



ANNUAL REPORT OF REPRESENTED ENTITY

FORM L1-L Reporting For Calendar Year 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

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Amendment [checked]

Name of Represented Entity Commerce and Industry Association of NJ

Business Address South 61 Paramus Road,

City Paramus State NJ Zip Code 07652

\*(Area Code) Telephone Number 201-368-2100

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

1. Name David Lorette

Registration Number 1386-6 Job Title VP, Government Affairs and Communications

Business Address

City State Zip Code

\*(Area Code) Telephone Number

2. Name John Galandak

Registration Number 1386-4 Job Title President

Business Address

City State Zip Code

\*(Area Code) Telephone Number

3. Name Paul Tyahla

Registration Number 1386-5 Job Title VP Government Affairs and Communications

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.

**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 Jon Bramnick, Assemblyman  
 Date 6/8/10 Description F Amount \$ 75.58

Name and Address of Payee/Vendor  
 Name Sheraton Meadowlands  
 Address 2 Meadowlands Plaza  
 City East Rutherford State NJ Zip Code 07073

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

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Description \_\_\_\_\_

Name of Benefit Recipient Vpendera Chivukula, Assemblyman  
 Date 6/8/10 Description F Amount \$ 75.58

Name and Address of Payee/Vendor  
 Name Same as above  
 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 Thomas Giblin, Assemblyman  
 Date 6/8/10 Description F Amount \$ 75.58

Name and Address of Payee/Vendor  
 Name Same as above  
 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 Alison Littel McHose, Assemblywoman  
 Date 6/8/10 Description F Amount \$ 75.58

Name and Address of Payee/Vendor  
 Name Same as above  
 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	\$ 1,111.38	+ _____	= \$ 1,111.38
Travel	_____	+ _____	= _____
Lodging	_____	+ _____	= _____
Honoraria	_____	+ _____	= _____
Loans	_____	+ _____	= _____
Gifts	_____	+ _____	= _____
Other(specify) _____	_____	+ _____	= _____
<b>Total</b>	\$ 1,111.38	+ \$ _____	= \$ 1,111.38
			<b>SCHEDULE G-1 AND SCHEDULE G-2 TOTAL</b>

\* 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.**

\$ 132.58

### SUMMARY OF LOBBYING EXPENDITURES

**EXPENDITURES**

1. Salary and Compensation (Add the total from questions 1 & 2)	Schedule B Total \$ 56,341.37
2. Support Personnel	Schedule C Total _____
3. Assessments, Membership Fees, or Dues	Schedule D-1 and Schedule D-2 Total _____
4. Communication Expenses	Schedule E Total 3,359.79
5. Travel and Lodging	Schedule F Total 1,962.80
6. Benefit Passing	Schedule G-1 and Schedule G-2 Total 1,111.38
<b>Total Lobbying Expenditures \$ 62,775.34</b>	

**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, Diane C. Walsh  
(print name)

hereby certify that I am duly authorized by

Commerce and Industry Association 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 \_\_\_\_\_ .  
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.

Diane C. Walsh  
Signature

4/20/11  
Date