



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 2010

ELEC RECEIVED MAR 03 2011

FOR STATE USE ONLY

Amendment [checked]

Name of Represented Entity Chamber of Commerce Southern New Jersey

Business Address Piazza 6014 Main Street

City Voorhees State NJ Zip Code 08043

\*(Area Code) Telephone Number (856) 424-7776

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

1. Name Kathleen A. Davis

Registration Number 185-2 Job Title Executive Vice President & COO

Business Address Piazza 6014 Main Street

City Voorhees State NJ Zip Code 08043

\*(Area Code) Telephone Number (856) 424-7776 ext. 115

2. Name Maria Patouhas

Registration Number 185-8 Job Title Manager, Government Relations

Business Address Piazza 6014 Main Street

City Voorhees State NJ Zip Code 08043

\*(Area Code) Telephone Number (856) 424-7776 ext. 127

3. Name Christina M. Genovese

Registration Number 185-7 Job Title Director, Government Relations

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 N/A  
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 Kathleen A. Davis  
Name of Authority, Board, or Commission Governor's Privatization Task Force  
Date When Term of Service Expires March 2010 - June 2010

Name of Governmental Affairs Agent Maria Patouhas  
Name of Authority, Board, or Commission Evesham Township Zoning Board  
Date When Term of Service Expires June 2010 - present

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.

**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, Kathleen A. Davis  
*(print name)*

hereby certify that I am duly authorized by

Chamber of Commerce Southern 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 2010.  
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.

Kathleen Davis  
Signature

3-2-11  
Date