



ANNUAL REPORT OF REPRESENTED ENTITY

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

DUPLICATE FORM L1-L

Reporting For Calendar Year 2009

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FEB 17 2010

FOR STATE USE ONLY

Amendment []

Name of Represented Entity New Jersey Hospital Association

Business Address 760 Alexander Road

City Princeton State NJ Zip Code 08543

*(Area Code) Telephone Number (609) 275-4000

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

1. Name Eliabeth Ryan

Registration Number 10-13 Job Title President and CEO

Business Address 760 Alexander Road

City Princeton State NJ Zip Code 08543

*(Area Code) Telephone Number (609) 275-4241

2. Name Randy Minniear

Registration Number 10-19 Job Title Vice President, Legislation and Policy

Business Address 760 Alexander Road

City Princeton State NJ Zip Code 08543

*(Area Code) Telephone Number (609) 275-4119

3. Name Neil Eicher

Registration Number 10-30 Job Title Deputy Director, Legislation and Policy

Business Address 760 Alexander Road

City Princeton State NJ Zip Code 08543

*(Area Code) Telephone Number (609) 275-4088

4. Name Jessica Cohen

Registration Number 10-29 Job Title Director, Legislation and Policy

Business Address 760 Alexander Road

City Princeton State NJ Zip Code 08543

*(Area Code) Telephone Number (609) 275-4192

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

1. Name Fred Jacobs, Esq.

Registration Number 10-31 Job Title General Counsel

Business Address 760 Alexander Road

City Princeton State NJ Zip Code 08543

*(Area Code) Telephone Number (609) 275-4089

2. Name Theresa Edelstein

Registration Number 10-17 Job Title Vice President, Continuing Care Services

Business Address 760 Alexander Road

City Princeton State NJ Zip Code 08543

*(Area Code) Telephone Number _____

3. Name Sean Hopkins

Registration Number 10-20 Job Title Senior Vice President, Health Economics

Business Address 760 Alexander Road

City Princeton State NJ Zip Code 08543

*(Area Code) Telephone Number (609) 275-4022

4. Name Roger Sarao

Registration Number 10-21 Job Title Vice President, Economic and Financial Information

Business Address 760 Alexander Road

City Princeton State NJ Zip Code 08543

*(Area Code) Telephone Number (609) 275-4026

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

1. Name Belinda Cooper (Termination December 2009)

Registration Number 10-22 Job Title Vice President, Human Resources

Business Address 760 Alexander Road

City Princeton State NJ Zip Code 08543

*(Area Code) Telephone Number (609) 275-4001

2. Name Valerie Sellers (Termination Date December 2009)

Registration Number 10-25 Job Title Senior Vice President, Health Planning and Research

Business Address 760 Alexander Road

City Princeton State NJ Zip Code 08543

*(Area Code) Telephone Number (609) 275-4261

3. Name Jill Squires (Termination date June 19, 2009)

Registration Number 10-24 Job Title Assistant Vice President, Health Planning

Business Address 760 Alexander Road

City Princeton State NJ Zip Code 08543

*(Area Code) Telephone Number (609) 275-4252

4. Name Patricia Dailey (Termination date, September 14, 2009)

Registration Number 1504-1 Job Title Executive Director, ONE/NJ

Business Address 760 Alexander Road

City Princeton State NJ Zip Code 08543

*(Area Code) Telephone Number (609) 275-4110

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

1. Name Aline Holmes

Registration Number 10-26 Job Title Senior Vice President, Clinical Affairs

Business Address 760 Alexander Road

City Princeton State NJ Zip Code 08543

*(Area Code) Telephone Number (609) 275-4157

2. Name Mary Ditri

Registration Number 10-27 Job Title Director, Professional Practice

Business Address 760 Alexander Road

City Princeton State NJ Zip Code 08543

*(Area Code) Telephone Number (609) 275-4279

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 Cammarano & Hogan Partners

Business Address 222 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number (609)392-2332 Occupation/Business Cammarano & Hogan Partners

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 Theresa Edelstein (10-17)

Name of Authority, Board, or Commission Co-chair, Medicaid Long Term Care Funding Advisory Council

Date When Term of Service Expires Continuous until commission says the LTC system is rebalanced

Name of Governmental Affairs Agent Roger Sarao (10-21)

Name of Authority, Board, or Commission New Jersey EMS Council

Date When Term of Service Expires N/A

Name of Governmental Affairs Agent Roger Sarao (10-21)

Name of Authority, Board, or Commission New Jersey EMT Training Fund Council

Date When Term of Service Expires N/A

Name of Governmental Affairs Agent Valerie Sellers

Name of Authority, Board, or Commission Office of Homeland Security Infrastructure Advisory Council

Date When Term of Service Expires 2009

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.

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 _____
Business Address _____
City _____ State _____ Zip Code _____
*(Area Code) Telephone Number _____ Occupation/Business _____

2. Name of Agent or Firm _____
Business Address _____
City _____ State _____ Zip Code _____
*(Area Code) Telephone Number _____ Occupation/Business _____

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- 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	<u>Aline Holmes (10-26)</u>
Name of Authority, Board, or Commission	<u>NJ Disease Management Commission</u>
Date When Term of Service Expires	<u>Early 2010</u>
Name of Governmental Affairs Agent	<u>Aline Holmes (10-26)</u>
Name of Authority, Board, or Commission	<u>Board member of the NJ Collaborating Center for Nursing</u>
Date When Term of Service Expires	<u>Reappointed for 2009-2012</u>
Name of Governmental Affairs Agent	<u>Aline Holmes (10-26)</u>
Name of Authority, Board, or Commission	<u>Health Emergency Preparedness Advisory Council</u>
Date When Term of Service Expires	<u>Ongoing</u>
Name of Governmental Affairs Agent	<u>Aline Holmes (10-26)</u>
Name of Authority, Board, or Commission	<u>NJ DHSS Quality Improvement Advisory Council</u>
Date When Term of Service Expires	<u>Ongoing</u>

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.

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City _____ State _____ Zip Code _____
*(Area Code) Telephone Number _____ Occupation/Business _____

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Business Address _____
City _____ State _____ Zip Code _____
*(Area Code) Telephone Number _____ Occupation/Business _____

SCHEDULE A

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- > 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	<u>Aline Holmes (10-26)</u>
Name of Authority, Board, or Commission	<u>NJ Stroke Advisory Council</u>
Date When Term of Service Expires	<u>Ongoing</u>
Name of Governmental Affairs Agent	<u>Aline Holmes (10-26)</u>
Name of Authority, Board, or Commission	<u>Task Force on Health Care Professional Responsibility & Reporting</u>
Date When Term of Service Expires	<u>Ongoing</u>
Name of Governmental Affairs Agent	<u>Fred Jacobs (10-31)</u>
Name of Authority, Board, or Commission	<u>Task Force on Health Care Professional Responsibility & Reporting</u>
Date When Term of Service Expires	<u>Ongoing</u>
Name of Governmental Affairs Agent	<u>Mary Ditri (10-27)</u>
Name of Authority, Board, or Commission	<u>NJ Mental Health Planning Council</u>
Date When Term of Service Expires	<u>Ongoing</u>

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.

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 _____

Business Address _____

City _____ State _____ Zip Code _____

*(Area Code) Telephone Number _____ 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 Mary Ditri (10-27)

Name of Authority, Board, or Commission Acute Care Task Force

Date When Term of Service Expires Ongoing

Name of Governmental Affairs Agent Mary Ditri (10-27)

Name of Authority, Board, or Commission NJ Blood Bank Task Force

Date When Term of Service Expires Ongoing

Name of Governmental Affairs Agent Mary Ditri (10-27)

Name of Authority, Board, or Commission NJ Workplace Blood Donor Coalition

Date When Term of Service Expires Ongoing

Name of Governmental Affairs Agent Mary Ditri (10-27)

Name of Authority, Board, or Commission Occupational Health Surveillance Advisory Board

Date When Term of Service Expires Ongoing

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.

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 _____

Business Address _____

City _____ State _____ Zip Code _____

*(Area Code) Telephone Number _____ 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 Mary Ditri (10-27)

Name of Authority, Board, or Commission Dual Diagnosis Task Force

Date When Term of Service Expires Ongoing

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 _____

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.

\$ 480,523.92

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. Cammarano & Hagan, Partners	Issues Related to Health Care Facilities	\$ 60,000.00
2.		
3.		
4.		
5.		
6.		
7.		
Total \$		<u>60,000.00</u>
SCHEDULE B TOTAL \$		<u>540,523.92</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 \$ 66,165.28

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
			\$ 0.00

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-1 TOTAL \$ 0.00

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
			\$ 0.00

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 \$ 0.00

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	\$ 11,013.08
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	138,849.40
Postage	50.00
Telephone, Telegram, Facsimile	6,808.93
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	
Other (please describe)	
SCHEDULE E TOTAL \$	156,721.41

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
Elizabeth Ryan	\$ 1,650.00
Randall Minniear	2,365.00
Jessica Cohen	1,650.00
Theresa Edelstein	1,650.00
Sean Hopkins	385.00
SCHEDULE F TOTAL \$	

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	
Postage	
Telephone, Telegram, Facsimile	
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	
Other (please describe)	
SCHEDULE E TOTAL \$	

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
Valerie Sellers	\$ 935.00
Belinda Cooper	385.00
Roger Sarao	385.00
Aline Holmes	1,650.00
Jill Squires	398.75
SCHEDULE F TOTAL \$	

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	
Postage	
Telephone, Telegram, Facsimile	
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	
Other (please describe)	
SCHEDULE E TOTAL \$	

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
Mary Ditri	\$ 385.00
Neil Eicher	1,838.90
Fred Jacobs	935.00
Patricia Daley	357.50
SCHEDULE F TOTAL \$	
14,970.15	

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	\$ 0.00	+	\$ 0.00	=	\$ 0.00
Food and Beverage	0.00	+	121.55	=	121.55
Travel	0.00	+	0.00	=	0.00
Lodging	0.00	+	0.00	=	0.00
Honoraria	0.00	+	0.00	=	0.00
Loans	0.00	+	0.00	=	0.00
Gifts	0.00	+	0.00	=	0.00
Other(specify) _____	0.00	+	0.00	=	0.00
Total	\$ _____	+	\$ 121.55	=	\$ 121.55
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 \$	540,523.92
2. Support Personnel	Schedule C Total	66,165.28
3. Assessments, Membership Fees, or Dues	Schedule D-1 and Schedule D-2 Total	0.00
4. Communication Expenses	Schedule E Total	156,721.41
5. Travel and Lodging	Schedule F Total	14,970.15
6. Benefit Passing	Schedule G-1 and Schedule G-2 Total	121.55
Total Lobbying Expenditures \$		778,502.31

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
			\$

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 \$ _____

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, David T. Havins
(print name)

hereby certify that I am duly authorized by

New Jersey Hospital Association
(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 12, 2010
Date