



**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

**FORM L1-L
Reporting For Calendar Year 2009**

**ELEC RECEIVED
FEB 19 2010**

DUPLICATE

FOR STATE USE ONLY

Amendment

**RECEIVED
VIA FAX**

Name of Represented Entity Planned Parenthood of Central New Jersey

Business Address 69 E. Newman Springs Road, P.O. Box 95

City Shrewsbury State NJ Zip Code 07702

*(Area Code) Telephone Number 732-842-9300

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

1. Name Phyllis Kinsler

Registration Number 1668-1 Job Title President/CEO

Business Address 69 E. Newman Springs Road

City Shrewsbury State NJ Zip Code 07702

*(Area Code) Telephone Number 732-842-9300

2. Name Claire Manning

Registration Number 1668-2 Job Title Public Affairs Coordinator

Business Address 69 E. Newman Springs Road

City Shrewsbury State NJ Zip Code 07702

*(Area Code) Telephone Number 732-842-9300

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-11, an unlisted telephone number is not a public record and must not be provided on this form.

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
Annual Dues	Planned Parenthood Affiliates of New Jersey	D	\$ 348.00

Part I TOTAL \$ 348.00

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 \$ 348.00

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
3/12/09 - 12/31/09	Family Planning Association	D	\$ 11,401.00
4/3/09 - 8/31/09	Planned Parenthood Affiliates of New Jersey	D	16,271.00

Part I TOTAL \$ 27,672.00

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 \$

Schedule D-1 AND Schedule D-2 TOTAL \$ 28,020.00

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	\$ 1,357.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	
Postage	303.00
Telephone, Telegram, Facsimile	1,193.00
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	
Other (please describe)	
SCHEDULE E TOTAL \$	2,853.00

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
Kinsler	\$ 1,040.00
Manning	1,039.00
Note: Most travel/driving is together so expenses are shared - we allocated proportional	
expenses.	
SCHEDULE F TOTAL \$	2,079.00

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, Phyllis Kinsler

(print name)

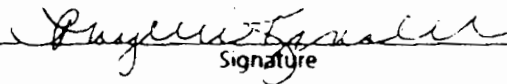
hereby certify that I am duly authorized by

Planned Parenthood of Central New Jersey

(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 19, 2010

Date

Revised from 2/16/10