



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

DUPLICATE FORM L1-L Reporting For Calendar Year 2009

ELEC RECEIVED FEB 16 2010

FOR STATE USE ONLY

Amendment [ ]

Name of Represented Entity Chemistry Council of New Jersey

Business Address 150 West State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-392-4214

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

1. Name Hal Bozarth

Registration Number 127-1 Job Title Executive Director

Business Address 150 West State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-392-4214

2. Name Anthony Russo

Registration Number 127-4 Job Title Director, Regulatory Affairs

Business Address 150 West State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-392-4214

3. Name Edward Waters

Registration Number 127-5 Job Title Director, Government Affairs

Business Address 150 West State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-392-4214

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.

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 \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*(Area Code) Telephone Number \_\_\_\_\_ Occupation/Business \_\_\_\_\_

2. Name of Agent or Firm \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*(Area Code) Telephone Number \_\_\_\_\_ Occupation/Business \_\_\_\_\_

### SCHEDULE A

1. Did any Governmental Affairs Agent named on page 1, question 1, serve as a member of:

- any independent State authority;
- any county improvement authority;
- any municipal utilities authority;
- any inter-State or bi-State authority as a member from New Jersey; or,
- any board or commission established by statute or resolution, or by executive order of the Governor, or by the Legislature, or by any Agency, Department or other instrumentality of the State?

No If "no," continue on to the next question.  Yes If "yes," please provide the following information:

Name of Governmental Affairs Agent \_\_\_\_\_

Name of Authority, Board, or Commission \_\_\_\_\_

Date When Term of Service Expires \_\_\_\_\_

Name of Governmental Affairs Agent \_\_\_\_\_

Name of Authority, Board, or Commission \_\_\_\_\_

Date When Term of Service Expires \_\_\_\_\_

Name of Governmental Affairs Agent \_\_\_\_\_

Name of Authority, Board, or Commission \_\_\_\_\_

Date When Term of Service Expires \_\_\_\_\_

Name of Governmental Affairs Agent \_\_\_\_\_

Name of Authority, Board, or Commission \_\_\_\_\_

Date When Term of Service Expires \_\_\_\_\_

2. Did the Governmental Affairs Agent(s) named on page 1, question 1 file all Notices of 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.

\*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.

**SCHEDULE B - SALARY & COMPENSATION**

**PURPOSE:** To report the salary and compensation paid by the Represented Entity to its Governmental Affairs Agent(s). Include the reimbursement of an Agent's expenses in amounts reported.

1. For the Governmental Affairs Agents who are employees of the Represented Entity named on page 1, question 1, please report the salary and other compensation paid. **NOTE:** Only the pro rata share of each employee's salary and compensation need be included if the employee spends only a portion of his/her time lobbying.

\$ 150,000.00

2. For the Governmental Affairs Agents named on page 2, question 2, who are retained or otherwise engaged by the Represented Entity, please provide the following information:

NAME OF PAYEE	LOBBYING PURPOSE	COMPENSATION
1.		\$
2.		
3.		
4.		
5.		
6.		
7.		

Total \$ 0.00

**SCHEDULE B TOTAL \$ 150,000.00**

**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 \$ 20,000.00**

**SCHEDULES D-1 & D-2 - ASSESSMENTS, MEMBERSHIP FEES, OR DUES**

**Schedule D-1 - Specific Intent**

**PURPOSE:** To report the amount of assessments, membership fees, or dues paid by the Represented Entity. If the assessments, membership fees, or dues were paid by the Represented Entity with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

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

DATE	PAYEE	DESCRIPTION (A,M, or D)	AMOUNT
	N/A		\$

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
	N/A		\$

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 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.

<b>EXPENSE</b>	<b>AMOUNT</b>
Printed Materials	\$ 450.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	
Postage	125.00
Telephone, Telegram, Facsimile	800.00
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	
Annual Spring Conference April 26 & 27, 2009	825.00
LSRP Breakfast Workshop October 7, 2009	250.00
Security Workshop October 22, 2009	350.00
<i>Other (please describe)</i>	
<b>SCHEDULE E TOTAL \$</b>	<b>2,800.00</b>

**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.

<b>NAME OF GOVERNMENTAL AFFAIRS AGENT</b>	<b>AMOUNT</b>
Hal Bozarth	\$ 1,175.00
Anthony Russo	450.00
Edward Waters	525.00
<b>SCHEDULE F TOTAL \$</b>	<b>2,150.00</b>

**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 Senator Marcia A. Karrow

Date Jan 29, 2009 Description F - Food & Beverage Amount \$ 161.75

Name and Address of Payee/Vendor

Name Caucus Room

Address 410 9th Street NW

City Washington State DC Zip Code 20001

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date Mar 6, 2009 Amount \$ 161.75

Description F - Food & Beverage

Name of Benefit Recipient Melissa Nichols

Date Jan 29, 2009 Description F - Food & Beverage Amount \$ 161.75

Name and Address of Payee/Vendor

Name Caucus Room

Address 410 9th Street NW

City Washington State DC Zip Code 20001

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date Mar 6, 2009 Amount \$ 161.75

Description F - Food & Beverage

Name of Benefit Recipient Assemblywoman Denise Coyle

Date Jan 29, 2009 Description F - Food & Beverage Amount \$ 161.75

Name and Address of Payee/Vendor

Name Caucus Room

Address 410 9th Street NW

City Washington State DC Zip Code 20001

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date Feb 23, 2009 Amount \$ 161.75

Description F - Food & Beverage

Name of Benefit Recipient Assemblyman Louis D. Greenwald

Date Apr 20, 2009 Description F - Food & Beverage Amount \$ 70.75

Name and Address of Payee/Vendor

Name Olde York Country Club

Address 228 Old York Road

City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date Apr 21, 2009 Amount \$ 70.75

Description F - Food & Beverage

**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 Mary Messenger, Sr. Assoc. Exec. Director for Assembly Majority Office  
Date Apr 20, 2009 Description F - Food & Beverage Amount \$ 70.75

Name and Address of Payee/Vendor

Name Olde York Country Club

Address 228 Old York Road

City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date Apr 21, 2009 Amount \$ 70.75

Description F - Food & Beverage

Name of Benefit Recipient Aaron Binder, Associate Executive Director for Assembly Majority Office  
Date Apr 20, 2009 Description F - Food & Beverage Amount \$ 70.75

Name and Address of Payee/Vendor

Name Olde York Country Club

Address 228 Old York Road

City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date Apr 21, 2009 Amount \$ 70.75

Description F - Food & Beverage

Name of Benefit Recipient Cort Adelman, Legislative Policy Director & Counsel for Greenwald  
Date Apr 20, 2009 Description F - Food & Beverage Amount \$ 70.75

Name and Address of Payee/Vendor

Name Olde York Country Club

Address 228 Old York Road

City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date Apr 21, 2009 Amount \$ 70.75

Description F - Food & Beverage

Name of Benefit Recipient Amy Swan, Chief of Staff fro Greenwald  
Date Apr 20, 2009 Description F - Food & Beverage Amount \$ 70.75

Name and Address of Payee/Vendor

Name Olde York Country Club

Address 228 Old York Road

City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date Apr 21, 2009 Amount \$ 70.75

Description F - Food & Beverage

**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 Majority Leader Bonnie Watson Coleman  
Date May 28, 2009      Description F - Food & Beverage      Amount \$ 50.00

Name and Address of Payee/Vendor  
Name Olde York Country Club  
Address 228 Old York Road  
City Chesterfield      State NJ      Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  
Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Description \_\_\_\_\_

Name of Benefit Recipient Thurman Barnes, Chief of Staff for Watson Coleman  
Date May 28, 2009      Description F - Food & Beverage      Amount \$ 50.00

Name and Address of Payee/Vendor  
Name Olde York Country Club  
Address 228 Old York Road  
City Chesterfield      State NJ      Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  
Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Description \_\_\_\_\_

Name of Benefit Recipient Speaker Joe Roberts  
Date May 28, 2009      Description F - Food & Beverage      Amount \$ 50.00

Name and Address of Payee/Vendor  
Name Olde York Country Club  
Address 228 Old York Road  
City Chesterfield      State NJ      Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  
Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Description \_\_\_\_\_

Name of Benefit Recipient Jim Jefferson, Aide to Speaker Roberts  
Date May 28, 2009      Description F - Food & Beverage      Amount \$ 50.00

Name and Address of Payee/Vendor  
Name Olde York Country Club  
Address 228 Old York Road  
City Chesterfield      State NJ      Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  
Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Description \_\_\_\_\_



**SCHEDULE G-1****ITEMIZATION OF BENEFITS WHICH EXCEEDED \$25 PER DAY OR \$200 PER CALENDAR YEAR TO STATE OFFICIALS AND THEIR IMMEDIATE FAMILY MEMBERS**

**PURPOSE:** To report detailed information concerning benefits passed to State officials covered by the Act, as well as the immediate family members of these officials. If the value of a benefit exceeded \$25 per day or \$200 per calendar year, report below.

*(Select one description item for each entry from the drop down list. When selecting "O - Other", enter a description in the space provided.)*

Name of Benefit Recipient Ian Leonard, Chief of Staff for Speaker Roberts  
 Date May 28, 2009 Description F - Food & Beverage Amount \$ 50.00

Name and Address of Payee/Vendor  
 Name Olde York Country Club  
 Address 228 Old York Road  
 City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Description \_\_\_\_\_

Name of Benefit Recipient Bill Caruso, Executive Director Assembly Majority Office  
 Date May 28, 2009 Description F - Food & Beverage Amount \$ 50.00

Name and Address of Payee/Vendor  
 Name Olde York Country Club  
 Address 228 Old York Road  
 City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Description \_\_\_\_\_

Name of Benefit Recipient Lauren Repole, Policy Analyst Assembly Majority Office  
 Date May 28, 2009 Description F - Food & Beverage Amount \$ 50.00

Name and Address of Payee/Vendor  
 Name Olde York Country Club  
 Address 228 Old York Road  
 City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Description \_\_\_\_\_

Name of Benefit Recipient Kate McDonnell, Associate General Counsel Assembly Majority Office  
 Date May 28, 2009 Description F - Food & Beverage Amount \$ 50.00

Name and Address of Payee/Vendor  
 Name Olde York Country Club  
 Address 228 Old York Road  
 City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Description \_\_\_\_\_

**SCHEDULE G-1****ITEMIZATION OF BENEFITS WHICH EXCEEDED \$25 PER DAY OR \$200 PER CALENDAR YEAR TO STATE OFFICIALS AND THEIR IMMEDIATE FAMILY MEMBERS**

**PURPOSE:** To report detailed information concerning benefits passed to State officials covered by the Act, as well as the immediate family members of these officials. If the value of a benefit exceeded \$25 per day or \$200 per calendar year, report below.

*(Select one description item for each entry from the drop down list. When selecting "O - Other", enter a description in the space provided.)*

Name of Benefit Recipient Assemblywoman Celeste Riley  
 Date Jun 11, 2009 Description F - Food & Beverage Amount \$ 50.49

Name and Address of Payee/Vendor  
 Name Olde York Country Club  
 Address 228 Old York Road  
 City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  
 Date Jul 3, 2009 Amount \$ 50.49  
 Description F - Food & Beverage

Name of Benefit Recipient Senator Stephen Sweeney  
 Date Jun 11, 2009 Description F - Food & Beverage Amount \$ 50.49

Name and Address of Payee/Vendor  
 Name Olde York Country Club  
 Address 228 Old York Road  
 City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  
 Date Jul 28, 2009 Amount \$ 50.49  
 Description F - Food & Beverage

Name of Benefit Recipient Andrew Hendry, Chief of Policy & Legislation for Sweeney  
 Date Jun 11, 2009 Description F - Food & Beverage Amount \$ 50.49

Name and Address of Payee/Vendor  
 Name Olde York Country Club  
 Address 228 Old York Road  
 City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  
 Date Jul 28, 2009 Amount \$ 50.49  
 Description F - Food & Beverage

Name of Benefit Recipient Tina Lacasse, Aide to Sweeney  
 Date Jun 11, 2009 Description F - Food & Beverage Amount \$ 50.49

Name and Address of Payee/Vendor  
 Name Olde York Country Club  
 Address 228 Old York Road  
 City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  
 Date Jul 28, 2009 Amount \$ 50.49  
 Description F - Food & Beverage

**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 Brian Shott, Aide to Sweeney  
 Date Jun 11, 2009 Description F - Food & Beverage Amount \$ 50.49

Name and Address of Payee/Vendor  
 Name Olde York Country Club  
 Address 228 Old York Road  
 City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date Jul 28, 2009 Amount \$ 50.49

Description F - Food & Beverage

Name of Benefit Recipient Senator Phil Haines  
 Date Sep 16, 2009 Description F - Food & Beverage Amount \$ 65.00

Name and Address of Payee/Vendor  
 Name Olde York Country Club  
 Address 228 Old York Road  
 City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Description \_\_\_\_\_

Name of Benefit Recipient Senator Diane Allen  
 Date Sep 16, 2009 Description F - Food & Beverage Amount \$ 65.00

Name and Address of Payee/Vendor  
 Name Olde York Country Club  
 Address 228 Old York Road  
 City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Description \_\_\_\_\_

Name of Benefit Recipient Senator Robert Singer  
 Date Sep 16, 2009 Description F - Food & Beverage Amount \$ 65.00

Name and Address of Payee/Vendor  
 Name Olde York Country Club  
 Address 228 Old York Road  
 City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date Oct 30, 2009 Amount \$ 65.00

Description F - Food & Beverage

**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 Senator Thomas H. Kean, Jr.  
Date Sep 16, 2009 Description F - Food & Beverage Amount \$ 65.00

Name and Address of Payee/Vendor  
Name Olde York Country Club  
Address 228 Old York Road  
City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  
Date Oct 30, 2009 Amount \$ 65.00

Description F - Food & Beverage

Name of Benefit Recipient Jim Harkness, Executive Director Senate Republican Office  
Date Sep 16, 2009 Description F - Food & Beverage Amount \$ 65.00

Name and Address of Payee/Vendor  
Name Olde York Country Club  
Address 228 Old York Road  
City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  
Date Oct 30, 2009 Amount \$ 65.00

Description F - Food & Beverage

Name of Benefit Recipient John Hutchinson, Senate Republican Environment Committee Aide  
Date Sep 16, 2009 Description F - Food & Beverage Amount \$ 65.00

Name and Address of Payee/Vendor  
Name Olde York Country Club  
Address 228 Old York Road  
City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  
Date Oct 30, 2009 Amount \$ 65.00

Description F - Food & Beverage

Name of Benefit Recipient Harrison Neely, Director of Transportation for Kean  
Date Sep 16, 2009 Description F - Food & Beverage Amount \$ 65.00

Name and Address of Payee/Vendor  
Name Olde York Country Club  
Address 228 Old York Road  
City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  
Date Oct 30, 2009 Amount \$ 65.00

Description F - Food & Beverage

**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 Mel Schubert, Aide to Kean  
 Date Sep 16, 2009 Description F - Food & Beverage Amount \$ 65.00

Name and Address of Payee/Vendor  
 Name Olde York Country Club  
 Address 228 Old York Road  
 City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date Oct 30, 2009 Amount \$ 65.00

Description F - Food & Beverage

Name of Benefit Recipient Assemblyman Alex DeCroce  
 Date Sep 21, 2009 Description F - Food & Beverage Amount \$ 55.00

Name and Address of Payee/Vendor  
 Name Olde York Country Club  
 Address 228 Old York Road  
 City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Description \_\_\_\_\_

Name of Benefit Recipient Rick Wright, Executive Director Assembly Republican Office  
 Date Sep 21, 2009 Description F - Food & Beverage Amount \$ 55.00

Name and Address of Payee/Vendor  
 Name Olde York Country Club  
 Address 228 Old York Road  
 City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Description \_\_\_\_\_

Name of Benefit Recipient Assemblywoman Amy Handlin  
 Date Sep 21, 2009 Description F - Food & Beverage Amount \$ 55.00

Name and Address of Payee/Vendor  
 Name Olde York Country Club  
 Address 228 Old York Road  
 City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Description \_\_\_\_\_

**SCHEDULE G-1****ITEMIZATION OF BENEFITS WHICH EXCEEDED \$25 PER DAY OR \$200 PER CALENDAR YEAR TO STATE OFFICIALS AND THEIR IMMEDIATE FAMILY MEMBERS**

**PURPOSE:** To report detailed information concerning benefits passed to State officials covered by the Act, as well as the immediate family members of these officials. If the value of a benefit exceeded \$25 per day or \$200 per calendar year, report below.

*(Select one description item for each entry from the drop down list. When selecting "O - Other", enter a description in the space provided.)*

Name of Benefit Recipient Assemblyman Gary Chiusano  
 Date Sep 21, 2009 Description F - Food & Beverage Amount \$ 55.00

Name and Address of Payee/Vendor  
 Name Olde York Country Club  
 Address 228 Old York Road  
 City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Description \_\_\_\_\_

Name of Benefit Recipient Assemblywoman Dawn Marie Addiego  
 Date Sep 21, 2009 Description F - Food & Beverage Amount \$ 55.00

Name and Address of Payee/Vendor  
 Name Olde York Country Club  
 Address 228 Old York Road  
 City Chesterfield State NJ Zip Code 08515

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 \_\_\_\_\_

### 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	_____ 2,286.45	+ _____	= _____ 2,286.45
Travel	_____	+ _____	= _____
Lodging	_____	+ _____	= _____
Honoraria	_____	+ _____	= _____
Loans	_____	+ _____	= _____
Gifts	_____	+ _____	= _____
Other(specify) _____	_____	+ _____	= _____
<b>Total</b>	<b>\$ _____ 2,286.45</b>	<b>+ \$ _____</b>	<b>= \$ _____ 2,286.45</b>

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

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

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

**ENTER THE TOTAL AMOUNT OF REIMBURSED BENEFITS, IF ANY.  
DO NOT DEDUCT THIS AMOUNT FROM BENEFIT PASSING AMOUNTS.** \$ \_\_\_\_\_ 1,481.45

### SUMMARY OF LOBBYING EXPENDITURES

**EXPENDITURES**

1. Salary and Compensation (Add the total from questions 1 & 2)	Schedule B Total	\$ _____ 150,000.00
2. Support Personnel	Schedule C Total	_____ 20,000.00
3. Assessments, Membership Fees, or Dues	Schedule D-1 and Schedule D-2 Total	_____ 0.00
4. Communication Expenses	Schedule E Total	_____ 2,800.00
5. Travel and Lodging	Schedule F Total	_____ 2,150.00
6. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____ 2,286.45
<b>Total Lobbying Expenditures</b>		<b>\$ _____ 177,236.45</b>

**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
1/1 - 12/31/09	Membership Dues	Member Companies throughout New Jersey	\$ 160,226.41
1/1 - 12/31/09	American Chemistry Council	1300 Wilson Blvd. Arlington, VA 22209	15,000.00
1/1 - 12/31/09	National Paint & Coatings Association	1500 Rhode Island Avenue Washington, DC 20005	16,625.00

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 \$** \_\_\_\_\_

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

DATE	SOURCE	ADDRESS	AMOUNT
			\$

**Table 1 and Table 2 Totals**

**Receipts 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
1/1 - 12/31/09	State Street Assocaites	150 West State Street, Suite 320 Trenton, NJ 08608	\$ 221,250.00

Part I Total \$ 413,101.41

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

Part II Total \$ 0.00

**Receipts Table 1 Total (Part I and II) \$ 413,101.41**

**Receipts Table 2 - Major Purpose**

**PURPOSE:** To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity. **Note:** If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a "Major Purpose" receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

Provide the percentage of activity which constituted lobbying (this figure must be more than 50%): \_\_\_\_\_ %

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

**Receipts Table 2 Total \$** \_\_\_\_\_

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

DATE	SOURCE	ADDRESS	AMOUNT
			\$

**Table 1 and Table 2 Totals**

**Receipts Total \$** \_\_\_\_\_

**CERTIFICATION**

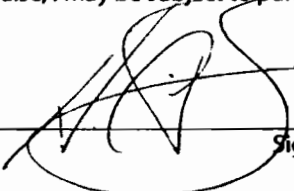
This certification shall be signed by a Governmental Affairs Agent employed by the Represented Entity or a responsible Financial or Governmental Affairs Officer of the Represented Entity.

I, Hal Bozarth  
*(print name)*

hereby certify that I am duly authorized by

Chemistry Council of New Jersey  
*(print name of Represented Entity)*

to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year 2009.  
I certify that the statements made herein are true and accurate. I am aware that if any of the foregoing statements are willfully false, I may be subject to punishment.

  
\_\_\_\_\_  
Signature

February 12, 2010  
Date