. Did the Governmental Affairs Agent(s) named on page 1, question 1 file all Notices of Representation and Quarterly Reports required during the calendar year covered by this Annual Report?

- Yes If "yes," continue on to Schedule B.       No If "no," please file the necessary reports immediately.

## Schedule A • Question 2

If all required Notices of Representation and Quarterly Reports of Lobbying Activity for the four quarters covered by this report were filed by the Governmental Affairs Agents named on page 1, question 1, check the "Yes" box.

Any Agents who were new during the calendar year covered by this report need only file the required Notices of Representation and the Quarterly Reports due as of the quarter that Agent status commenced.

Check "No" if any required Notices of Representation and Quarterly Reports of Lobbying Activity for the four quarters covered by this report were not filed. File all necessary reports immediately.

# Schedules B through G

**SCHEDULES B** through **G** are designed to assist with the reporting of expenditures. Expenditures which relate to communication with, or providing a benefit to, a State official covered by the Act, as well as expenditures made for the purpose of communication with the general public must be reported.

- Schedule B · Salary And Compensation Paid To The Governmental Affairs Agents
- Schedule C · Support Personnel
- Schedules D-1 And D-2 · Assessments, Membership Fees, Or Dues
- Schedule E · Communication Expenses
- Schedule F · Travel And Lodging
- Schedule G-1 · Itemization Of Benefits Which Exceeded \$25 Per Day Or \$200 Per Calendar Year



# Schedule B

Enter as a lump sum, the salary, other compensation and reimbursed benefits paid to the Governmental Affairs Agents (In-House Agents) employed by the Represented Entity named on page 1, question 1 of the Annual Report.

*(Only the pro rata share of the employee's salary, and other compensation, need be reported if the employee performs duties other than lobbying.)*

Salary and other compensation paid includes:

- the amount reported by the employer as wages for the purposes of the IRS on the Form W-2,
- all amounts of voluntarily deferred compensation,
- amounts dedicated to special pre-tax funds for child care, medical expenses, etc.,
- costs of employer payments for life or disability insurance premiums, if any such insurance cost exceeds \$1,000 in a calendar year, and/or
- pension benefits.
- Note that the employer's share of Social Security, Medicare, or health insurance is not included.

Reimbursed Expenses include:

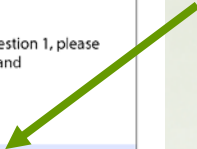
- the cost of food, beverages, and entertainment when in the company of a State official covered by the Act.
- Do not include the cost of providing a benefit to a State official covered by the Act. This cost will be reported on either Schedule G-1 or G-2.

## 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.

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 \$



## 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.

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 \$

# Schedule C · Support Personnel

- Review the activities of those persons who supported the activities of the Represented Entity or Governmental Affairs Agent.
- Determine which persons **individually** spent 450 or more hours in support activities.
- Such persons may be clerical (secretaries, clerks, etc.) or professional (attorneys, engineers, chemists, etc.).
- Support personnel also includes communication by an expert or employee, when the communication is made in the company of a Governmental Affairs Agent for the sole purpose of providing technical or expert advice.
- Provide only the pro rata share of the costs of support personnel attributable to lobbying.
- Enter the total of all the pro rata support personnel costs where indicated.

**SCHEDULES D-1 & D-2 - ASSESSMENTS (A), MEMBERSHIP FEES (M), OR DUES (D)**

**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:

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

| DATE | PAYEE | DESCRIPTION (A,M, or D) | AMOUNT |
|------|-------|-------------------------|--------|
| X    |       |                         | \$     |
| X    |       |                         | \$     |
| X    |       |                         | \$     |
| X    |       |                         | \$     |
| X    |       |                         | \$     |

Add Item

Part I TOTAL \$

**PART II** - For assessments, membership fees, or dues \$100 or less for the calendar year:

Part II TOTAL \$

(Part I and Part II) Schedule D-1 TOTAL \$

**Schedule D-2 - Major Purpose**

**PURPOSE:** To report the pro rata 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 to an entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, and, was not reported on Schedule D-1, "Specific Intent," please provide the information below:

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

| DATE | PAYEE | DESCRIPTION (A,M, or D) | AMOUNT |
|------|-------|-------------------------|--------|
| X    |       |                         | \$     |
| X    |       |                         | \$     |
| X    |       |                         | \$     |
| X    |       |                         | \$     |
| X    |       |                         | \$     |

Add Item

Part I TOTAL \$

**PART II** - For assessments, membership fees, or dues \$100 or less for the calendar year:

Part II TOTAL \$

(Part I and Part II) Schedule D-2 TOTAL \$

**Schedule D-1 AND Schedule D-2 TOTAL \$**

**Schedule D-1 · Specific Intent**

Assessments, membership fees, or dues are reportable in full when they are paid by the Represented Entity with the specific intent to lobby (influence legislation, regulations, governmental processes, or for the purpose of communicating with the general public).

**Part I** · When the assessment, membership fee, or dues payment exceeds \$100 for the calendar year, report the date, the payee, the description (A= assessment, M= membership fee, D=dues payment), and full amount.

Click on the X to delete entries and click on "Add Item" to add entries.

**Part II** · When the assessment, membership fee, or dues payment is \$100 or less there is no need to provide detailed information; simply report the total amount.

The Total Amount of Part I and Part II will be automatically calculated to arrive at the Schedule D-1 TOTAL.

**SCHEDULES D-1 & D-2 - ASSESSMENTS (A), MEMBERSHIP FEES (M), OR DUES (D)**

**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:

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

|   | DATE | PAYEE | DESCRIPTION (A,M, or D) | AMOUNT |
|---|------|-------|-------------------------|--------|
| X |      |       |                         | \$     |
| X |      |       |                         | \$     |
| X |      |       |                         | \$     |
| X |      |       |                         | \$     |
| X |      |       |                         | \$     |

Add Item

Part I TOTAL \$

**PART II** – For assessments, membership fees, or dues \$100 or less for the calendar year:

Part II TOTAL \$

(Part I and Part II) Schedule D-1 TOTAL \$

**Schedule D-2 - Major Purpose**

**PURPOSE:** To report the pro rata 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 to an entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, and, was not reported on Schedule D-1, "Specific Intent," please provide the information below:

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

|   | DATE | PAYEE | DESCRIPTION (A,M, or D) | AMOUNT |
|---|------|-------|-------------------------|--------|
| X |      |       |                         | \$     |
| X |      |       |                         | \$     |
| X |      |       |                         | \$     |
| X |      |       |                         | \$     |
| X |      |       |                         | \$     |

Add Item

Part I TOTAL \$

**PART II** – For assessments, membership fees, or dues \$100 or less for the calendar year:

Part II TOTAL \$

(Part I and Part II) Schedule D-2 TOTAL \$

**Schedule D-1 AND Schedule D-2 TOTAL \$**

## Schedule D-2 · Major Purpose

Assessments, membership fees, or dues (not reported on Schedule D-1, "Specific Intent") are reportable when they are made to an organization whose "major purpose" is to engage in lobbying (influencing legislation, regulations, governmental processes, or communicating with the general public).

- An organization engages in lobbying as its major purpose when more than 50 % of its total expenditures in a calendar year are for lobbying purposes. Only when the receiving organization meets the "major purpose" test are amounts reportable.
- The assessments, membership fees, or dues payments are reportable in the same proportion as the activities of the receiving organization.

# Schedules D-1 and D-2 · Assessments, Membership Fees, or Dues

Example: Widget Corporation (Represented Entity filing the report) pays \$1,000 in a calendar year in dues to ABC Trade Association. ABC Trade Association is the receiving organization. ABC Trade Association expends 75 % of its total expenditures on lobbying.

Widget Corporation reports \$750 (75 % of \$1,000) on Schedule D-2.

| Date   | Payee                 | Description | Amount |
|--------|-----------------------|-------------|--------|
| 1/1/XX | ABC Trade Association | D           | \$750  |

**Part 1** · For transactions exceeding \$100, report the date, the payee, the description (A= assessment, M= membership fee, D= dues payment) and the amount.

**Part 2** · For transactions of \$100 or less, enter the amount. The Total Amount of Part I and Part II will be automatically calculated to arrive at the Schedule D-2 **TOTAL**.

The Total Amount of Schedules D-1 and D-2 will be automatically calculated to arrive at the grand **TOTAL**.

# Schedule E · Communication Expenses

**SCHEDULE E - COMMUNICATION EXPENSES**

**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.

| EXPENSE  | AMOUNT                  |
|--|-------------------------|
| Printed Materials  | \$ <input type="text"/> |
| Postage  | <input type="text"/>    |
| Film, Slides, Video, Audio   | <input type="text"/>    |
| TV - Network   | <input type="text"/>    |
| TV - Cable   | <input type="text"/>    |
| Radio  | <input type="text"/>    |
| Other Broadcast Medium   | <input type="text"/>    |
| Internet   | <input type="text"/>    |
| Telephone, Facsimile   | <input type="text"/>    |
| Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event) |                         |
| X <input type="text"/>   | <input type="text"/>    |
| X <input type="text"/>   | <input type="text"/>    |
| X <input type="text"/>   | <input type="text"/>    |
| <input type="button" value="Add Item"/>  |                         |
| Other (please describe):   |                         |
| X <input type="text"/>   | <input type="text"/>    |
| X <input type="text"/>   | <input type="text"/>    |
| X <input type="text"/>   | <input type="text"/>    |
| <input type="button" value="Add Item"/>  |                         |
| <b>SCHEDULE E TOTAL \$</b> <input type="text"/>  |                         |

**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              | AMOUNT                  |
|---|-------------------------|
| X <input type="text"/>                          | \$ <input type="text"/> |
| X <input type="text"/>                          | \$ <input type="text"/> |
| X <input type="text"/>                          | \$ <input type="text"/> |
| X <input type="text"/>                          | \$ <input type="text"/> |
| X <input type="text"/>                          | \$ <input type="text"/> |
| X <input type="text"/>                          | \$ <input type="text"/> |
| <input type="button" value="Add Item"/>         |                         |
| <b>SCHEDULE F TOTAL \$</b> <input type="text"/> |                         |

Report the costs of preparation and distribution of materials related to lobbying.

Include the costs of:

- printed materials
  - i.e. correspondence, flyers, and publications
- postage
- films, slides, video, audio, TV (Network or Cable), radio, and other broadcast medium, including the Internet
- telephone or facsimile

**SCHEDULE E - COMMUNICATION EXPENSES**

**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.

| EXPENSE  | AMOUNT |
|--|--------|
| Printed Materials  | \$     |
| Postage  |        |
| Film, Slides, Video, Audio   |        |
| TV - Network   |        |
| TV - Cable   |        |
| Radio  |        |
| Other Broadcast Medium   |        |
| Internet   |        |
| Telephone, Facsimile   |        |
| Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event) |        |
| X  |        |
| X  |        |
| X  |        |
| <input type="button" value="Add Item"/>  |        |
| Other (please describe):   |        |
| X  |        |
| X  |        |
| X  |        |
| <input type="button" value="Add Item"/>  |        |
| <b>SCHEDULE E TOTAL \$</b>   |        |

**Schedule E - Continued...**

- Pro Rata Overhead Costs Of Specific Events
- State official is in attendance
- Specific Events include
  - Conferences
  - Receptions
  - Industry seminars
- Overhead includes
  - Speakers' fees
  - Room rentals
  - Flowers
  - Entertainment
  - Other additional costs not covered by Schedules G-1 or G-2.

**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      | AMOUNT |
|---|--------|
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| <input type="button" value="Add Item"/> |        |
| <b>SCHEDULE F TOTAL \$</b>              |        |

# Pro Rata Overhead Costs Of Specific Events

## Example

- Widget Corporation sponsors a conference at a large hotel.
- Ten State officials covered by the Act and 100 persons, total, in attendance.
- The cost of the conference overhead (hotel ballroom, speakers' fees, flowers, and invitations) is \$10,000, (not including the cost of any direct benefit to a State official covered by the Act).
- Calculate the reportable amount by dividing the cost by the number of persons in attendance, then multiply by the number of State Officials covered by the Act. This is your pro rata share of a specific event.
  - $\$10,000 \div 100 \text{ persons in attendance} = \$100$
  - $\text{Multiply the } \$100 \text{ per person} \times 10 \text{ State Officials covered by the Act} = \$1,000$
- Exclude any direct benefit (entertainment, food, beverages, etc.) to a State official covered by the Act.
- Remember, direct benefits are reported on Schedule G-1 or G-2.

**SCHEDULE E - COMMUNICATION EXPENSES**

**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.

| EXPENSE   | AMOUNT |
|---|--------|
| Printed Materials   | \$     |
| Postage   |        |
| Film, Slides, Video, Audio  |        |
| TV - Network  |        |
| TV - Cable  |        |
| Radio   |        |
| Other Broadcast Medium  |        |
| Internet  |        |
| Telephone, Facsimile  |        |
| Pro Rata Overhead Costs of Specific Events Over \$ 100 (please identify name and date of event) |        |
| X   |        |
| X   |        |
| X   |        |
| <input type="button" value="Add Item"/>   |        |
| Other (please describe):  |        |
| X   |        |
| X   |        |
| X   |        |
| <input type="button" value="Add Item"/>   |        |
| <b>SCHEDULE E TOTAL \$</b>  |        |

Schedule E · Continued...

Other

If there is a communication expense which does not fit any of the categories listed, report the expense in the "Other" category, with a brief description.

All communication expenses listed on the schedule will automatically be calculated to arrive at the Schedule E TOTAL.

**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      | AMOUNT |
|---|--------|
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| <input type="button" value="Add Item"/> |        |
| <b>SCHEDULE F TOTAL \$</b>              |        |



**SCHEDULE E - COMMUNICATION EXPENSES**

**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.

| EXPENSE  | AMOUNT |
|--|--------|
| Printed Materials  | \$     |
| Postage  |        |
| Film, Slides, Video, Audio   |        |
| TV - Network   |        |
| TV - Cable   |        |
| Radio  |        |
| Other Broadcast Medium   |        |
| Internet   |        |
| Telephone, Facsimile   |        |
| Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event) |        |
| X  |        |
| X  |        |
| X  |        |
| <input type="button" value="Add Item"/>  |        |
| Other (please describe):   |        |
| X  |        |
| X  |        |
| X  |        |
| <input type="button" value="Add Item"/>  |        |
| SCHEDULE E TOTAL \$  |        |

**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      | AMOUNT |
|---|--------|
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| <input type="button" value="Add Item"/> |        |
| SCHEDULE F TOTAL \$                     |        |

## Schedule F · Travel and Lodging

Report the costs of travel and lodging for the Governmental Affairs Agents (In-House Agents) named on page 1, question 1, who are employees of the Represented Entity, related to influencing legislation, regulations, governmental processes, or communicating with the general public.

- Provide the name of the Agent.
- Provide the amount of travel and lodging costs.

All the travel and lodging expenses will automatically be calculated to arrive at the **Schedule F TOTAL**.

**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   
 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   
 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   
 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   
 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

# Schedule G-1 · Itemization of Benefit Passing

## Reporting the Benefit:

- Provide the recipient of the benefit.
- Provide the date the benefit was received.
- Provide the category of benefit.
- Provide the full amount of the benefit.
- Provide the full name and address of the payee or vendor. (Any person or entity to whom or which the Represented Entity or Governmental Affairs Agent incurred any cost or obligation for providing a benefit.)

- For example: ABC Restaurant, 123 Main Street, Trenton, NJ or ABC Orchestra, 2 Doe Lane, Newark, NJ.

## Reporting of Reimbursements of Benefits:

- If a benefit is fully or partially reimbursed, enter it directly below the original itemization.
- Provide the date of the reimbursement,
- Amount reimbursed, and
- Description.
  - Once a benefit has been passed, it is included in the total amount of benefits.
  - A reimbursed benefit is never reduced or eliminated.

# Schedule G-1 · Itemization of Benefit Passing

- Report expenditures providing a benefit to a State official covered by the Act or the State official's immediate family member when the cost exceeds \$25 per day or \$200 per calendar year.
- Include any expenditure in excess of \$5 in the calculation of the \$25 per day or \$200 per calendar year thresholds.
- The benefit passing categories are:
  - Entertainment
  - Food and Beverages
  - Travel
  - Lodging
  - Honoraria
  - Loans
  - Gifts
  - Other
- If a State official covered by the Act participates in part of an event at which no food, beverages, or other benefits are being passed, no reportable benefit is considered to have resulted from the official's attendance.
- When a State official covered by the Act is an **invited speaker** to an event and the official receives the same food and beverages provided to the attendees, no food and beverages benefit has been passed.
  - An "invited speaker" is a person who is announced as a speaker in advance of the event and does not include a person who is merely identified and introduced to persons attending the event.
- Exclude the cost of the entertainment or food and beverages for the Governmental Affairs Agent.

# Schedule G-1 - Continued

When reporting information concerning the benefit recipient, provide a full description of each recipient.

- If the recipient is a member of the Senate or Assembly, report the full name and office.
  - *Example: Ryan Jones, Senator.*
- If the recipient is a legislative staff person, report the full name of the recipient and the name of the State official or staff organization which employs the recipient.
  - *Example: Tom Adams, aide to Senator Jones or Jane Smith, Senate/Assembly Republican/Democratic staff.*
- If the recipient is an immediate family member of a State official covered by the Act, report the name of the immediate family member recipient and the relationship to the State official covered by the Act, along with all the information required above.
  - *Example: (Where the spouse of a State official receives a benefit) Susan Jones, spouse of Senator Ryan Jones. (An immediate family member includes a spouse, child, parent, or sibling residing in the same household.)*
- Group recipient names alphabetically and chronologically. For example, if Senator Jones received benefits six times during the year, his name would appear at "J" and the six times benefits were received would be listed chronologically.

# Schedule G-1 - Continued

## Notice Of Lobbying Benefit

- Submit a certified benefit notice to all benefit recipients itemized on Schedule G-1 no later than **FEBRUARY 1<sup>ST</sup>** OF THE YEAR IN WHICH THE REPORT IS DUE TO BE FILED (the year following the year in which the benefit was received).
- Proof of service of the benefit notice shall be obtained and maintained for a period of at least three years.
- Satisfy this requirement by providing the first and last page of the Annual Report (making sure that the last page is properly certified), along with the Schedule G-1, or
- By any other manner provided that the notice is in writing, certified as correct, and contains all the information required on the Schedule G-1.



# Summary of Benefit Passing

**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         | \$ _____     | + \$ _____    | = \$ _____ |
| Food and Beverage     | _____        | + _____       | = _____    |
| Travel                | _____        | + _____       | = _____    |
| Lodging               | _____        | + _____       | = _____    |
| Honoraria             | _____        | + _____       | = _____    |
| Loans                 | _____        | + _____       | = _____    |
| Gifts                 | _____        | + _____       | = _____    |
| Other (specify) _____ | _____        | + _____       | = _____    |
| <b>Total</b>          | \$ _____     | + \$ _____    | = \$ _____ |

**SCHEDULE G-1 AND SCHEDULE G-2 TOTAL**

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

---

**TOTAL AMOUNT OF REIMBURSED BENEFITS, IF ANY.**  
DO NOT DEDUCT THIS AMOUNT FROM BENEFIT PASSING AMOUNTS. \$ \_\_\_\_\_

**SUMMARY OF LOBBYING EXPENDITURES**

| EXPENDITURES                             | Total                                     |
|--|---|
| 1. Compensation                          | _____                                     |
| 2. Salary & Compensation                 | Schedule B Total \$ _____                 |
| 3. Support Personnel                     | Schedule C Total _____                    |
| 4. Assessments, Membership Fees, or Dues | Schedule D-1 and Schedule D-2 Total _____ |
| 5. Communication Expenses                | Schedule E Total _____                    |
| 6. Travel and Lodging                    | Schedule F Total _____                    |
| 7. Benefit Passing                       | Schedule G-1 and Schedule G-2 Total _____ |
| <b>Total Lobbying Expenditures</b>       | \$ _____                                  |

- The Summary of Benefit Passing must reflect a complete picture of benefit passing.
- After itemizing on Schedule G-1, the total amount of each category (entertainment, food and beverages, etc.) will be entered on the summary table.
- Provide as a lump sum on Schedule G-2 the amount of benefits which did not need to be itemized.
  - Note that there is no benefit notice required for benefits listed on Schedule G-2.
- The sum of the Schedules G-1 and G-2 will automatically be calculated to arrive at the Schedule G-1 and G-2 Total.
- The total amount of reimbursements will automatically be entered on the Total Amount of Reimbursed Benefits Line on the Summary of Benefit Passing. This amount must not be deducted from the Summary of Benefit Passing.

**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         | \$ _____ + \$ _____ | _____         | = \$ _____ |
| Food and Beverage     | _____ + _____       | _____         | = _____    |
| Travel                | _____ + _____       | _____         | = _____    |
| Lodging               | _____ + _____       | _____         | = _____    |
| Honoraria             | _____ + _____       | _____         | = _____    |
| Loans                 | _____ + _____       | _____         | = _____    |
| Gifts                 | _____ + _____       | _____         | = _____    |
| Other (specify) _____ | _____ + _____       | _____         | = _____    |
| <b>Total</b>          | \$ _____ + \$ _____ | _____         | = \$ _____ |

**SCHEDULE G-1 AND SCHEDULE G-2 TOTAL**

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

**TOTAL AMOUNT OF REIMBURSED BENEFITS, IF ANY.  
DO NOT DEDUCT THIS AMOUNT FROM BENEFIT PASSING AMOUNTS.** \$ \_\_\_\_\_

**SUMMARY OF LOBBYING EXPENDITURES**

**EXPENDITURES**

|  |                                     |                 |
|--|-------------------------------------|-----------------|
| 1. Compensation                          | Total                               | _____           |
| 2. Salary & Compensation                 | Schedule B Total                    | \$ _____        |
| 3. Support Personnel                     | Schedule C Total                    | _____           |
| 4. Assessments, Membership Fees, or Dues | Schedule D-1 and Schedule D-2 Total | _____           |
| 5. Communication Expenses                | Schedule E Total                    | _____           |
| 6. Travel and Lodging                    | Schedule F Total                    | _____           |
| 7. Benefit Passing                       | Schedule G-1 and Schedule G-2 Total | _____           |
| <b>Total Lobbying Expenditures</b>       |                                     | <b>\$ _____</b> |

## Summary of Lobbying Expenditures

- There are seven categories of lobbying expenditures.
- The total amount from each of the seven schedules will automatically be transferred to the summary.
- The amounts from the seven categories will automatically be calculated to arrive at the total lobbying expenditures.

# Reporting of Receipts

Receipts Tables 1 and 2 are designed to assist a Represented Entity which is a trade association, or other reporting entity formed to represent a special interest, report its receipts. "Receipts" include:

- contributions,
- loans (except loans made in the ordinary course of business on substantially the same terms as those prevailing for comparable transactions with other persons),
- membership fees,
- dues payments, or
- assessments.

Receipts of a Represented Entity which relate to communication with, or providing a benefit to, a State official covered by the Act, for the purpose of influencing legislation, regulations, governmental processes, or for the purpose of communication with the general public are reportable if:

1. The receipts are provided to the Represented Entity with the specific intent to lobby (influence legislation, regulations, governmental processes, or communicating with the general public) or,
2. The Represented Entity lobbies as its major purpose (influences legislation, regulations, governmental processes, or communicates with the general public).



# Receipts Table 1 . Specific Intent

**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:

**PART I -** For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

| DATE | SOURCE | ADDRESS | AMOUNT |
|------|--------|---------|--------|
| X    |        |         | \$     |
| X    |        |         | \$     |
| X    |        |         | \$     |

Part I Total \$

**PART II -** For contributions, loans, membership fees, dues, or assessments \$100 or less for the calendar year:

Part II Total \$

**Receipts Table 1 Total (Part I and II) \$**

---

**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 \$**

**Table 1 and Table 2 Receipts Total \$**

Review each net receipt amount. Any net receipt in excess of \$100 should be listed below:

| DATE | SOURCE | ADDRESS | AMOUNT |
|------|--------|---------|--------|
| X    |        |         | \$     |
| X    |        |         | \$     |
| X    |        |         | \$     |

**Part I:** If contributions, loans, membership fees, dues or assessments are provided to the Represented Entity with the specific intent that they be used to lobby, they are reportable.

Part I requires that you provide the date, name and address of the source, and the amount of those receipts which are in excess of \$100.

**Part II:** Part II requires that you provide one lump sum figure for those receipts of \$100 or less.

Part I and Part II will automatically be calculated to arrive at the Receipts Table 1 **TOTAL**.

## Receipts Table 2 · Major Purpose

- A Represented Entity is deemed to be engaged in lobbying as its "major purpose" for any calendar year in which expenditures related to such activity constitute more than 50 % of its total expenditures for all purposes.
- To determine whether the Represented Entity meets the "major purpose" test, determine what percentage of its total expenditures for all purposes constitutes lobbying activity. If the percentage is 0 to 50 %, no reporting of receipts is required. If the percentage equals more than 50 %:
  - Report the percentage of activities which constitute lobbying (this figure should be more than 50%).
  - For each receipt, multiply the percentage indicated times the amount of the receipt to arrive at a net receipt amount.
  - Add together all net receipt amounts to arrive at the aggregate figure.
  - This aggregate figure will be the Receipts Table 2 **TOTAL**.

**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:

**PART I -** For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

|   | DATE | SOURCE | ADDRESS | AMOUNT           |
|---|------|--------|---------|------------------|
| X   |      |        |         | \$               |
| X   |      |        |         | \$               |
| X   |      |        |         | \$               |
| <input type="button" value="Add Item"/>   |      |        |         | Part I Total \$  |
| <b>PART II -</b> For contributions, loans, membership fees, dues, or assessments \$100 or less for the calendar year: |      |        |         | Part II Total \$ |
| <b>Receipts Table 1 Total (Part I and II) \$</b>  |      |        |         |                  |

**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 \$**

**Table 1 and Table 2 Receipts Total \$**

Review each net receipt amount. Any net receipt in excess of \$100 should be listed below:

|   | DATE | SOURCE | ADDRESS | AMOUNT |
|---|------|--------|---------|--------|
| X                                       |      |        |         | \$     |
| X                                       |      |        |         | \$     |
| X                                       |      |        |         | \$     |
| <input type="button" value="Add Item"/> |      |        |         |        |

# Receipts Table 2 • Major Purpose

- Review each individual net receipt amount.
- Any net receipt amount in excess of \$100 must be reported in detail.
- Provide the date of receipt, name and address of the source, and amount.

- The amount of receipts from each Table (1 and 2) will automatically be calculated to arrive at the **Receipts Total**.

Note: If a receipt was already reported on Receipts Table 1, it is not reported again on Receipts Table 2.

## Certification

The CERTIFICATION must be electronically signed by a Governmental Affairs Agent employed by the Represented Entity or a responsible Financial or Governmental Affairs Officer of the Represented Entity.

The individual signing the report must have sufficient knowledge of, and access to, all information which formed the basis of the reported items and which concerns the Represented Entity's lobbying activity.

To sign electronically, you must be connected to the Internet. Enter the registration number and PIN of the person signing the report. The registration number and PIN will take the place of the signer's signature allowing the report to be filed electronically. If the registration number and PIN are entered correctly, the signer's name will be retrieved from the Internet.

*It is strongly recommended that you review "The Filing Process" and the information presented under "Forms and Instructions." There is a short video and Step-by-step instructions to enable the "Trust This Document" security feature for accepting the Registration Number and PIN to display your name on the signature line.*

**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,   
(enter name)

hereby certify that I am duly authorized by  
  
(enter name of Represented Entity)

to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year 2015.  
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.

Registration Number  PIN

\_\_\_\_\_  
Signature  
\*Your name must appear on the signature line\*

Date



# Annual Report of Governmental Affairs Agent Form L1-A





**ANNUAL REPORT  
OF  
GOVERNMENTAL AFFAIRS AGENT**

**NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION**  
P.O. Box 195, Trenton, NJ 08625-0165  
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)  
Website: www.elec.state.nj.us

**FORM L1-A  
Reporting For Calendar Year 2015**

FOR STATE USE ONLY

Amendment

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Business Address  
City State Zip Code  
\*(Area Code) Telephone Number

1. Provide the following information regarding the Governmental Affairs Agent(s) on whose behalf this report is filed.

1. Name [Delete Item]  
Registration Number Occupation or Business  
Business Address  
City State Zip Code  
\*(Area Code) Telephone Number

2. Name [Delete Item]  
Registration Number Occupation or Business  
Business Address  
City State Zip Code  
\*(Area Code) Telephone Number

3. Name [Delete Item]  
Registration Number Occupation or Business  
Business Address  
City State Zip Code  
\*(Area Code) Telephone Number

4. Name [Delete Item]  
Registration Number Occupation or Business  
Business Address  
City State Zip Code  
\*(Area Code) Telephone Number

\*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 and must not be provided on this form.

Add Item

# General Information

- Enter the calendar year of last year. This will be the year prior to the filing year of this Annual Report. The field for the year can be edited.
- Check the amendment box if this is an amended report
- Provide the name, business address, and phone number of the Governmental Affairs Agent or Agent Firm.
- Do not include a telephone number anywhere on this report if it is unlisted.
- Click on "Delete Item" to delete entries and click on "Add Item" to add entries.
- If the business address is not in New Jersey, file Form L-3, "Consent to Service of Process." The Form L-3 must be electronically filed if it is submitted as an annual report.



ANNUAL REPORT  
OF  
GOVERNMENTAL AFFAIRS AGENT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION  
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Website: www.elec.state.nj.us

FORM L1-A  
Reporting For Calendar Year 2015

FOR STATE USE ONLY

Amendment

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Business Address

City State Zip Code

\*(Area Code) Telephone Number

1. Provide the following information regarding the Governmental Affairs Agent(s) on whose behalf this report is filed.

1. Name

Registration Number  Occupation or Business

Business Address

City  State  Zip Code

\*(Area Code) Telephone Number

2. Name

Registration Number  Occupation or Business

Business Address

City  State  Zip Code

\*(Area Code) Telephone Number

3. Name

Registration Number  Occupation or Business

Business Address

City  State  Zip Code

\*(Area Code) Telephone Number

4. Name

Registration Number  Occupation or Business

Business Address

City  State  Zip Code

\*(Area Code) Telephone Number

\*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 and must not be provided on this form.

# Question 1

- Provide the name, registration number (badge number), occupation or business and business address, telephone number, of the Governmental Affairs Agent(s) on whose behalf this report is filed. Entering an Agent's name in this field will automatically place the Agent's name on Schedule B (Salary & Compensation).
- Click on "Delete Item" to delete entries. Utilizing the delete button will also delete the entry from Schedule B. Click on "Add Item" to add entries.

## Question 2

2. Provide the following information concerning all Represented Entities.

NOTE: Represented Entities who designate this report to include all of their activity must file Form L-2.

**RECEIPT AMOUNT**

**PURPOSE:** To report all fees, retainers, allowances, reimbursement of expenses, or other compensation received from Represented Entities for the purpose of influencing legislation, regulations, governmental processes, or communicating with the general public.

**NOTE:** Report only the pro rata share of each receipt which is related to influencing legislation, regulations, governmental processes, or communicating with the general public.

1. Name of Represented Entity

Business Address

City  State  Zip Code

Type of Business

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

Check if the Represented Entity is designating this report to indicate all of their activity.

2. Name of Represented Entity

Business Address

City  State  Zip Code

Type of Business

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

Check if the Represented Entity is designating this report to indicate all of their activity.

3. Name of Represented Entity

Business Address

City  State  Zip Code

Type of Business

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

Check if the Represented Entity is designating this report to indicate all of their activity.

4. Name of Represented Entity

Business Address

City  State  Zip Code

Type of Business

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

Check if the Represented Entity is designating this report to indicate all of their activity.

- Provide the name, business address, type of business, and receipt amount concerning all Entities.
- The receipt amount should include all fees, retainers, allowances, reimbursement of expenses, or other compensation. Do not use dollar signs or commas. The receipt amount will automatically be calculated.
- Place a check mark in the box if an Entity **only** engaged in communication with the general public ("grassroots lobbying").
- Place a check mark in the box if an Entity is designating this report to include all of their activity. For each Entity listed, a separate Form L-2 must be filed with this report. The Form L-2 must be filed electronically.
- NOTE: A law firm, contract lobbyist firm, advertising agency, public relations firm, or a similar business or organization which spends only a portion of its time lobbying on behalf of a Represented Entity must report only that portion of its fees, retainers, allowances, etc. as are related to influencing legislation, regulations, governmental processes, or for the purpose of communication with the general public.



# Schedule A · Question 1



## SCHEDULE A

1. Provide the following information for any Governmental Affairs Agent named in this Annual Report who served 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 Governor, or by the Legislature, or by any Agency, Department or other instrumentality of the State.

(If this question does not apply, move on to question 2.)

|   |  |
|---|--|
| Name of Governmental Affairs Agent      | <input type="text"/>                       |
| Name of Authority, Board, or Commission | <input type="text"/>                       |
| Date When Term of Service Expires       | <input type="text"/>                       |
|   | <input type="button" value="Delete Item"/> |
| Name of Governmental Affairs Agent      | <input type="text"/>                       |
| Name of Authority, Board, or Commission | <input type="text"/>                       |
| Date When Term of Service Expires       | <input type="text"/>                       |
|   | <input type="button" value="Delete Item"/> |
| Name of Governmental Affairs Agent      | <input type="text"/>                       |
| Name of Authority, Board, or Commission | <input type="text"/>                       |
| Date When Term of Service Expires       | <input type="text"/>                       |
|   | <input type="button" value="Delete Item"/> |
| Name of Governmental Affairs Agent      | <input type="text"/>                       |
| Name of Authority, Board, or Commission | <input type="text"/>                       |
| Date When Term of Service Expires       | <input type="text"/>                       |
|   | <input type="button" value="Delete Item"/> |
|   | <input type="button" value="Add Item"/>    |

2. Did all Governmental Affairs Agent(s) named in this Annual Report file all Notices of Representation and Quarterly Reports required during the calendar year covered by this Annual Report?

- Yes If "yes," continue on to Schedule B.       No If "no," please file the necessary reports immediately.

List all Agents named on page 1, question 1 of the Annual Report who, during the calendar year covered by the Annual Report, served 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 executive order of the Governor, or by the Legislature, or by any Agency, Department, or other instrumentality of the State.

# Schedule A · Question 2

If all required Notices of Representation and Quarterly Reports of Lobbying Activity for the four quarters covered by this report were filed by the Governmental Affairs Agents named on page 1, question 1, check the "Yes" box.

Any Agents who were new during the calendar year need only file the required Notices of Representation and the Quarterly Reports due as of the quarter that Agent status commenced.

Check "No" if any required Notices of Representation and Quarterly Reports of Lobbying Activity for the four quarters covered by this report were not filed. File all necessary reports immediately.

**SCHEDULE A**

1. Provide the following information for any Governmental Affairs Agent named in this Annual Report who served 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 Governor, or by the Legislature, or by any Agency, Department or other instrumentality of the State.

(If this question does not apply, move on to question 2.)

|   |  |
|---|--|
| Name of Governmental Affairs Agent      |  |
| Name of Authority, Board, or Commission |  |
| Date When Term of Service Expires       | <input type="button" value="Delete Item"/> |
| Name of Governmental Affairs Agent      |  |
| Name of Authority, Board, or Commission |  |
| Date When Term of Service Expires       | <input type="button" value="Delete Item"/> |
| Name of Governmental Affairs Agent      |  |
| Name of Authority, Board, or Commission |  |
| Date When Term of Service Expires       | <input type="button" value="Delete Item"/> |
| Name of Governmental Affairs Agent      |  |
| Name of Authority, Board, or Commission |  |
| Date When Term of Service Expires       | <input type="button" value="Delete Item"/> |
| <input type="button" value="Add Item"/> |  |

2. Did all Governmental Affairs Agent(s) named in this Annual Report file all Notices of Representation and Quarterly Reports required during the calendar year covered by this Annual Report?

Yes If "yes," continue on to Schedule B.       No If "no," please file the necessary reports immediately.

# Schedules B through G

**SCHEDULES B** through **G** are designed to assist with the reporting of expenditures. Expenditures which relate to communication with, or providing a benefit to, a State official covered by the Act, as well as expenditures made for the purpose of communication with the general public must be reported.

- Schedule B · Salary And Compensation Paid To The Governmental Affairs Agents
- Schedule C · Support Personnel
- There is no Schedule D
- Schedule E · Communication Expenses
- Schedule F · Travel And Lodging
- Schedule G-1 · Itemization Of Benefits Which Exceeded \$25 Per Day Or \$200 Per Calendar Year

## Schedule B - Salary and Compensation

### SCHEDULE B - SALARY & COMPENSATION

**PURPOSE:** To report the salary and compensation paid to the Governmental Affairs Agents on whose behalf this report is filed. Include the reimbursement of an Agent's expenses in amounts reported.

**NOTE:** Only the pro rata share of each Governmental Affairs Agent's salary and compensation need to be included if the Agent spends only a portion of his/her time on lobbying activity.

| NAME OF GOVERNMENTAL AFFAIRS AGENT | AMOUNT                  |
|------------------------------------|-------------------------|
|                                    | \$ <input type="text"/> |
|                                    | \$ <input type="text"/> |
|                                    | \$ <input type="text"/> |
|                                    | \$ <input type="text"/> |

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 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 Governmental Affairs Agent(s) in influencing legislation, regulations, governmental processes, or communicating with the general public.

SCHEDULE C TOTAL \$

**NO SCHEDULE D FOR GOVERNMENTAL AFFAIRS AGENTS**

- Enter the salary, compensation and any amount (\$) of reimbursed benefits of the Governmental Affairs Agents on whose behalf this report is filed. The total will automatically be calculated and appear on the Schedule B Total.

Salary and other compensation paid includes:

- the amount reported by the employer as wages for the purposes of the IRS on the Form W-2,
- amounts of voluntarily deferred compensation,
- amounts dedicated to special pre-tax funds for child care, medical expenses, etc.,
- costs of employer payments for life or disability insurance premiums, if any such insurance cost exceeds \$1,000 in a calendar year, and/or
- pension benefits.
- Note that the employer's share of Social Security, Medicare, or health insurance is not included.

Reimbursed Expenses include:

- the cost of food, beverages, and entertainment when in the company of a State official covered by the Act.
- Do not include the cost of providing a benefit to a State official covered by the Act. This cost will be reported on either Schedule G-1 or G-2.
- The amount of reimbursed expenses for lobbying must be added to the total reportable amount.
- Only the pro rata share of each Agent's salary need be included if an Agent spends only a portion of his/her time lobbying.

# Schedule C · Support Personnel

Review the activities of those persons who supported the activities of the Represented Entity or Agent.

Determine which persons **individually** spent 450 or more hours in support activities.

Such persons may be clerical (secretaries, clerks, etc.) or professional (attorneys, engineers, chemists, etc.).

Support Personnel also includes communication by an expert or employee, when the communication is made in the company of a Governmental Affairs Agent for the sole purpose of providing technical or expert advice.

Provide only the pro rata share of the costs of support personnel attributable to lobbying.

Enter the total of all the pro rated support personnel costs where indicated.

| SCHEDULE B - SALARY & COMPENSATION  |        |
|---|--------|
| <b>PURPOSE:</b> To report the salary and compensation paid to the Governmental Affairs Agents on whose behalf this report is filed. Include the reimbursement of an Agent's expenses in amounts reported.   |        |
| <b>NOTE:</b> Only the pro rata share of each Governmental Affairs Agent's salary and compensation need to be included if the Agent spends only a portion of his/her time on lobbying activity.  |        |
| NAME OF GOVERNMENTAL AFFAIRS AGENT  | AMOUNT |
|   | \$     |
|   | \$     |
|   | \$     |
|   | \$     |
| SCHEDULE B TOTAL \$   |        |
|   |        |
| SCHEDULE C - SUPPORT PERSONNEL  |        |
| <b>PURPOSE:</b> 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 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 Governmental Affairs Agent(s) in influencing legislation, regulations, governmental processes, or communicating with the general public. |        |
| SCHEDULE C TOTAL \$   |        |
|   |        |
| NO SCHEDULE D FOR GOVERNMENTAL AFFAIRS AGENTS   |        |

# Schedule E

## Communication Expenses

Report the costs of preparation and distribution of materials related to lobbying.

Include the costs of:

- printed materials
  - i.e. correspondence, flyers, and publications
- postage
- films, slides, video, audio, TV (Network and Cable), radio, and other broadcast medium, including the Internet
- telephone or facsimile

**SCHEDULE E - COMMUNICATION EXPENSES**

**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.

| EXPENSE   | AMOUNT   |
|---|----------|
| Printed Materials   | \$ _____ |
| Postage   | _____    |
| Film, Slides, Video, Audio  | _____    |
| TV - Network  | _____    |
| TV - Cable  | _____    |
| Radio   | _____    |
| Other Broadcast Medium  | _____    |
| Internet  | _____    |
| Telephone, Facsimile  | _____    |
| <b>Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)</b> |          |
| X _____   | _____    |
| X _____   | _____    |
| X _____   | _____    |
| <input type="button" value="Add Item"/>   |          |
| <b>Other (please describe):</b>   |          |
| X _____   | _____    |
| X _____   | _____    |
| X _____   | _____    |
| <input type="button" value="Add Item"/>   |          |
| <b>SCHEDULE E TOTAL \$</b> _____  |          |

**SCHEDULE F - TRAVEL/LODGING**

**PURPOSE:** To report the travel and lodging costs of the Governmental Affairs Agents on whose behalf this report is filed related to influencing legislation, regulations, governmental processes, or communicating with the general public.

| NAME OF GOVERNMENTAL AFFAIRS AGENT      | AMOUNT   |
|---|----------|
| X _____                                 | \$ _____ |
| X _____                                 | \$ _____ |
| X _____                                 | \$ _____ |
| X _____                                 | \$ _____ |
| X _____                                 | \$ _____ |
| X _____                                 | \$ _____ |
| <input type="button" value="Add Item"/> |          |
| <b>SCHEDULE F TOTAL \$</b> _____        |          |

| SCHEDULE E - COMMUNICATION EXPENSES   |        |
|---|--------|
| <b>PURPOSE:</b> 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.                              |        |
| EXPENSE   | AMOUNT |
| Printed Materials   | \$     |
| Postage   |        |
| Film, Slides, Video, Audio  |        |
| TV - Network  |        |
| TV - Cable  |        |
| Radio   |        |
| Other Broadcast Medium  |        |
| Internet  |        |
| Telephone, Facsimile  |        |
| Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)  |        |
| X   |        |
| X   |        |
| X   |        |
| <input type="button" value="Add Item"/>   |        |
| Other (please describe):  |        |
| X   |        |
| X   |        |
| X   |        |
| <input type="button" value="Add Item"/>   |        |
| <b>SCHEDULE E TOTAL \$</b> _____  |        |
| SCHEDULE F - TRAVEL/LODGING   |        |
| <b>PURPOSE:</b> To report the travel and lodging costs of the Governmental Affairs Agents on whose behalf this report is filed related to influencing legislation, regulations, governmental processes, or communicating with the general public. |        |
| NAME OF GOVERNMENTAL AFFAIRS AGENT  | AMOUNT |
| X   | \$     |
| X   | \$     |
| X   | \$     |
| X   | \$     |
| X   | \$     |
| X   | \$     |
| <input type="button" value="Add Item"/>   |        |
| <b>SCHEDULE F TOTAL \$</b> _____  |        |

# Schedule E - Continued...

## Pro Rata Overhead Costs Of Specific Events

- State official is in attendance
- Specific Events include
  - Conferences
  - Receptions
  - Industry seminars
- Overhead includes
  - Speakers' fees
  - Room rentals
  - Flowers
  - Entertainment
  - Other additional costs not covered on Schedules G-1 or G-2.
- Click on the X to delete entries and click on "Add Item" to add entries.

# Pro Rata Overhead Costs Of Specific Events Example

- Widget Corporation sponsors a conference at a large hotel.
- Ten State officials covered by the Act and 100 persons, total, in attendance.
- The cost of the conference overhead (hotel ballroom, speakers' fees, flowers, and invitations) is \$10,000, (not including the cost of any direct benefit to a State Official covered by the Act).
- Calculate the reportable amount by dividing the cost by the number of persons in attendance, then multiply by the number of State Officials covered by the Act. This is your pro rata share of a specific event.
  - \$10,000 divided by 100 persons in attendance = \$100
  - Multiply the \$100 per person x 10 State Officials covered by the Act = \$1,000
- Exclude any direct benefit (entertainment, food, beverages, etc.) to a State Official covered by the Act.
- Remember, direct benefits are reported on Schedule G-1 or G-2.



**SCHEDULE E - COMMUNICATION EXPENSES**

**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.

| EXPENSE  | AMOUNT |
|--|--------|
| Printed Materials  | \$     |
| Postage  |        |
| Film, Slides, Video, Audio   |        |
| TV - Network   |        |
| TV - Cable   |        |
| Radio  |        |
| Other Broadcast Medium   |        |
| Internet   |        |
| Telephone, Facsimile   |        |
| Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event) |        |
| X  |        |
| X  |        |
| X  |        |
| <input type="button" value="Add Item"/>  |        |
| Other (please describe):   |        |
| X  |        |
| X  |        |
| X  |        |
| <input type="button" value="Add Item"/>  |        |
| <b>SCHEDULE E TOTAL \$</b> _____   |        |

**Schedule E - Continued...**

**Other**

If there is a communication expense which does not fit any of the categories listed, report the expense in the "Other" category, with a brief description.

All communication expenses listed will automatically be calculated to arrive at the **Schedule E TOTAL**.

**SCHEDULE F - TRAVEL/LODGING**

**PURPOSE:** To report the travel and lodging costs of the Governmental Affairs Agents on whose behalf this report is filed related to influencing legislation, regulations, governmental processes, or communicating with the general public.

| NAME OF GOVERNMENTAL AFFAIRS AGENT      | AMOUNT |
|---|--------|
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| <input type="button" value="Add Item"/> |        |
| <b>SCHEDULE F TOTAL \$</b> _____        |        |

**SCHEDULE E - COMMUNICATION EXPENSES**

**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.

| EXPENSE  | AMOUNT |
|--|--------|
| Printed Materials  | \$     |
| Postage  |        |
| Film, Slides, Video, Audio   |        |
| TV - Network   |        |
| TV - Cable   |        |
| Radio  |        |
| Other Broadcast Medium   |        |
| Internet   |        |
| Telephone, Facsimile   |        |
| Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event) |        |
| X  |        |
| X  |        |
| X  |        |
| <input type="button" value="Add Item"/>  |        |
| Other (please describe):   |        |
| X  |        |
| X  |        |
| X  |        |
| <input type="button" value="Add Item"/>  |        |
| <b>SCHEDULE E TOTAL \$</b> _____   |        |

**SCHEDULE F - TRAVEL/LODGING**

**PURPOSE:** To report the travel and lodging costs of the Governmental Affairs Agents on whose behalf this report is filed related to influencing legislation, regulations, governmental processes, or communicating with the general public.

| NAME OF GOVERNMENTAL AFFAIRS AGENT      | AMOUNT |
|---|--------|
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| <input type="button" value="Add Item"/> |        |
| <b>SCHEDULE F TOTAL \$</b> _____        |        |

## Schedule F · Travel and Lodging

Report the costs of travel and lodging for the Governmental Affairs Agents named on page 1, question 1 related to influencing legislation, regulations, governmental processes, or communicating with the general public.

- Provide the name of the Agent.
- Provide the amount of travel and lodging costs.

All travel and lodging expenses will automatically be calculated to arrive at the Schedule F **TOTAL**.

**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  |             |          |             |
| Date   | Description |          | Amount \$   |
| Name and Address of Payee/Vendor   |             |          |             |
| Name   |             |          | Delete item |
| 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   | Description |          | Amount \$   |
| Name and Address of Payee/Vendor   |             |          |             |
| Name   |             |          | Delete item |
| 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   | Description |          | Amount \$   |
| Name and Address of Payee/Vendor   |             |          |             |
| Name   |             |          | Delete item |
| 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   | Description |          | Amount \$   |
| Name and Address of Payee/Vendor   |             |          |             |
| Name   |             |          | Delete item |
| Address  |             |          |             |
| City   | State       | Zip Code |             |
| If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement. |             |          |             |
| Date   | Amount \$   |          |             |
| Description  |             |          |             |
|  |             |          |             |
| Add Item   |             |          |             |

## Schedule G-1 · Itemization of Benefit Passing

### Reporting the Benefit:

- Provide the recipient of the benefit.
- Provide the date the benefit was received.
- Provide the category of benefit.
- Provide the full amount of the benefit.
- Provide the full name and address of the payee or vendor. (Any person or entity to whom or which the Represented Entity or Governmental Affairs Agent incurred any cost or obligation for providing a benefit.)
  - For example: *ABC Restaurant, 123 Main Street, Trenton, NJ or ABC Orchestra, 2 Doe Lane, Newark, NJ.*

### Reporting of Reimbursements of Benefits:

- If a benefit is fully or partially reimbursed, enter it **directly below** the original itemization.
- Provide the date of the reimbursement,
- Amount reimbursed, and
- Description.
  - Once a benefit has been passed, it is included in the total amount of benefits.
  - A reimbursed benefit is never reduced or eliminated.

# Schedule G-1 · Itemization of Benefit Passing

- Report expenditures providing a benefit to a State official covered by the Act or the State official's immediate family member when the cost exceeds \$25 per day or \$200 per calendar year.
- Include any expenditure in excess of \$5 in the calculation of the \$25 per day or \$200 per calendar year thresholds.
- The benefit passing categories are:
  - Entertainment
  - Food and Beverages
  - Travel
  - Lodging
  - Honoraria
  - Loans
  - Gifts
  - Other
- If a State official covered by the Act participates in part of an event at which no food, beverages, or other benefits are being passed, no reportable benefit is considered to have resulted from the official's attendance.
- When a State official covered by the Act is an **invited speaker** to an event and the official receives the same food and beverages provided to the attendees, no food and beverages benefit has been passed.
- An "invited speaker" is a person who is announced as a speaker in advance of the event and does not include a person who is merely identified and introduced to persons attending the event.
- Exclude the cost of the entertainment or food and beverages for the Governmental Affairs Agent.

## Schedule G-1 - Continued

- When reporting information concerning the benefit recipient, provide a full description of each recipient.
- If the recipient is a member of the Senate or Assembly, report the full name and office.
  - *Example: Ryan Jones, Senator.*
- If the recipient is a legislative staff person, report the full name of the recipient and the name of the State official or staff organization which employs the recipient.
  - *Example: Tom Adams, aide to Senator Jones or Jane Smith, Senate/Assembly Republican/Democratic staff.*
- If the recipient is an immediate family member of a State official covered by the Act, report the name of the immediate family member recipient and the relationship to the State official covered by the Act, along with all the information required above.
  - *Example: (Where the spouse of a State official receives a benefit) Susan Jones, spouse, Ryan Jones, Senator. (An immediate family member includes a spouse, child, parent, or sibling residing in the same household.)*
- Group recipient names alphabetically and chronologically. For example, if Senator Jones received benefits six times during the year, his name would appear at "J" and the six times benefits were received would be listed chronologically.

# Schedule G-1 - Continued

- Notice Of Lobbying Benefit
- Submit a certified benefit notice to all benefit recipients itemized on Schedule G-1 no later than **FEBRUARY 1<sup>ST</sup> OF THE YEAR IN WHICH THE REPORT IS DUE TO BE FILED** (the year following the year in which the benefit was received).
- Proof of service of the benefit notice shall be obtained and maintained for a period of at least three years.
- Satisfy this requirement by providing the first and last page of the Annual Report (making sure that the last page is properly certified), along with the Schedule G-1, or
- By any other manner provided that the notice is in writing, certified as correct, and contains all the information required on the Schedule G-1.



# Summary of Benefit Passing

**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         | \$ _____     | + \$ _____    | = \$ _____ |
| Food and Beverage     | _____        | + _____       | = _____    |
| Travel                | _____        | + _____       | = _____    |
| Lodging               | _____        | + _____       | = _____    |
| Honoraria             | _____        | + _____       | = _____    |
| Loans                 | _____        | + _____       | = _____    |
| Gifts                 | _____        | + _____       | = _____    |
| Other (specify) _____ | _____        | + _____       | = _____    |
| <b>Total</b>          | \$ _____     | + \$ _____    | = \$ _____ |

**SCHEDULE G-1 AND SCHEDULE G-2 TOTAL**

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

---

**TOTAL AMOUNT OF REIMBURSED BENEFITS, IF ANY.  
DO NOT DEDUCT THIS AMOUNT FROM BENEFIT PASSING AMOUNTS.**      \$ \_\_\_\_\_

---

**SUMMARY OF LOBBYING EXPENDITURES**

| EXPENDITURES                       |                                     |                 |
|------------------------------------|-------------------------------------|-----------------|
| 1. Salary and Compensation         | Schedule B Total                    | \$ _____        |
| 2. Support Personnel               | Schedule C Total                    | _____           |
| 3. Communication Expenses          | Schedule E Total                    | _____           |
| 4. Travel and Lodging              | Schedule F Total                    | _____           |
| 5. Benefit Passing                 | Schedule G-1 and Schedule G-2 Total | _____           |
| <b>Total Lobbying Expenditures</b> |                                     | <b>\$ _____</b> |

---

**SUMMARY OF TOTAL RECEIPTS FROM REPRESENTED ENTITIES**      \$ \_\_\_\_\_

- The Summary of Benefit Passing must reflect a complete picture of benefit passing.
- After itemizing on Schedule G-1, the total amount by each category (entertainment, food and beverages, etc.) will appear on the summary table.
- Provide as a lump sum on Schedule G-2 the amount of benefits which did not need to be itemized.
  - Note that there is no benefit notice required for benefits listed on Schedule G-2.
- The sum of Schedules G-1 and G-2 will automatically be entered in the Schedule G-1 and G-2 Total.
- The amount of reimbursements will automatically be reported on the Total Amount of Reimbursed Benefits Line on the Summary of Benefit Passing.

**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         | \$ _____ + \$ _____ | _____         | = \$ _____ |
| Food and Beverage     | _____ + _____       | _____         | = _____    |
| Travel                | _____ + _____       | _____         | = _____    |
| Lodging               | _____ + _____       | _____         | = _____    |
| Honoraria             | _____ + _____       | _____         | = _____    |
| Loans                 | _____ + _____       | _____         | = _____    |
| Gifts                 | _____ + _____       | _____         | = _____    |
| Other (specify) _____ | _____ + _____       | _____         | = _____    |
| <b>Total</b>          | \$ _____ + \$ _____ | _____         | = \$ _____ |

**SCHEDULE G-1 AND SCHEDULE G-2 TOTAL**

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

**TOTAL AMOUNT OF REIMBURSED BENEFITS, IF ANY. DO NOT DEDUCT THIS AMOUNT FROM BENEFIT PASSING AMOUNTS.** \$ \_\_\_\_\_

**SUMMARY OF LOBBYING EXPENDITURES**

| EXPENDITURES                       |                                     |                 |
|------------------------------------|-------------------------------------|-----------------|
| 1. Salary and Compensation         | Schedule B Total                    | \$ _____        |
| 2. Support Personnel               | Schedule C Total                    | _____           |
| 3. Communication Expenses          | Schedule E Total                    | _____           |
| 4. Travel and Lodging              | Schedule F Total                    | _____           |
| 5. Benefit Passing                 | Schedule G-1 and Schedule G-2 Total | _____           |
| <b>Total Lobbying Expenditures</b> |                                     | <b>\$ _____</b> |

**SUMMARY OF TOTAL RECEIPTS FROM REPRESENTED ENTITIES** \$ \_\_\_\_\_

**Summary of Lobbying Expenditures**

- There are five categories of lobbying expenditures.
- The total amount from each of the five categories will automatically be transferred to the Summary.
- The amounts from the five categories will automatically be calculated to arrive at the total lobbying expenditures.
- The Receipt amount (s) entered under question 2 will automatically be calculated and transferred to the Summary of Total Receipts.



## Certification

This CERTIFICATION must be electronically signed by the Governmental Affairs Agent filing this report, or the Managing or Principal Partner, or the Chief Executive Officer, of the Governmental Affairs Agent Firm.

The individual signing this report must have sufficient knowledge of, and access to, all information which formed the basis of the reported items and which concerns the lobbying activity of all Governmental Affairs Agents on whose behalf this report is filed.

To sign electronically, you must be connected to the Internet. Enter the registration number and PIN of the person signing the report. The registration number and PIN will take the place of the signer's signature allowing the report to be filed electronically. If the registration number and PIN are entered correctly, the signer's name will be retrieved from the Internet.

***It is strongly recommended that you review "The Filing Process" and the information presented under "Forms and Instructions." There is a short video and Step-by-step instructions to enable the "Trust This Document" security feature for accepting the Registration Number and PIN to display your name on the signature line.***

### CERTIFICATION

This certification shall be signed by either the Governmental Affairs Agent filing this Annual Report on his/her own behalf, or by the Managing or Principal Partner or Chief Executive Officer of the Governmental Affairs Agent Firm.

I,   
(enter name)

hereby certify that I am duly authorized by

(enter name of firm)

to file and certify the accuracy and correctness of this Annual Report on Lobbying Activity for calendar year 2015.  
 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.

Registration Number  PIN

Verify Registration  
 Number & PIN

Signature Date

*\*Your name must appear on the signature line\**



# Designation of Governmental Affairs Agent Form L-2



# The Designation Of Governmental Affairs Agent

- A Represented Entity may designate a Governmental Affairs Agent to file a report on its behalf.
- All reportable expenditures made by the Represented Entity must have been made only to the designated Governmental Affairs Agent.
- All reportable activities conducted by and on behalf of the Represented Entity will be incorporated in the report of the Governmental Affairs Agent.
- The compensation paid to the Governmental Affairs Agent or Governmental Affairs Agent Firm must be reported.
- If the Represented Entity conducts activity in addition to that of its Governmental Affairs Agent or if a Represented Entity makes expenditures to more than one Agent, then the designation option would not be available and a separate report must be filed by the Represented Entity itself.



# DESIGNATION OF GOVERNMENTAL AFFAIRS AGENT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION  
P.O. Box 185, Trenton, NJ 08825-0185  
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)  
Website: www.elec.nj.gov

## FORM L-2 Reporting For Calendar Year 2017

FOR STATE USE ONLY

Amendment

Name of Represented Entity

Business Address

City  State  Zip Code

\*(Area Code) Telephone Number

\*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 and must not be provided on this form.

The above named Represented Entity hereby designates the following Governmental Affairs Agent, or Governmental Affairs Agent Firm, employed or otherwise engaged by the Represented Entity, to file on its behalf the Annual Report of Lobbying Activity covering calendar year 2017 with the Election Law Enforcement Commission.

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm

Business Address

City  State  Zip Code

Compensation paid to the above named Governmental Affairs Agent, or Governmental Affairs Agent Firm (include any reimbursement of expenses to the Agent or Agent Firm) \$

This designation further represents a statement by the Represented Entity that the only reportable expenditures made by the Represented Entity were to the Governmental Affairs Agent or Governmental Affairs Agent Firm herein designated.

It is understood that any violation of the Act, N.J.S.A. 52:13C-18 et seq. or the regulations promulgated thereunder, shall subject both the Represented Entity and designated Governmental Affairs Agent or Governmental Affairs Agent Firm to the penalties provided by law.

Full Name of Represented Entity

Registration Number

By:  PIN

Enter Full Name/Title

Signature

Date

**\*Your name must appear on the signature line\***

## Designation of Governmental Affairs Agent

- Enter the calendar year covered by Form L-2.
- Check the amendment box if this is an amended report.
- Provide the name, business address, and telephone number of the Represented Entity whose activity will be reported by its Governmental Affairs Agent. Do not provide an unlisted telephone number.
- Provide the name and business address of the Governmental Affairs Agent or Governmental Affairs Agent Firm who will be reporting the activities of the Represented Entity.
- Provide the compensation paid to the Governmental Affairs Agent or Governmental Affairs Agent Firm.
- This form must be electronically signed and dated by a responsible Financial or Government Affairs Officer of the Represented Entity. Identify the individual's title.
- Note: To sign electronically, you must be connected to the Internet. Enter the registration number and PIN of the person signing the form. The registration number and PIN will take the place of the signer's signature allowing the form to be filed electronically. If the registration number and PIN are entered correctly, the signer's name will be retrieved from the Internet and appear on the signature line.
- *It is strongly recommended that you review "The Filing Process" and the information presented under "Forms and Instructions." There is a short video and Step-by-step instructions to enable the "Trust This Document" security feature for accepting the Registration Number and PIN to display your name on the signature line.*



# Certification of Consent to Service of Process Form L-3



## Consent To Service Of Process

- A Represented Entity, Governmental Affairs Agent, Governmental Affairs Agent Firm, or Reporting Entity engaging in grassroots lobbying, not a resident of the State of New Jersey, or not a corporation of this State or authorized to do business in this State, shall file a Consent to Service of Process.



# Consent to Service of Process

**NEW JERSEY**  
Election Law Enforcement Commission  
1973

**CERTIFICATION OF CONSENT TO SERVICE OF PROCESS AND SUBMISSION TO JURISDICTION IN THE STATE OF NEW JERSEY**

**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 L-3**  
**Reporting for Calendar Year 2015**

FOR STATE USE ONLY

Amendment

1. \_\_\_\_\_, hereby consents to service of process within the State of New Jersey and jurisdiction in the Courts of the State of New Jersey or in the Office of Administrative Law of the State of New Jersey for any case brought by the New Jersey Election Law Enforcement Commission to enforce the provisions of N.J.S.A. 52:13C-18 et seq., or the regulations promulgated thereunder.

2. The name and address of the person or entity within the State of New Jersey authorized to accept service:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- or -

The out-of-state name and mailing address of the person or entity authorized to accept service:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I may be subject to punishment.

To be signed by an authorized person of the entity listed in Item #1.

Name of Authorized Person \_\_\_\_\_ Registration Number \_\_\_\_\_

Title \_\_\_\_\_ PIN \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Your name must appear on the signature line \*

To be acknowledged by the person authorized to accept service listed in Item #2.

Name of Authorized Person \_\_\_\_\_ Registration Number \_\_\_\_\_

Title \_\_\_\_\_ PIN \_\_\_\_\_

Signature of Person Authorized to Accept Service \_\_\_\_\_ Date \_\_\_\_\_

\* Your name must appear on the signature line \*

New Jersey Election Law Enforcement Commission Page 1 of 1 Form L-3 Revised Dec. 2015

- Enter the calendar year covered by Form L-3.
- Check if this is an amended form.
- Provide the name of the entity (Represented Entity, Governmental Affairs Agent, Governmental Affairs Agent Firm, or Reporting Entity engaging in grassroots lobbying) that consents to service of process.
- Provide the name and address of the person or entity within the State of New Jersey authorized to accept service or enter the out-of-state name and mailing address of the person or entity authorized to accept service.
- An authorized person of the entity listed in Item #1 must electronically sign and date the Form L-3. The authorized person may be a Governmental Affairs Agent employed by the Represented Entity or a responsible Financial or Government Affairs Officer of the Represented Entity; or, the Governmental Affairs Agent (the Governmental Affairs Agent or the Managing or Principal Partner, or the Chief Executive Officer of the Governmental Affairs Agent Firm), or any responsible person authorized by the entity. Enter the registration number and PIN of the person signing the form.
- The person authorized to accept service listed in Item #2 must also electronically sign and date the Form L-3. Enter the registration number and PIN of the person signing the form.

Note: To sign electronically, you must be connected to the Internet. Enter the registration number and PIN of the person signing the form. The registration number and PIN will take the place of the signer's signature allowing the form to be filed electronically. If the registration number and PIN are entered correctly, the signer's name will be retrieved from the Internet and appear on the signature line.

It is strongly recommended that you review "The Filing Process" and the information presented under "Forms and Instructions." There is a short video and Step-by-step instructions to enable the "Trust This Document" security feature for accepting the Registration Number and PIN to display your name on the signature line.



# Annual Report of Communication with the General Public Form L1-G





# Annual Report of Communication with the General Public

- Form L1-G is filed by an individual, partnership, committee, association, corporation, and any other organization or group of persons that receives contributions or makes expenditures in excess of \$2,500 in a calendar year for the purpose of communication with the general public (also known as “grassroots lobbying”).
- The entity filing the report is referred to as the “Reporting Entity.” If communicating with the general public was the only lobbying activity engaged in by the Reporting Entity, Form L1-G is filed.
- If the Reporting Entity engaged in lobbying related to legislation, regulations, or governmental processes, and communication with the general public, Form L1-L, L1-A, or L-2 is to be filed.
- **Only those entities having no registered Governmental Affairs Agent should use this Form.**
- **Definition of “Communication with the General Public”** means any communication that is:
  - Disseminated to the general public through direct mail or in the form of a paid advertisement in a newspaper, magazine, or other printed publication of general circulation or aired on radio, television, or other broadcast medium, including the Internet; and
  - Which explicitly supports or opposes a particular item or items of legislation or regulations, or the content of which can reasonably be understood, irrespective of whether the communication is addressed to the general public or to persons in public office or employment, as intended to influence legislation or to influence regulations.
- A communication with the general public **does not include**:
  - A communication by a partnership, committee, association, corporation, labor union, or charitable organization made only to its members, partners, individuals, and stockholders; or
  - A communication in a newspaper, magazine, or other printed publication of general circulation, or aired on radio, television, or other broadcast medium, including the Internet, which communication is required to be made by law.



**ANNUAL REPORT  
OF  
COMMUNICATION  
WITH THE GENERAL PUBLIC**

**NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION**  
P.O. Box 185, Trenton, NJ 08625-0185  
(609) 292-8700 or Toll Free Within NJ 1-868-313-ELEC (3532)  
Website: www.elec.state.nj.us

**FORM L1-G  
Reporting For Calendar Year 2015**

FOR STATE USE ONLY

Amendment

Name of Reporting Entity

Business Address

City  State  Zip Code

\*(Area Code) Telephone Number

*Any person who receives contributions or makes expenditures in excess of \$2,500 in any year for the purpose of communication with the general public ("grassroots lobbying"), shall be required to file and certify the correctness of an Annual Report. Throughout this Annual Report, "person" will be referred to as "Reporting Entity." Note that "Reporting Entity" means an individual, partnership, committee, association, corporation, and any other organization or group of persons.*

**SUMMARY OF LOBBYING EXPENDITURES**

**EXPENDITURES**

|  |                                     |       |
|--|-------------------------------------|-------|
| 1. Support Personnel                     | Schedule C Total \$                 | _____ |
| 2. Assessments, Membership Fees, or Dues | Schedule D-1 and Schedule D-2 Total | _____ |
| 3. Communication Expenses                | Schedule E Total                    | _____ |
| 4. Travel and Lodging                    | Schedule F Total                    | _____ |
| <b>Total Expenditures \$</b>             |                                     | _____ |

\*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 and must not be provided on this form.

## General Information

- Provide the calendar year of the activity covered in the report. This will be the year prior to the filing year of this Annual Report.
- Check if this is an amended report.
- Provide the name, full business address, and telephone number of the Reporting Entity. Do not report the telephone number if the number is unlisted.



**ANNUAL REPORT  
OF  
COMMUNICATION  
WITH THE GENERAL PUBLIC**

**NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION**  
P.O. Box 185, Trenton, NJ 08625-0185  
(609) 252-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)  
Website: www.elec.state.nj.us

**FORM L1-G  
Reporting For Calendar Year 2015**

FOR STATE USE ONLY

Amendment

Name of Reporting Entity

Business Address

City  State  Zip Code

\*(Area Code) Telephone Number

*Any person who receives contributions or makes expenditures in excess of \$2,500 in any year for the purpose of communication with the general public ("grassroots lobbying"), shall be required to file and certify the correctness of an Annual Report. Throughout this Annual Report, "person" will be referred to as "Reporting Entity." Note that "Reporting Entity" means an individual, partnership, committee, association, corporation, and any other organization or group of persons.*

**SUMMARY OF LOBBYING EXPENDITURES**

**EXPENDITURES**

|  |                                     |       |
|--|-------------------------------------|-------|
| 1. Support Personnel                     | Schedule C Total \$                 | _____ |
| 2. Assessments, Membership Fees, or Dues | Schedule D-1 and Schedule D-2 Total | _____ |
| 3. Communication Expenses                | Schedule E Total                    | _____ |
| 4. Travel and Lodging                    | Schedule F Total                    | _____ |
|  | <b>Total Expenditures \$</b>        | _____ |

\*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 42:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

## Summary Of Lobbying Expenditures

There are four categories of lobbying expenditures.

- The total amount from each of the four schedules will automatically be transferred to the summary.
- The total amounts from the four categories will automatically be calculated to arrive at the total expenditures.

Note: Schedules A and B are not part of Form L1-G.

Form L1-G begins with Schedule C.

# Schedule C - Support Personnel

**FORM L1-G HAS NO SCHEDULE A OR B**

**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 Reporting Entity which relate to communication with the general public. 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 Reporting Entity related to communicating with the general public.

SCHEDULE C TOTAL \$ \_\_\_\_\_

---

**SCHEDULES D-1 & D-2 - ASSESSMENTS (A), MEMBERSHIP FEES (M), OR DUES (D)**

**Schedule D-1 - Specific Intent**

**PURPOSE:** To report the amount of assessments, membership fees, or dues paid by the Reporting Entity, if the assessments, membership fees, or dues were paid by the Reporting 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 assessments, membership fees, or dues exceeding \$100 for the calendar year:

| DATE | PAYEE | DESCRIPTION (A, M, or D) | AMOUNT |
|------|-------|--------------------------|--------|
| X    |       |                          | \$     |
| X    |       |                          | \$     |
| X    |       |                          | \$     |

Part I TOTAL \$ \_\_\_\_\_

**PART II** - For assessments, membership fees, or dues \$100 or less for the calendar year: Part II TOTAL \$ \_\_\_\_\_

**(Part I and Part II) Schedule D-1 TOTAL \$ \_\_\_\_\_**

---

**Schedule D-2 - Major Purpose**

**PURPOSE:** To report the pro rata amount of assessments, membership fees, or dues paid by the Reporting Entity, if the assessments, membership fees, or dues were paid by the Reporting Entity to an entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, and, was not reported on Schedule D-1, "Specific Intent," please provide the information below:

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

| DATE | PAYEE | DESCRIPTION (A, M, or D) | AMOUNT |
|------|-------|--------------------------|--------|
| X    |       |                          | \$     |
| X    |       |                          | \$     |
| X    |       |                          | \$     |

Part I TOTAL \$ \_\_\_\_\_

**PART II** - For assessments, membership fees, or dues \$100 or less for the calendar year: Part II TOTAL \$ \_\_\_\_\_

**(Part I and Part II) Schedule D-2 TOTAL \$ \_\_\_\_\_**

**Schedule D-1 AND Schedule D-2 TOTAL \$ \_\_\_\_\_**

- Review the activities of those persons who supported the activities of the Reporting Entity.
- Determine which persons **individually** spent 450 or more hours in support activities.
- Such persons may be either clerical (secretaries, clerks, etc.) or professional (executive directors, administrators, attorneys, engineers, chemists, etc.).
- Provide only the pro rata share of the costs of support personnel attributable to supporting the activities of the Reporting Entity in communicating with the general public.
- Enter the total of all the pro rated support personnel costs where indicated.

**FORM L1-G HAS NO SCHEDULE A OR B**

**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 Reporting Entity which relate to communication with the general public. 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 Reporting Entity related to communicating with the general public.

SCHEDULE C TOTAL \$

**SCHEDULES D-1 & D-2 - ASSESSMENTS (A), MEMBERSHIP FEES (M), OR DUES (D)**

**Schedule D-1 - Specific Intent**

**PURPOSE:** To report the amount of assessments, membership fees, or dues paid by the Reporting Entity, if the assessments, membership fees, or dues were paid by the Reporting 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 assessments, membership fees, or dues exceeding \$100 for the calendar year:

| DATE | PAYEE | DESCRIPTION (A,M, or D) | AMOUNT |
|------|-------|-------------------------|--------|
| X    |       |                         | \$     |
| X    |       |                         | \$     |
| X    |       |                         | \$     |

Add Item

Part I TOTAL \$

**PART II** - For assessments, membership fees, or dues \$100 or less for the calendar year:

Part II TOTAL \$

(Part I and Part II) Schedule D-1 TOTAL \$

**Schedule D-2 - Major Purpose**

**PURPOSE:** To report the pro rata amount of assessments, membership fees, or dues paid by the Reporting Entity, if the assessments, membership fees, or dues were paid by the Reporting Entity to an entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, and, was not reported on Schedule D-1, "Specific Intent," please provide the information below:

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

| DATE | PAYEE | DESCRIPTION (A,M, or D) | AMOUNT |
|------|-------|-------------------------|--------|
| X    |       |                         | \$     |
| X    |       |                         | \$     |
| X    |       |                         | \$     |

Add Item

Part I TOTAL \$

**PART II** - For assessments, membership fees, or dues \$100 or less for the calendar year:

Part II TOTAL \$

(Part I and Part II) Schedule D-2 TOTAL \$

**Schedule D-1 AND Schedule D-2 TOTAL \$**

# Schedule D-1 - Specific Intent

Assessments, membership fees, or dues are reportable in full when they are paid by the Reporting Entity with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public.

**Part I** - When the assessment, membership fee, or dues payment exceeds \$100 for the calendar year, report the date, the payee, the description (A= assessment, M= membership fee, D=dues payment), and the full amount.

**Part II** - When the assessment, membership fee, or dues payment is \$100 or less there is no need to provide detailed information; simply report the total amount.

Part I and Part II will automatically be calculated to arrive at the Schedule D-1 TOTAL.

Click on the X to delete entries and click on "Add Item" to add entries.

**FORM L1-G HAS NO SCHEDULE A OR B**

**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 Reporting Entity which relate to communication with the general public. 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 Reporting Entity related to communicating with the general public.

SCHEDULE C TOTAL \$ \_\_\_\_\_

**SCHEDULES D-1 & D-2 - ASSESSMENTS (A), MEMBERSHIP FEES (M), OR DUES (D)**

**Schedule D-1 - Specific Intent**

**PURPOSE:** To report the amount of assessments, membership fees, or dues paid by the Reporting Entity, if the assessments, membership fees, or dues were paid by the Reporting 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 assessments, membership fees, or dues exceeding \$100 for the calendar year:

| DATE | PAYEE | DESCRIPTION (A, M, or D) | AMOUNT |
|------|-------|--------------------------|--------|
| X    |       |                          | \$     |
| X    |       |                          | \$     |
| X    |       |                          | \$     |

Add Item

Part I TOTAL \$ \_\_\_\_\_

**PART II** - For assessments, membership fees, or dues \$100 or less for the calendar year:

Part II TOTAL \$ \_\_\_\_\_

(Part I and Part II) Schedule D-1 TOTAL \$ \_\_\_\_\_

**Schedule D-2 - Major Purpose**

**PURPOSE:** To report the pro rata amount of assessments, membership fees, or dues paid by the Reporting Entity, if the assessments, membership fees, or dues were paid by the Reporting Entity to an entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, and, was not reported on Schedule D-1, "Specific Intent," please provide the information below:

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

| DATE | PAYEE | DESCRIPTION (A, M, or D) | AMOUNT |
|------|-------|--------------------------|--------|
| X    |       |                          | \$     |
| X    |       |                          | \$     |
| X    |       |                          | \$     |

Add Item

Part I TOTAL \$ \_\_\_\_\_

**PART II** - For assessments, membership fees, or dues \$100 or less for the calendar year:

Part II TOTAL \$ \_\_\_\_\_

(Part I and Part II) Schedule D-2 TOTAL \$ \_\_\_\_\_

**Schedule D-1 AND Schedule D-2 TOTAL \$ \_\_\_\_\_**

# Schedule D-2 - Major Purpose

Assessments, membership fees, or dues (not reported on Schedule D-1, "Specific Intent") are reportable when they are made to an organization whose "major purpose" is to engage in lobbying (influencing legislation, regulations, governmental processes, or communicating with the general public).

- An organization engages in lobbying as its major purpose when more than 50 % of its total expenditures in a calendar year are for lobbying purposes. Only when the receiving organization meets the "major purpose" test are amounts reportable.
- The assessments, membership fees, or dues payments are reportable in the same proportion as the activities of the receiving organization.

# Schedules D-1 and D-2 · Assessments, Membership Fees, or Dues

Widget Corporation (Reporting Entity filing the report) pays \$1,000 in a calendar year in dues to ABC Trade Association. ABC Trade Association is the receiving organization. ABC Trade Association expends 75 % of its total expenditures on lobbying.

Widget Corporation reports \$750 (75 % of \$1,000) on Schedule D-2.

| Date   | Payee                 | Description | Amount |
|--------|-----------------------|-------------|--------|
| 1/1/XX | ABC Trade Association | D           | \$750  |

**Part 1** · For transactions exceeding \$100, report the date, the payee, the description (A= assessment, M= membership fee, D= dues payment) and the amount.

**Part 2** · For transactions of \$100 or less, enter the amount. Part I and Part II will automatically be calculated to arrive at the Schedule D-2 **TOTAL**.

The amounts listed on Schedules D-1 and D-2 will automatically be calculated to provide a grand **TOTAL**.

# Schedule E

## Communication Expenses

Report the costs of preparation and distribution of materials for the purpose of conducting communications with the general public.

Include the cost of:

- printed materials
  - i.e. correspondence, flyers, and publications,
- postage
- films, slides, video, audio, TV (Network and Cable), radio, and other broadcast medium, including the Internet
- telephone or facsimile
- **Other**
  - If there is a communication expense which does not fit any of the categories listed, report the expense in the "Other" category, with a brief description.
  - All the communication expenses listed will automatically be calculated to arrive at the Schedule E TOTAL.

**SCHEDULE E - COMMUNICATION EXPENSES**

**PURPOSE:** To report the costs of communicating with the general public.

| EXPENSE                                 | AMOUNT |
|---|--------|
| Printed Materials                       | \$     |
| Postage                                 |        |
| Film, Slides, Video, Audio              |        |
| TV - Network                            |        |
| TV - Cable                              |        |
| Radio                                   |        |
| Other Broadcast Medium                  |        |
| Internet                                |        |
| Telephone, Facsimile                    |        |
| Other (please describe):                |        |
| X                                       |        |
| X                                       |        |
| X                                       |        |
| X                                       |        |
| <input type="button" value="Add Item"/> |        |
| <b>SCHEDULE E TOTAL \$</b>              |        |

**SCHEDULE F - TRAVEL/LODGING**

**PURPOSE:** To report the travel and lodging costs related to communicating with the general public.

| NAME                                    | AMOUNT |
|---|--------|
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| X                                       | \$     |
| <input type="button" value="Add Item"/> |        |
| <b>SCHEDULE F TOTAL \$</b>              |        |



**SCHEDULE E - COMMUNICATION EXPENSES**

**PURPOSE:** To report the costs of communicating with the general public.

| EXPENSE                    | AMOUNT |
|----------------------------|--------|
| Printed Materials          | \$     |
| Postage                    |        |
| Film, Slides, Video, Audio |        |
| TV - Network               |        |
| TV - Cable                 |        |
| Radio                      |        |
| Other Broadcast Medium     |        |
| Internet                   |        |
| Telephone, Facsimile       |        |

Other (please describe):

|   |  |  |
|---|--|--|
| X |  |  |
| X |  |  |
| X |  |  |
| X |  |  |

Add Item

SCHEDULE E TOTAL \$

**SCHEDULE F - TRAVEL/LODGING**

**PURPOSE:** To report the travel and lodging costs related to communicating with the general public.

|   | NAME | AMOUNT |
|---|------|--------|
| X |      | \$     |
| X |      | \$     |
| X |      | \$     |
| X |      | \$     |
| X |      | \$     |
| X |      | \$     |

Add Item

SCHEDULE F TOTAL \$

# Schedule F - Travel And Lodging

Report the costs of travel and lodging for those persons associated with the Reporting Entity related to communicating with the general public.

- Provide the name.
- Provide the amount of travel and lodging costs.

All the travel and lodging expenses listed will automatically be calculated to arrive at the Schedule F TOTAL.

# Reporting of Receipts

Receipts Tables 1 and 2 are designed to assist a Reporting Entity which is a trade association, or other reporting entity formed to represent a special interest, report its receipts. "Receipts" include:

- contributions,
- loans (except loans made in the ordinary course of business on substantially the same terms as those prevailing for comparable transactions with other persons),
- membership fees,
- dues payments, or
- assessments.

Receipts of a Reporting Entity are reportable if:

- The receipts are provided to the Reporting Entity with the specific intent to communicate with the general public, or
- The Reporting Entity communicates with the general public as its major purpose.

# Receipts Table 1 - Specific Intent

## Part I

If contributions, loans, membership fees, dues, or assessments are provided to the Reporting Entity with the specific intent that they be used to communicate with the general public, they are reportable.

Part I requires that you provide the date, name and address of the source, and amount of those receipts which are in excess of \$100.

## Part II

Part II requires that you provide one lump sum figure for those receipts of \$100 or less.

Part I and Part II will automatically be calculated to arrive at the Receipts Table 1 **TOTAL**.

**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 Reporting Entity.

If the contributions, loans, membership fees, dues, or assessments were received by the Reporting Entity with the specific intent 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:

| DATE  | SOURCE | ADDRESS | AMOUNT           |
|---|--------|---------|------------------|
| X   |        |         | \$               |
| X   |        |         | \$               |
| X   |        |         | \$               |
| Add Item  |        |         | Part I Total \$  |
| <b>PART II -</b> For contributions, loans, membership fees, dues, or assessments \$100 or less for the calendar year: |        |         | Part II Total \$ |
| <b>Receipts Table 1 Total (Part I and II) \$</b>  |        |         |                  |

**Receipts Table 2 - Major Purpose**

**PURPOSE:** To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Reporting 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 Reporting Entity whose major purpose is 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 \$**

**Table 1 and Table 2 Receipts Total \$**

Review each net receipt amount. Any net receipt in excess of \$100 should be listed below:

| DATE     | SOURCE | ADDRESS | AMOUNT |
|----------|--------|---------|--------|
| X        |        |         | \$     |
| X        |        |         | \$     |
| X        |        |         | \$     |
| Add Item |        |         |        |

## Receipts Table 2 - Major Purpose

- A Reporting Entity is deemed to be engaged in communicating with the general public as its "major purpose" for any calendar year in which expenditures related to such activity constitute more than 50% of its total expenditures for all purposes.
- To determine whether the Reporting Entity meets the "major purpose" test, determine what percentage of its total expenditures for all purposes constitutes communication with the general public. If the percentage is 0 to 50%, no reporting of receipts is required. If the percentage equals more than 50%:
  - Report the percentage of activities which constitute communication with the general public (this figure should be more than 50%).
  - For each receipt, multiply the percentage indicated times the amount of the receipt to arrive at a **net receipt amount**.
  - Add together all net receipt amounts to arrive at the aggregate figure.
  - This aggregate figure will be the Receipts Table 2 **TOTAL**.

# Receipts Table 2 - Major Purpose

- Review each individual net receipt amount.
- Any net receipt amount in excess of \$100 must be reported in detail.
- Provide the date of receipt, name and address of the source, and amount.

The amount of receipts from each Table (1 and 2) will automatically be calculated to arrive at the Receipts Total.

Note: If a receipt was already reported on Receipts Table 1, it is not reported again on Receipts Table 2.

**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 Reporting Entity.

If the contributions, loans, membership fees, dues, or assessments were received by the Reporting Entity with the specific intent 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:

| DATE  | SOURCE | ADDRESS | AMOUNT           |
|---|--------|---------|------------------|
| X   |        |         | \$               |
| X   |        |         | \$               |
| X   |        |         | \$               |
| <input type="button" value="Add Item"/>   |        |         | Part I Total \$  |
| <b>PART II -</b> For contributions, loans, membership fees, dues, or assessments \$100 or less for the calendar year: |        |         | Part II Total \$ |
| <b>Receipts Table 1 Total (Part I and II) \$</b>  |        |         |                  |

**Receipts Table 2 - Major Purpose**

**PURPOSE:** To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Reporting 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 Reporting Entity whose major purpose is 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%):  %

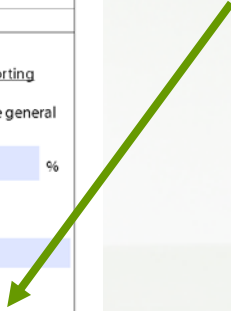
For each receipt, multiply the percentage indicated by the amount of the receipt to arrive at a net receipt amount. Add together all net receipt amounts to arrive at the aggregate total.

**Receipts Table 2 Total \$**

**Table 1 and Table 2 Receipts Total \$**

Review each net receipt amount. Any net receipt in excess of \$100 should be listed below:

| DATE                                    | SOURCE | ADDRESS | AMOUNT |
|---|--------|---------|--------|
| X                                       |        |         | \$     |
| X                                       |        |         | \$     |
| X                                       |        |         | \$     |
| <input type="button" value="Add Item"/> |        |         |        |



## Certification

After all Schedules of the report are completed, the Certification must be electronically signed and dated by a responsible representative of the Reporting Entity filing this report. Enter the registration number and PIN of the person signing the report.

The individual signing the report must have sufficient knowledge of, and access to, all information which formed the basis of the reported items and which concerns the Reporting Entity's activity.

To sign electronically, you must be connected to the Internet. Enter the registration number and PIN of the person signing the report. The registration number and PIN will take the place of the signer's signature allowing the report to be filed electronically. If the registration number and PIN are entered correctly, the signer's name will be retrieved from the Internet

***It is strongly recommended that you review "The Filing Process" and the information presented under "Forms and Instructions." There is a short video and Step-by-step instructions to enable the "Trust This Document" security feature for accepting the Registration Number and PIN to display your name on the signature line.***

**CERTIFICATION**

*This certification must be signed by a responsible representative of the Reporting Entity filing this report.*

I, \_\_\_\_\_  
(enter name)

hereby certify that I am duly authorized by  
\_\_\_\_\_  
(enter name of Reporting Entity)

to file and certify the accuracy and correctness of this Annual Report for calendar year 2015.  
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.

Registration Number \_\_\_\_\_ PIN \_\_\_\_\_

Verify Registration  
Number & PIN

\_\_\_\_\_  
Signature Date

\* Your name must appear on the signature line \*