



**ANNUAL REPORT
OF
COMMUNICATION
WITH THE GENERAL PUBLIC**

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.nj.gov

**FORM L1-G
Reporting For Calendar Year 2018**

FOR STATE USE ONLY

Amendment

Name of Reporting Entity New Direction NJ Corporation

Business Address 60 Columbia Rd

Bldg B, Ste230

City Morristown

State NJ

Zip Code 07960

*(Area Code) Telephone Number _____

*Any person who receives contributions or makes expenditures in excess of \$2,500 in any year for the purpose of communication with the general public ("grassroots lobbying"), shall be required to file and certify the correctness of an Annual Report. Throughout this Annual Report, "person" will be referred to as "**Reporting Entity**." Note that "Reporting Entity" means an individual, partnership, committee, association, corporation, and any other organization or group of persons.*

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

1. Support Personnel	Schedule C Total \$	_____
2. Assessments, Membership Fees, or Dues	Schedule D-1 and Schedule D-2 Total	_____
3. Communication Expenses	Schedule E Total	<u>503,216.25</u>
4. Travel and Lodging	Schedule F Total	<u>533.75</u>
	Total Expenditures \$	<u>503,750.00</u>

*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.

FORM L1-G HAS NO SCHEDULE A OR B

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 Reporting Entity which relate to communication with the general public. 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 Reporting Entity related to communicating with the general public.

SCHEDULE C TOTAL \$ _____

SCHEDULES D-1 & D-2 - ASSESSMENTS (A), MEMBERSHIP FEES (M), OR DUES (D)

Schedule D-1 - Specific Intent

PURPOSE: To report the amount of assessments, membership fees, or dues paid by the Reporting Entity. If the assessments, membership fees, or dues were paid by the Reporting 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
X			\$
X			\$
X			\$

Part I TOTAL \$ _____

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

Part II TOTAL \$ _____

(Part I and Part II) Schedule D-1 TOTAL \$ _____

Schedule D-2 - Major Purpose

PURPOSE: To report the pro rata amount of assessments, membership fees, or dues paid by the Reporting Entity. If the assessments, membership fees, or dues were paid by the Reporting 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
X			\$
X			\$
X			\$

Part I TOTAL \$ _____

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

Part II TOTAL \$ _____

(Part I and Part II) Schedule D-2 TOTAL \$ _____

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

SCHEDULE E - COMMUNICATION EXPENSES

PURPOSE: To report the costs of communicating with the general public.

EXPENSE	AMOUNT
Printed Materials	\$
Postage	
Film, Slides, Video, Audio	
TV - Network	
TV - Cable	411,966.25
Radio	
Other Broadcast Medium	
Internet	91,250.00
Telephone, Facsimile	
Other (please describe):	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	

Add Item

SCHEDULE E TOTAL \$ 503,216.25

SCHEDULE F - TRAVEL/LODGING

PURPOSE: To report the travel and lodging costs related to communicating with the general public.

NAME	AMOUNT
<input checked="" type="checkbox"/> Message and Media	\$ 533.75
<input checked="" type="checkbox"/>	\$
<input checked="" type="checkbox"/>	\$
<input checked="" type="checkbox"/>	\$
<input checked="" type="checkbox"/>	\$
<input checked="" type="checkbox"/>	\$

Add Item

SCHEDULE F TOTAL \$ 533.75

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 Reporting Entity.

If the contributions, loans, membership fees, dues, or assessments were received by the Reporting Entity with the specific intent 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
X				\$
X				\$
X				\$

Add Item

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 Reporting 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 Reporting Entity whose major purpose is 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 \$ _____

Table 1 and Table 2 Receipts Total \$ _____

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

	DATE	SOURCE	ADDRESS	AMOUNT
X				\$
X				\$
X				\$

Add Item

CERTIFICATION

This certification must be signed by a responsible representative of the Reporting Entity filing this report.

I, Jeremy Begun

(enter name)

hereby certify that I am duly authorized by

New Direction NJ Corporation

(enter name of Reporting Entity)

to file and certify the accuracy and correctness of this Annual Report for calendar year 2018 .
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.

Registration Number *****

PIN *****

Reset Registration
Number & PIN

JEREMYBEGUN

Signature

February 15, 2019

Date

** Your name must appear on the signature line **