



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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FOR STATE USE ONLY
N.J. ELECTION LAW ENFORCEMENT COMMISSION Amendment

Name of Represented Entity Lung Assoc of the Mid Atlantic

Business Address 3001 Old Gettysburg Rd

City Camp Hill State PA Zip Code 197011

\*(Area Code) Telephone Number

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

1. Name

Registration Number Job Title

Business Address

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.

**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) _____	_____	+	_____	=	_____
<b>Total</b>	\$ _____	+	\$ _____	=	\$ _____

**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.**

\$           0          

**SUMMARY OF LOBBYING EXPENDITURES**

**EXPENDITURES**

1. Salary and Compensation (Add the total from questions 1 & 2)	Schedule B Total \$	<u>1300.00</u>
2. Support Personnel	Schedule C Total	<u>0</u>
3. Assessments, Membership Fees, or Dues	Schedule D-1 and Schedule D-2 Total	<u>0</u>
4. Communication Expenses	Schedule E Total	<u>250.00</u>
5. Travel and Lodging	Schedule F Total	<u>0</u>
6. Benefit Passing	Schedule G-1 and Schedule G-2 Total	<u>0</u>
<b>Total Lobbying Expenditures \$</b>		<u>1450.00</u>

**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.

1. Deborah Hamilton  
(print name)

hereby certify that I am duly authorized by

Lung Assoc of Mid-Atlantic  
(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.

Deborah Hamilton  
Signature

3/9/11  
Date