



ANNUAL REPORT OF REPRESENTED ENTITY

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.state.nj.us

FORM L1-L Reporting For Calendar Year 2009

ELEC RECEIVED FEB 22 2010

FOR STATE USE ONLY

Amendment

checkbox

RECEIVED VIA FAX DUPLICATE

Name of Represented Entity New Jersey Conservation Foundation

Business Address 170 Longview Road

City Far Hills State NJ Zip Code 07931

*(Area Code) Telephone Number 908-234-1225

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

1 Name Emile DeVito

Registration Number 1642-1 Job Title Manager of Science & Stewardship

Business Address 170 Longview Road

City Far Hills State NJ Zip Code 07931

*(Area Code) Telephone Number 908-234-1225

2. Name Amy Hansen

Registration Number 1642-3 Job Title Policy Analyst

Business Address 170 Longview Road

City Far Hills State NJ Zip Code 07931

*(Area Code) Telephone Number 908-234-1225

3. Name Wilma Frey

Registration Number 1642-4 Job Title Project Manager - Highlands

Business Address 170 Longview Road

City Far Hills State NJ Zip Code 07931

*(Area Code) Telephone Number 908-234-1225

4. Name Alison Mitchell

Registration Number 1642-5 Job Title Director of Policy

Business Address 170 Longview Road

City Far Hills State NJ Zip Code 07931

*(Area Code) Telephone Number 908-234-1225

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 | \$ _____ | + \$ _____ | = \$ _____ 0.00 |
| | | | 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 \$ | 196,803.00 |
| 2. Support Personnel | Schedule C Total | 0.00 |
| 3. Assessments, Membership Fees, or Dues | Schedule D-1 and Schedule D-2 Total | 46,000.00 |
| 4. Communication Expenses | Schedule E Total | 3,705.00 |
| 5. Travel and Lodging | Schedule F Total | 7,561.00 |
| 6. Benefit Passing | Schedule G-1 and Schedule G-2 Total | 0.00 |
| Total Lobbying Expenditures \$ | | 254,069.00 |

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, Michele S. Byers

(print name)

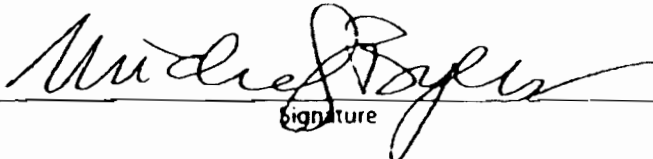
hereby certify that I am duly authorized by

New Jersey Conservation Foundation

(print name of Represented Entity)

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

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 22, 2010
Date