



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

APR 29 2011

FOR STATE USE ONLY

Amendment [checked]

Name of Represented Entity Chemistry Council of New Jersey

Business Address 150 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-392-4214

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

1. Name Hal Bozarth

Registration Number 127-1 Job Title Executive Director

Business Address 150 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-392-4214

2. Name Anthony Russo

Registration Number 127-4 Job Title Director, Regulatory Affairs

Business Address 150 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-392-4214

3. Name Edward Waters

Registration Number 127-5 Job Title Director, Government Affairs

Business Address 150 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-392-4214

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.

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 Leana Crowther, Chief of Staff for Assemblyman Burzichelli
 Date Mar 18, 2010 Description F - Food & Beverage Amount \$ 54.65

Name and Address of Payee/Vendor
 Name Olde York Country Club
 Address 228 Old York Road
 City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.
 Date May 26, 2010 Amount \$ 54.65

Description F - Food & Beverage

Name of Benefit Recipient Bill Caruso, Executive Director - Assembly Majority Office
 Date Mar 18, 2010 Description F - Food & Beverage Amount \$ 54.65

Name and Address of Payee/Vendor
 Name Olde York Country Club
 Address 228 Old York Road
 City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.
 Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient Senator Thomas Kean
 Date Oct 18, 2010 Description F - Food & Beverage Amount \$ 45.00

Name and Address of Payee/Vendor
 Name Olde York Country Club
 Address 228 Old York Road
 City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.
 Date Apr 19, 2011 Amount \$ 45.00

Description F - Food & Beverage

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 _____

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(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 _____

SCHEDULE G-1**ITEMIZATION OF BENEFITS WHICH EXCEEDED \$25 PER DAY OR \$200 PER CALENDAR YEAR TO STATE OFFICIALS AND THEIR IMMEDIATE FAMILY MEMBERS**

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(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 Senator Diane AllenDate Oct 18, 2010 Description F - Food & Beverage Amount \$ 45.00

Name and Address of Payee/Vendor

Name Olde York Country ClubAddress 228 Old York RoadCity Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date Apr 19, 2011 Amount \$ 45.00Description F - Food & BeverageName of Benefit Recipient Senator Jennifer BeckDate Oct 18, 2010 Description F - Food & Beverage Amount \$ 45.00

Name and Address of Payee/Vendor

Name Olde York Country ClubAddress 228 Old York RoadCity Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date Apr 19, 2011 Amount \$ 45.00Description F - Food & BeverageName of Benefit Recipient Senator Steven OrohoDate Oct 18, 2010 Description F - Food & Beverage Amount \$ 45.00

Name and Address of Payee/Vendor

Name Olde York Country ClubAddress 228 Old York RoadCity Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date Apr 19, 2011 Amount \$ 45.00Description F - Food & BeverageName of Benefit Recipient Jim Harkness, Executive Director - Seante Republican OfficeDate Oct 18, 2010 Description F - Food & Beverage Amount \$ 45.00

Name and Address of Payee/Vendor

Name Olde York Country ClubAddress 228 Old York RoadCity Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date Apr 19, 2011 Amount \$ 45.00Description F - Food & Beverage

SCHEDULE G-1**ITEMIZATION OF BENEFITS WHICH EXCEEDED \$25 PER DAY OR \$200 PER CALENDAR YEAR TO STATE OFFICIALS AND THEIR IMMEDIATE FAMILY MEMBERS**

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(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 Harrison Neely, Director of Transportation for Senator T. Kean

Date Oct 18, 2010 Description F - Food & Beverage Amount \$ 45.00

Name and Address of Payee/Vendor

Name Olde York Country Club

Address 228 Old York Road

City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date Apr 19, 2011 Amount \$ 45.00

Description F - Food & Beverage

Name of Benefit Recipient Christina Valazquez, Senate Helath Committee Aide

Date Oct 18, 2010 Description F - Food & Beverage Amount \$ 45.00

Name and Address of Payee/Vendor

Name Olde York Country Club

Address 228 Old York Road

City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date Apr 19, 2011 Amount \$ 45.00

Description F - Food & Beverage

Name of Benefit Recipient Senator Barbara Buono

Date Nov 22, 2010 Description F - Food & Beverage Amount \$ 65.00

Name and Address of Payee/Vendor

Name Olde York Country Club

Address 228 Old York Road

City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date Dec 26, 2010 Amount \$ 65.00

Description F - Food & Beverage

Name of Benefit Recipient Ivette Franco, Legislative Aide for Senator Buono

Date Nov 22, 2010 Description F - Food & Beverage Amount \$ 65.00

Name and Address of Payee/Vendor

Name Olde York Country Club

Address 228 Old York Road

City Chesterfield State NJ Zip Code 08515

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date Dec 26, 2010 Amount \$ 65.00

Description F - Food & Beverage

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	_____ 902.90		+ _____		= _____ 902.90
Travel	_____		+ _____		= _____
Lodging	_____		+ _____		= _____
Honoraria	_____		+ _____		= _____
Loans	_____		+ _____		= _____
Gifts	_____		+ _____		= _____
Other(specify) _____	_____		+ _____		= _____
Total	\$ _____		+ \$ _____		= \$ _____ 902.90

**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.**

\$ _____ **848.25**

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

1. Salary and Compensation (Add the total from questions 1 & 2)	Schedule B Total \$	_____ 165,000.00
2. Support Personnel	Schedule C Total	_____ 20,000.00
3. Assessments, Membership Fees, or Dues	Schedule D-1 and Schedule D-2 Total	_____ 0.00
4. Communication Expenses	Schedule E Total	_____ 2,240.00
5. Travel and Lodging	Schedule F Total	_____ 2,787.00
6. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____ 902.90
Total Lobbying Expenditures \$		_____ 190,929.90

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, Hal Bozarth

(print name)

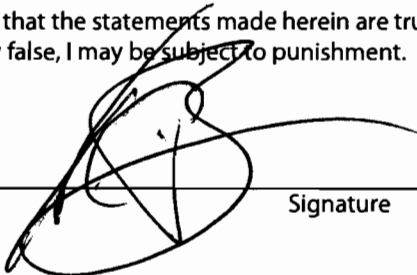
hereby certify that I am duly authorized by

Chemistry Council of 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.



Signature

April 21, 2011

Date