

DUPLICATE

FORM LT-L

Reporting For Calendar Year 2009



ANNUAL REPORT OF REPRESENTED ENTITY

ELEC RECEIVED MAR 09 2010

COPY

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P.O. Box 185, Trenton, NJ 08625-0185 (800) 282-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Website: www.elec.state.nj.us

FOR STATE USE ONLY

RECEIVED VIA FAX

Comments:

Name of Represented Entity Credit Suisse Securities (USA) LLC

Business Address 11 Madison Avenue

City New York State NY Zip Code 10010

*(Area Code) Telephone Number

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

1. Name Michael W. Arpey

Registration Number Job Title Managing Director

Business Address 11 Madison Avenue

City New York State NY Zip Code 10010

*(Area Code) Telephone Number 212-538-7597

2. Name Bernard E. Yancovich

Registration Number Job Title Managing Director

Business Address 17 Columbus Courtyard

City London E14 4 DA Great Britan State Zip Code

*(Area Code) Telephone Number 44 20 7883 0194

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. 17:27A-1.1, all unlisted telephone numbers shall be redacted from 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.

\$ 5,335.56

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 TOTALS 5,335.56

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 TOTALS 0.00

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 Christine Pastor, Investment Officer, Head of Private Equity, NJSIC
Date June 17, 2009 Description F - Food & Beverage Amount \$ 31.19

Name and Address of Payee/Vendor
Name KC Prime
Address 4160 Quakerbridge Rd
City Lawrenceville State NJ Zip Code 08648

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

Name of Benefit Recipient Christine Pastor, Investment Officer, Head of Private Equity, NJSIC
Date Sept. 9, 2009 Description F - Food & Beverage Amount \$ 42.09

Name and Address of Payee/Vendor
Name Blue Smoke
Address 116 East 27th Street
City New York State NY Zip Code 10016-8942

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	73.28	+	= 73.28
Travel	_____	+	= _____
Lodging	_____	+	= _____
Honoraria	_____	+	= _____
Loans	_____	+	= _____
Gifts	_____	+	= _____
Other(specify) _____	_____	+	= _____
Total	\$ 73.28	+ \$ _____	= \$ 73.28
			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.

\$ _____ .00

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

1. Salary and Compensation (Add the total from questions 1 & 2)	Schedule B Total \$	5,262.28
2. Support Personnel	Schedule C Total	_____
3. Assessments, Membership Fees, or Dues	Schedule D-1 and Schedule D-2 Total	_____
4. Communication Expenses	Schedule E Total	232.6
5. Travel and Lodging	Schedule F Total	1,142
6. Benefit Passing	Schedule G-1 and Schedule G-2 Total	73.28
Total Lobbying Expenditures \$		5,335.56

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, Chris Freeze

(print name)

hereby certify that I am duly authorized by

Credit Suisse Securities (USA) LLC

(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

Chris Freeze
Signature

3-1-2010
Date