

DUPLICATE



ANNUAL REPORT OF REPRESENTED ENTITY

FORM L1-L Reporting For Calendar Year 2009

ELEC RECEIVED FEB 23 2010

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 [checked]

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.

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, Aide to 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 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

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)

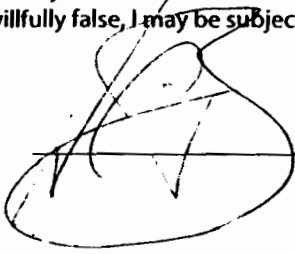
hereby certify that I am duly authorized by

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 18, 2010

Date