



ANNUAL REPORT OF REPRESENTED ENTITY

FORM L1-L Reporting For Calendar Year 2009

ELEC RECEIVED FEB 25 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 [X]

Name of Represented Entity Community Associations Institute - NJ Chapter, Inc.

Business Address 1675 Whitehorse-Mercerville Road Suite 206

City Mercerville State NJ Zip Code 08619

*(Area Code) Telephone Number 609-588-0030

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

1. Name Curtis S. Macysyn

Registration Number 1235-1 Job Title Executive Vice President

Business Address 1675 Whitehorse-Mercerville Road, Suite 206

City Mercerville State NJ Zip Code 08619

*(Area Code) Telephone Number 609-588-0030

2. Name

Registration Number Job Title

Business Address

City State Zip Code

*(Area Code) Telephone Number

3. Name

Registration Number

Business Address

City State Zip Code

*(Area Code) Telephone Number

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, an unlisted telephone number is not a public record and must not be provided on this form.

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) _____	_____	+ _____	= _____
Total	\$ _____	+ \$ _____	= \$ _____
			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.

\$ _____

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

1. Salary and Compensation (Add the total from questions 1 & 2)	Schedule B Total \$	24,000.00
2. Support Personnel	Schedule C Total	_____
3. Assessments, Membership Fees, or Dues	Schedule D-1 and Schedule D-2 Total	185.00
4. Communication Expenses	Schedule E Total	2,323.11
5. Travel and Lodging	Schedule F Total	_____
6. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____
	Total Lobbying Expenditures \$	26,508.11

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, Curtis S Macysyn

(print name)

hereby certify that I am duly authorized by

Community Associations Institute - New Jersey Chapter, Inc.

(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

02/23/2010

Date