



ANNUAL REPORT OF REPRESENTED ENTITY

FORM L1-L Reporting For Calendar Year 2010

ELEC RECEIVED MAY 04 2011

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

FOR STATE USE ONLY

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 April 20, 2011 Amount \$ 75.58
Description reimbursement for June 6, dinner

Name of Benefit Recipient Vpendra 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 Gibling, 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 _____

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 Nancy Munoz Assemblywoman
 Date 6/8/2010 Description F - Food & Beverage 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 Nancy Munoz, Assemblywoman
 Date 10/22/2010 Description F - Food & Beverage Amount \$ 56.00

Name and Address of Payee/Vendor
 Name Hilton Woodcliff Lakes
 Address 200 Tice Blvd.
 City Woodcliff Lakes State NJ Zip Code 07677

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

Name of Benefit Recipient Gary Schaer, Assemblyman
 Date 6/8/2010 Description F - Food & Beverage Amount \$ 75.58

Name and Address of Payee/Vendor
 Name Sheraton Meadowlands
 Address 2 Meadowlands Plaza
 City East Rutherford State NJ Zip Code 75.58

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	\$ _____		+\$ _____		=\$ _____
Food and Beverage	\$ 1,111.38		+ _____		= \$ 1,111.38
Travel	_____		+ _____		= _____
Lodging	_____		+ _____		= _____
Honoraria	_____		+ _____		= _____
Loans	_____		+ _____		= _____
Gifts	_____		+ _____		= _____
Other(specify) _____	_____		+ _____		= _____
Total	\$ 1,111.38		+\$ _____		=\$ 1,111.38
					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.**

\$ 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
Total Lobbying Expenditures \$		62,775.34

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

5/2/2011
Date