



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 15 2011

FOR STATE USE ONLY

Amendment []

Name of Represented Entity Legal Services of New Jersey

Business Address 100 Metroplex Drive, Suite 402

City Edison State NJ Zip Code 08818

*(Area Code) Telephone Number 732 572 9100

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

1. Name Melville D. Miller, Jr.

Registration Number 75601 Job Title President and General Counsel

Business Address Same as above

City State Zip Code

*(Area Code) Telephone Number

2. Name Donna Hildreth

Registration Number 75604 Job Title Training Director

Business Address Same as above

City State Zip Code

*(Area Code) Telephone Number

3. Name Kristin Mateo

Registration Number 75612 Job Title Vice President and Assistant General Counsel

Business Address Same as above

City State Zip Code

*(Area Code) Telephone Number

4. Name Connie Pascale

Registration Number 75614 Job Title Vice President and Assistant General Counsel

Business Address Same as above

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.



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

1. Name Maura Sanders

Registration Number 75619 Job Title Senior Attorney

Business Address Same as above

City State Zip Code

*(Area Code) Telephone Number

2. Name Dawn K. Miller

Registration Number 75620 Job Title Executive Vice President and Assistant General Counsel

Business Address Same as above

City State Zip Code

*(Area Code) Telephone Number

3. Name Timothy Block

Registration Number 75623 Job Title Senior Attorney

Business Address Same as above

City State Zip Code

*(Area Code) Telephone Number

4. Name Carrie Ferraro

Registration Number 75624 Job Title Senior Attorney

Business Address Same as above

City State Zip Code

*(Area Code) Telephone Number

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

1. Name Daniel Florio

Registration Number 75625 Job Title Staff Attorney

Business Address Same as above

City _____ State _____ Zip Code _____

*(Area Code) Telephone Number _____

2. Name Claudine Langrin

Registration Number 75628 Job Title Vice President and Assistant General Counsel

Business Address Same as above

City _____ State _____ Zip Code _____

*(Area Code) Telephone Number _____

3. Name Mary McManus-Smith

Registration Number 75630 Job Title Senior Attorney

Business Address Same as above

City _____ State _____ Zip Code _____

*(Area Code) Telephone Number _____

4. Name Patricia Myers

Registration Number 75631 Job Title Supervising Social Worker

Business Address Same as above

City _____ State _____ Zip Code _____

*(Area Code) Telephone Number _____

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

1. Name Rachel Elkin
Registration Number 75634 Job Title Supervising Attorney
Business Address Same as above
City State Zip Code
*(Area Code) Telephone Number

2. Name Thalia Cosmos
Registration Number 75635 Job Title Staff Attorney
Business Address Same as above
City State Zip Code
*(Area Code) Telephone Number

3. Name Joshua Speilberg
Registration Number 75637 Job Title Senior Attorney
Business Address Same as above
City State Zip Code
*(Area Code) Telephone Number

4. Name Margaret Jurow
Registration Number 75638 Job Title Senior Attorney
Business Address Same as above
City State Zip Code
*(Area Code) Telephone Number

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*(Area Code) Telephone Number 732 572 9100

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

1. Name Akil Roper

Registration Number 75639 Job Title Assistant Supervising Attorney

Business Address Same as above

City State Zip Code

*(Area Code) Telephone Number

2. Name Lynette Siragusa

Registration Number 75640 Job Title Assistant Supervising Attorney

Business Address Same as above

City State Zip Code

*(Area Code) Telephone Number

3. Name Margaret Cargioli

Registration Number 75641 Job Title Assistant Supervising Attorney

Business Address Same as above

City State Zip Code

*(Area Code) Telephone Number

4. Name Valerie Brown

Registration Number 75642 Job Title Chief Counsel, Legislation & Regulation

Business Address Same as above

City State Zip Code

*(Area Code) Telephone Number

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2. Provide the following information regarding the Governmental Affairs Agent(s) retained or otherwise engaged by the Represented Entity.

1. Name of Agent or Firm _____
Business Address _____
City _____ State _____ Zip Code _____
*(Area Code) Telephone Number _____ Occupation/Business _____

2. Name of Agent or Firm _____
Business Address _____
City _____ State _____ Zip Code _____
*(Area Code) Telephone Number _____ Occupation/Business _____

SCHEDULE A

1. Did any Governmental Affairs Agent named on page 1, question 1, serve as a member of:

- any independent State authority;
- any county improvement authority;
- any municipal utilities authority;
- any inter-State or bi-State authority as a member from New Jersey; or,
- any board or commission established by statute or resolution, or by executive order of the Governor, or by the Legislature, or by any Agency, Department or other instrumentality of the State?

No If "no," continue on to the next question. Yes If "yes," please provide the following information:

Name of Governmental Affairs Agent	<u>Mary McManus-Smith</u>
Name of Authority, Board, or Commission	<u>AOC Children in Court Improvement Committee</u>
Date When Term of Service Expires	<u>Indeterminate date</u>
Name of Governmental Affairs Agent	<u>Mary McManus-Smith</u>
Name of Authority, Board, or Commission	<u>Supreme Court Family Practice Committee</u>
Date When Term of Service Expires	<u>Indeterminate date</u>
Name of Governmental Affairs Agent	<u>David McMillin</u>
Name of Authority, Board, or Commission	<u>NJ Supreme Court Special Civil Part Practice Committee</u>
Date When Term of Service Expires	<u>Indeterminate date</u>
Name of Governmental Affairs Agent	<u>David McMillin</u>
Name of Authority, Board, or Commission	<u>BPU Universal Service Fund</u>
Date When Term of Service Expires	<u>Indeterminate date</u>

2. Did the Governmental Affairs Agent(s) named on page 1, question 1 file all Notices of Representation and Quarterly Reports required during the calendar year covered by this Annual Report?

Yes If "yes," continue on to Schedule B. No If "no," please file the necessary reports immediately.

*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.

2. Provide the following information regarding the Governmental Affairs Agent(s) retained or otherwise engaged by the Represented Entity.

1. Name of Agent or Firm _____

Business
Address _____

City _____ State _____ Zip Code _____

*(Area Code) Telephone Number _____ Occupation/Business _____

2. Name of Agent or Firm _____

Business
Address _____

City _____ State _____ Zip Code _____

*(Area Code) Telephone Number _____ Occupation/Business _____

SCHEDULE A

1. Did any Governmental Affairs Agent named on page 1, question 1, serve as a member of:

- any independent State authority;
- any county improvement authority;
- any municipal utilities authority;
- any inter-State or bi-State authority as a member from New Jersey; or,
- any board or commission established by statute or resolution, or by executive order of the Governor, or by the Legislature, or by any Agency, Department or other instrumentality of the State?

No If "no," continue on to the next question. Yes If "yes," please provide the following information:

Name of Governmental Affairs Agent Melville D. Miller, Jr.

Name of Authority, Board, or Commission Supreme Court Committee on Civil Practice

Date When Term of Service Expires Indeterminate date

Name of Governmental Affairs Agent Connie Pascale

Name of Authority, Board, or Commission Hotel & Multiple Dwelling Health & Safety Board

Date When Term of Service Expires 2011

Name of Governmental Affairs Agent Connie Pascale

Name of Authority, Board, or Commission NJ Supreme Court Special Committee on Complimentary Dispute Resolution

Date When Term of Service Expires 2011

Name of Governmental Affairs Agent Donna Hildreth

Name of Authority, Board, or Commission Advisory Council on Domestic Violence

Date When Term of Service Expires Indeterminate date

2. Did the Governmental Affairs Agent(s) named on page 1, question 1 file all Notices of Representation and Quarterly Reports required during the calendar year covered by this Annual Report?

Yes If "yes," continue on to Schedule B. No If "no," please file the necessary reports immediately.

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2. Provide the following information regarding the Governmental Affairs Agent(s) retained or otherwise engaged by the Represented Entity.

1. Name of Agent or Firm _____
Business Address _____
City _____ State _____ Zip Code _____
*(Area Code) Telephone Number _____ Occupation/Business _____

2. Name of Agent or Firm _____
Business Address _____
City _____ State _____ Zip Code _____
*(Area Code) Telephone Number _____ Occupation/Business _____

SCHEDULE A

1. Did any Governmental Affairs Agent named on page 1, question 1, serve as a member of:
➤ any independent State authority;
➤ any county improvement authority;
➤ any municipal utilities authority;
➤ any inter-State or bi-State authority as a member from New Jersey; or,
➤ any board or commission established by statute or resolution, or by executive order of the Governor, or by the Legislature, or by any Agency, Department or other instrumentality of the State?

No If "no," continue on to the next question. Yes If "yes," please provide the following information:

Name of Governmental Affairs Agent Akil Roper
Name of Authority, Board, or Commission Supreme Court Committee on Minority Concerns
Date When Term of Service Expires 2011

Name of Governmental Affairs Agent _____
Name of Authority, Board, or Commission _____
Date When Term of Service Expires _____

Name of Governmental Affairs Agent _____
Name of Authority, Board, or Commission _____
Date When Term of Service Expires _____

Name of Governmental Affairs Agent _____
Name of Authority, Board, or Commission _____
Date When Term of Service Expires _____

2. Did the Governmental Affairs Agent(s) named on page 1, question 1 file all Notices of Representation and Quarterly Reports required during the calendar year covered by this Annual Report?

Yes If "yes," continue on to Schedule B. No If "no," please file the necessary reports immediately.

*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 B - SALARY & COMPENSATION

PURPOSE: To report the salary and compensation paid by the Represented Entity to its Governmental Affairs Agent(s). Include the reimbursement of an Agent's expenses in amounts reported.

1. For the Governmental Affairs Agents who are employees of the Represented Entity named on page 1, question 1, please report the salary and other compensation paid. **NOTE:** Only the pro rata share of each employee's salary and compensation need be included if the employee spends only a portion of his/her time lobbying.

\$ 25,651.00

2. For the Governmental Affairs Agents named on page 2, question 2, who are retained or otherwise engaged by the Represented Entity, please provide the following information:

NAME OF PAYEE	LOBBYING PURPOSE	COMPENSATION
1.		\$
2.		
3.		
4.		
5.		
6.		
7.		
		Total \$ <u>0.00</u>
		SCHEDULE B TOTAL \$ <u>25,651.00</u>

SCHEDULE C - SUPPORT PERSONNEL

PURPOSE: To report the costs of support personnel who, over the course of the reporting year, individually spend 450 or more hours supporting the activities of the Represented Entity or Governmental Affairs Agent(s).

After determining to which person(s) this applies, report the pro rata share of those costs which are attributable to supporting the activities of the Represented Entity or Governmental Affairs Agent(s) in influencing legislation, regulations, governmental processes, or communicating with the general public.

SCHEDULE C TOTAL \$ 0.00

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
			\$
			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
			\$
			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-2 TOTAL \$ 0.00
			Schedule D-1 AND Schedule D-2 TOTAL \$ 0.00

SCHEDULE E - COMMUNICATION EXPENSES

PURPOSE: To report the costs of the preparation and distribution of materials related to influencing legislation, regulations, governmental processes, and conducting communications with the general public.

EXPENSE	AMOUNT
Printed Materials	\$
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	
Postage	
Telephone, Telegram, Facsimile	
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	
Other (please describe)	
SCHEDULE E TOTAL \$	0.00

SCHEDULE F - TRAVEL/LODGING

PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents who are employees of the Represented Entity named on page 1, question 1, related to influencing legislation, regulations, governmental processes, or communicating with the general public.

NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
Valerie Brown	\$ 221.00
SCHEDULE F TOTAL \$	221.00

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 N/A

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 _____

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	_____		+ _____		= _____
Travel	_____		+ _____		= _____
Lodging	_____		+ _____		= _____
Honoraria	_____		+ _____		= _____
Loans	_____		+ _____		= _____
Gifts	_____		+ _____		= _____
Other(specify) _____	_____		+ _____		= _____
Total	\$ _____		+ \$ _____		= \$ _____ 0.00
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.** \$ _____ .00

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

1. Salary and Compensation (Add the total from questions 1 & 2)	Schedule B Total \$	_____ 25,651.00
2. Support Personnel	Schedule C Total	_____ 0.00
3. Assessments, Membership Fees, or Dues	Schedule D-1 and Schedule D-2 Total	_____ 0.00
4. Communication Expenses	Schedule E Total	_____ 0.00
5. Travel and Lodging	Schedule F Total	_____ 221.00
6. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____ 0.00
Total Lobbying Expenditures \$		_____ 25,872.00

RECEIPTS TABLES 1 AND 2

Receipts Table 1 - Specific Intent

PURPOSE: To report the amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity.

If the contributions, loans, membership fees, dues, or assessments were received 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 contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
		N/A	\$

Part I Total \$ _____

PART II - For contributions, loans, membership fees, dues, or assessments \$100 or less for the calendar year:

Part II Total \$ _____

Receipts Table 1 Total (Part I and II) \$ _____

Receipts Table 2 - Major Purpose

PURPOSE: To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity. **Note:** If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a "Major Purpose" receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

Provide the percentage of activity which constituted lobbying (this figure must be more than 50%): _____ %

For each receipt, multiply the percentage indicated by the amount of the receipt to arrive at a net receipt amount. Add together all net receipt amounts to arrive at the aggregate total.

Receipts Table 2 Total \$ _____

Review each net receipt amount. Any net receipt in excess of \$100 should be listed below:

DATE	SOURCE	ADDRESS	AMOUNT
		N/A	\$

Table 1 and Table 2 Totals

Receipts Total \$ _____

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, MELVILLE D. MILLER, JR.

(print name)

hereby certify that I am duly authorized by

LEGAL SERVICES 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

FEBRUARY 11, 2011

Date