



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

FEB 17 2011

FOR STATE USE ONLY

Amendment []

Name of Represented Entity Cooper Health System

Business Address One Cooper Plaza

City Camden State NJ Zip Code 08103

*(Area Code) Telephone Number

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

1. Name John P. Sheridan, Fr.

Registration Number 1454-1 Job Title Chief Executive Officer and President

Business Address One Cooper Plaza

City Camden State NJ Zip Code 08103

*(Area Code) Telephone Number 856-342-2953

2. Name Gary S. Young

Registration Number 1454-2 Job Title Executive Vice President, Government Relations

Business Address One Cooper Plaza

City Camden State NJ Zip Code 08103

*(Area Code) Telephone Number 856-342-3002

3. Name Arthur Winkler

Registration Number 1454-4 Job Title Senior EVP, Public Policy & Community Relations

Business Address One Cooper Plaza

City Camden State NJ Zip Code 08103

*(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.

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
		M	\$ 0.00
		M	0.00

Part I TOTAL \$ 0.00

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 \$ 0.00

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
3/5/2010	New Jersey Hospital Association	D	\$ 27,731.08
3/5/2010	New Jersey Council of Teaching Hospitals	D	36,050.00

Part I TOTAL \$ 63,781.08

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 \$ 63,781.08

Schedule D-1 AND Schedule D-2 TOTAL \$ 63,781.08

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, Gary S. Young

(print name)

hereby certify that I am duly authorized by

Cooper Health System

(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

February 11, 2011

Date