



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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FEB 22 2011
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Amendment [checked]

Name of Represented Entity ELIZABETH TOWN GAS
Business Address 300 Connell Dr. Suite 3000
City Berkeley Heights State N.J Zip Code 07922
\*(Area Code) Telephone Number 908-771-8230

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

1. Name KEVIN G. LYNOTT
Registration Number 1472-1 Job Title DIRECTOR Government Affairs
Business Address Same as above
City State Zip Code
\*(Area Code) Telephone Number

2. Name
Registration Number Job Title
Business Address
City State Zip Code
\*(Area Code) Telephone Number

3. Name
Registration Number Job Title
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 Aram. Alex DeBroce  
Date Aug, 2010 Description Travel Mugs - 40 Amount \$ \$143.20

Name and Address of Payee/Vendor  
Name COMPAS INC.  
Address FAIRWAY Corporate Center - 4300 Haddonfield Rd. Suite 206  
City PENNAUSKEN N.J. 08109 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 Sen. Roy Lesneak  
Date June 10, 2010 Description Dinner Amount \$ \$90.00

Name and Address of Payee/Vendor  
Name da Benetos Restaurant  
Address 222 Galloping Hill Rd.  
City UNION State NJ Zip Code 07083

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 \_\_\_\_\_

