



**ANNUAL REPORT
OF
REPRESENTED ENTITY**

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
P.O. Box 185, Trenton, NJ 08625-0185
(609) 282-8700 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 11 2010

FOR STATE USE ONLY

Amendment

**RECEIVED
VIA FAX**

Name of Represented Entity New Jersey Hospital Association

Business Address 760 Alexander Road

City Princeton State NJ Zip Code 08543

*(Area Code) Telephone Number (609) 275- 4000

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

1. Name Elizabeth Ryan

Registration Number 10-13 Job Title President and CEO

Business Address 760 Alexander Road

City Princeton State NJ Zip Code 08543

*(Area Code) Telephone Number (609) 274- 4241

2. Name Randall Minnlear

Registration Number 10-19 Job Title Senior Vice President, Legislation and Policy

Business Address 760 Alexander Road

City Princeton State NJ Zip Code 08543

*(Area Code) Telephone Number (609) 275- 4119

3. Name Neil Eicher

Registration Number 10-30 Job Title Deputy Director, Legislation and Policy

Business Address 760 Alexander Road

City Princeton State NJ Zip Code 08543

*(Area Code) Telephone Number (609) 275-4088

4. Name Jessica Cohen

Registration Number 10-29 Job Title Director, Legislation and Policy

Business Address 760 Alexander Road

City Princeton State NJ Zip Code 08543

*(Area Code) Telephone Number (609) 275-4192

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 Cort Adelman, Legislative Aid
Date 08/13/2010 Description F - Food & Beverage Amount \$ 42.17

Name and Address of Payee/Vendor
Name The Pour House
Address 124 Haddon Ave
City Westmont State NJ Zip Code 08108

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement
Date _____ Amount \$ _____
Description F - Food & Beverage

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 _____

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, David P. Lavins
(print name)

hereby certify that I am duly authorized by

New Jersey Hospital Association
(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

David P. Lavins CFO
Signature

2/11/11
Date