

DUPLICATE



ANNUAL REPORT OF REPRESENTED ENTITY

FORM L1-L Reporting For Calendar Year 2009

ELEC RECEIVED

FEB 16 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

Name of Represented Entity New Jersey Credit Union League

Business Address 299 Ward Street

City Hightstown State NJ Zip Code 08520

*(Area Code) Telephone Number 609-448-2426

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

1. Name Christian M. Abeel

Registration Number 1675-1 Job Title Director of Government Affairs

Business Address 299 Ward Street

City Hightstown State NJ Zip Code 08520

*(Area Code) Telephone Number 609-448-2426, ext. 127

2. Name Paul Gentile

Registration Number 1675-3 Job Title President & CEO

Business Address 299 Ward Street

City Hightstown State NJ Zip Code 08520

*(Area Code) Telephone Number 609-448-2426, ext. 106

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. 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 Katz Government Affairs, LLC

Business Address 172 State Street

City Trenton State NJ Zip Code 08607

*(Area Code) Telephone Number 609-392-7070 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 Christian M. Abeel

Name of Authority, Board, or Commission NJ Banking Advisory Board

Date When Term of Service Expires December 18, 2004 (term continues until a successor is named)

Name of Governmental Affairs Agent Christian M. Abeel

Name of Authority, Board, or Commission Scotch Plains Township Zoning Board of Adjustment

Date When Term of Service Expires December 31, 2011

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.

\$ 7,780.00

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 Katz Government Affairs, LLC	Credit union and financial services-related issues	\$ 54,000.00
2		
3		
4		
5		
6		
7		
Total \$		<u>54,000.00</u>
SCHEDULE B TOTAL \$		<u>61,780.00</u>

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 \$ 0.00

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
			\$

Part I TOTAL \$ 0.00

PART II – For assessments, membership fees, or dues \$100 or less for the calendar year:

Part II TOTAL \$ 82.00

(Part I AND Part II) Schedule D-1 TOTAL \$ 82.00

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
			\$

Part I TOTAL \$ 0.00

PART II – For assessments, membership fees, or dues \$100 or less for the calendar year:

Part II TOTAL \$ 0.00

(Part I and Part II) Schedule D-2 TOTAL \$ 0.00

Schedule D-1 AND Schedule D-2 TOTAL \$ 82.00

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.

EXPENSE	AMOUNT
Printed Materials	\$
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	233,267.00
Postage	
Telephone, Telegram, Facsimile	
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	
Other (please describe)	
NJBIA ELC Dinner Sponsorship	30,556.00
NJ State League of Municipalities Convention Exhibitor Booth	3,193.00
SCHEDULE E TOTAL \$	267,016.00

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.

NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
Christian M. Abeel	\$ 506.00
SCHEDULE F TOTAL \$	506.00

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 _____

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 _____

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	_____	+ _____	= _____
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 \$	61,780.00
2. Support Personnel	Schedule C Total	0.00
3. Assessments, Membership Fees, or Dues	Schedule D-1 and Schedule D-2 Total	82.00
4. Communication Expenses	Schedule E Total	267,016.00
5. Travel and Lodging	Schedule F Total	506.00
6. Benefit Passing	Schedule G-1 and Schedule G-2 Total	0.00
Total Lobbying Expenditures \$		329,384.00

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
5-19-09	Access to Money	628 Route 10, Whippany, NJ	\$ 800.00
5-19-09	ACCO Princeton FCU	PO Box 5366, Princeton, NJ	796.00
5-19-09	ADP FCU	1 ADP Blvd., Roseland, NJ	398.00

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 \$ _____

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PART I - For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
5-19-09	Affinity FCU	PO Box 621, Basking Ridge, NJ	\$ 2,500.00
5-19-09	Aspire FCU	67 Walnut Ave., Clark, NJ	796.00
5-19-09	Atlantic City Convention Authority	2314 Pacific Ave., Atlantic City, NJ	1,500.00

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) \$ _____

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PART I - For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
5-19-09	Atlantic FCU	37 Market St., Kenilworth, NJ	\$ 2,587.00
5-19-09	Central Jersey FCU	300 Berry St., Woodbridge, NJ	796.00
5-19-09	County Educators FCU	PO Box 188, Roselle Park, NJ	796.00

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) \$ _____

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PART I - For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
5-19-09	Covera Card Solutions	1021 Watervliet-Shaker Rd., Albany, NY	\$ 400.00
5-19-09	Credit Union of New Jersey	PO Box 7921, Ewing, NJ	995.00
5-19-09	CUMANET	73 Mountain Ave., Basking Ridge, NJ	800.00

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) \$ _____

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PART I - For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
5-19-09	CUNA Mutual Group	5910 Mineral Point Rd., Madison, WI	\$ 998.00
5-19-09	Deluxe	565 Pelham Rd., Cherry Hill, NJ	500.00
5-19-09	Doug Belt	503 Academy St., South Orange, NJ	199.00

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) \$ _____

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PART I - For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
5-19-09	E53 FCU	1400 South Park Ave., Linden, NJ	\$ 796.00
5-19-09	ECCT	54 Old Dock Rd., Yaphank, NY	500.00
5-19-09	Elizabeth Firemen's FCU	411 Irvington Ave., Elizabeth, NJ	199.00

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

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PART I - For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
5-19-09	Elizabeth Police FCU	One Police Plaza, Elizabeth, NJ	\$ 796.00
5-19-09	Enterprise Car Sales	1141 Route 88, Lakewood, NJ	800.00
5-19-09	Experian	PO Box 2112, Medford Lakes, NJ	600.00

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) \$ _____

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PART I - For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
5-19-09	Federal Home Loan Bank of NY	101 Park Ave., New York, NY	\$ 800.00
5-19-09	Financial Design Center	563 Wellington Rd., Harrisburgh, PA	900.00
5-19-09	Financial Resources FCU	PO Box 6999, Bridgewater, NJ	496.00

Part I Total \$ _____

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

Part II Total \$ _____

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PART I - For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
5-19-09	Fontanella & Babitts	534 Union Blvd., Totowa, NJ	\$ 800.00
5-19-09	Four Sixteen FCU	1380 Jersey Ave., North Brunswick, NJ	199.00
5-19-09	Garden Savings FCU	129 Littleton Rd., Parsippany, NJ	796.00

Part I Total \$ _____

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Part II Total \$ _____

Receipts Table 1 Total (Part I and II) \$ _____

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PART I - For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
5-19-09	ILA Local 1235 FCU	30 Hennessey St., Newark, NJ	\$ 796.00
5-19-09	Jersey Central FCU	23 North Ave., East, Cranford, NJ	398.00
5-19-09	Jersey Shore FCU	PO Box 240, Northfield, NJ	398.00

Part I Total \$ _____

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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
5-19-09	Liberty Savings FCU	666 Newark Ave., Jersey City, NJ	\$ 796.00
5-19-09	McGraw Hill Employees FCU	PO Box 699, East Windsor, NJ	2,898.00
5-19-09	Membership Marketing Support Sevices - Printing Images Corp.	125 North York St., Pottstown, PA	1,500.00

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%): _____ %

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PART I - For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
5-19-09	Members United Corporate FCU	1021 Watervliet-Shaker Rd., Albany, NY	\$ 1,500.00
5-19-09	Merck Employees FCU	OO Box 2000, Rahway, NJ	597.00
5-19-09	Mid-Atlantic Corporate FCU	1201 Fulling Mill Rd., Middletown, PA	500.00

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:

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PART I - For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
5-19-09	Morristown FCU	PO Box 1057, Morristown, NJ	\$ 398.00
5-19-09	NJ Business & Industry Association	102 West State St., Trenton, NJ	400.00
5-19-09	North Jersey FCU	PO Box 379, Totowa, NJ	1,198.00

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:

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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
5-19-09	Raritan Bay FCU	491 Raritan St. Sayreville, NJ	\$ 398.00
5-19-09	Rutgers FCU	100 College Ave., New Brunswick	995.00
5-19-09	Seaport FCU	PO Box 2000, Elizabeth, NJ	800.00

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:

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PART I - For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
5-19-09	Shields Business Systems	5 Twosome Dr., Moorestown, NJ	\$ 1,500.00
5-19-09	South Bergen FCU	PO Box 147, Garfield, NJ	398.00
5-19-09	Saint James AME FCU	588 Dr. Martin Luther King Blvd., Newark, NJ	100.00

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

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PART I - For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
5-19-09	Strunk & Associates	14614 Falling Creek Dr., Houston, TX	\$ 600.00
5-19-09	The Curchin Group	125 Half Mile Rd., Red Bank, NJ	800.00
5-19-09	The Greylock Group	150 West St., Pittsfield, MA	1,100.00

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

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PART I - For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
5-19-09	Trump Taj Mahal	1000 Boardwalk at Virginia St., Atlantic City	\$ 2,500.00
5-19-09	UBS - Gary Tantleff	PO Box 1903, Morristown, NJ	1,100.00
5-19-09	UBS - Pierce/MacDonald Group	1251 Ave. of the Americas, New York, NY	800.00

Part I Total \$ _____

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

Part II Total \$ _____

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Receipts Table 2 - Major Purpose

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PART I - For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
5-19-09	Unilever FCU	800 Sylvan Ave., Englewood Cliffs, NJ	\$ 199.00
5-19-09	United Teletch Financial FCU	205 Hance Ave., Tinton Falls, NJ	298.00
5-19-09	XCEL FCU	1 Harmon Meadow Blvd., Secaucus, NJ	398.00
Part I Total \$			47,500.00
PART II - For contributions, loans, membership fees, dues, or assessments \$100 or less for the calendar year:			Part II Total \$ 1,090,126.00
Receipts Table 1 Total (Part I and II) \$			1,137,626.00

Receipts Table 2 - Major Purpose

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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, Paul Gentile

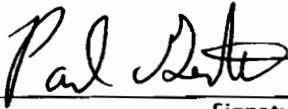
(print name)

hereby certify that I am duly authorized by

New Jersey Credit Union League

(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 15, 2010

Date