

FORM L1-A
Reporting For Calendar Year 2010

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



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NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
P.O. Box 185, Trenton, NJ 08625-0185
(609) 292-8700 or Toll Free Within NJ 1-800-313-ELEC (3532)
Website www.elec.state.nj.us

FOR STATE USE ONLY

Amendment

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

S. CUNNINGHAM & ASSOCIATES

Business Address

39 WILLOW LAKE

City

SPRING LAKE HTS,

State

NJ

Zip Code

07762

*(Area Code) Telephone Number

732-995-9868

1. Provide the following information regarding the Governmental Affairs Agent(s) on whose behalf this report is filed.

1. Name

SAM CUNNINGHAM

Registration Number

725-1

Occupation or Business

CONSULTANT

Business Address

39 WILLOW LAKE

City

SPRING LAKE HTS,

State

NJ

Zip Code

07762

*(Area Code) Telephone Number

732-995-9868

2. Name

Registration Number

Occupation or Business

Business Address

City

State

Zip Code

*(Area Code) Telephone Number

3. Name

Registration Number

Occupation or Business

Business Address

City

State

Zip Code

*(Area Code) Telephone Number

4. Name

Registration Number

Occupation or Business

Business Address

City

State

Zip Code

*(Area Code) Telephone Number

2. REPRESENTED ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY

Provide the following information concerning those Represented Entities who have designated this report to include their activity.

Note: For each Represented Entity, Form L-2 must be filed.

1. Name of Represented Entity ASSOCIATION OF BI STATE MOTOR CARRIERS, INC

Business Address

125 TYLER ST.

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City PORT NEWARK, State NJ Zip Code 07114

Type of Business TRANSPORTATION OF OCEAN CONTAINERS

2. Name of Represented Entity _____

Business Address

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City _____ State _____ Zip Code _____

Type of Business _____

3. Name of Represented Entity _____

Business Address

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City _____ State _____ Zip Code _____

Type of Business _____

4. Name of Represented Entity _____

Business Address

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City _____ State _____ Zip Code _____

Type of Business _____

5. Name of Represented Entity _____

Business Address

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City _____ State _____ Zip Code _____

Type of Business _____

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity _____

Business Address _____

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City _____ State _____ Zip Code _____

Type of Business _____

2. Name of Represented Entity _____

Business Address _____

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City _____ State _____ Zip Code _____

Type of Business _____

3. Name of Represented Entity _____

Business Address _____

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City _____ State _____ Zip Code _____

Type of Business _____

4. Name of Represented Entity _____

Business Address _____

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City _____ State _____ Zip Code _____

Type of Business _____

5. Name of Represented Entity _____

Business Address _____

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City _____ State _____ Zip Code _____

Type of Business _____

SCHEDULE A

1. Did any Governmental Affairs Agent named in this Annual Report 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 _____

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 _____

Name of Governmental Affairs Agent _____

Name of Authority, Board, or Commission _____

Date When Term of Service Expires _____

2. Did all Governmental Affairs Agent(s) named in this Annual Report 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

SCHEDULE B - SALARY & COMPENSATION

PURPOSE: To report the salary and compensation paid to the Governmental Affairs Agents on whose behalf this report is filed. Include the reimbursement of an Agent's expenses in amounts reported.

NOTE: Only the pro rata share of each Governmental Affairs Agent's salary and compensation need to be included if the Agent spends only a portion of his/her time on lobbying activity.

NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
SAM CUNNINGHAM	\$ 13,000.00
SCHEDULE B TOTAL \$ 13,000.00	

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 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 Governmental Affairs Agent(s) in influencing legislation, regulations, governmental processes, or communicating with the general public.

SCHEDULE C TOTAL \$ 0

NO SCHEDULE D FOR GOVERNMENTAL AFFAIRS AGENTS

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	\$ _____		\$ _____		\$ <u>00</u>

**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.**

\$ _____

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

1. Salary and Compensation	Schedule B Total	\$ <u>13,000.00</u>
2. Support Personnel	Schedule C Total	_____
3. Communication Expenses	Schedule E Total	<u>450.00</u>
4. Travel and Lodging	Schedule F Total	_____
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____
Total Lobbying Expenditures		\$ <u>13450.00</u>

RECEIPTS TABLE

PURPOSE: To report all fees, retainers, allowances, reimbursement of expenses, or other compensation received from Represented Entities for the purpose of influencing legislation, regulations, governmental processes, or communicating with the general public.

NOTE: Report only the pro rata share of each receipt which is related to influencing legislation, regulations, governmental processes, or communicating with the general public.

REPRESENTED ENTITY	AMOUNT
1. ASSOCIATION OF BI STATE MOTOR CARRIERS, INC	\$ 13,000.00
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	

TOTAL RECEIPTS \$ 13,000.00

CERTIFICATION

This certification shall be signed by either the Governmental Affairs Agent filing this Annual Report on his/her own behalf, or by the Managing or Principal Partner or Chief Executive Officer of the Governmental Affairs Agent Firm.

I, SAMUEL A. CUNNINGHAM
(print name)

hereby certify that I am duly authorized by

S. CUNNINGHAM & ASSOCIATES
(print name of firm)

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]
Signature

2/17/11
Date

[Signature]

2/22/11