FORM L1-A Reporting For Calendar Year 2009

FEB 0 3 2010

FOR STATE USE ONLY

Amendment

ANNUAL REPORT OF GOVERNMENTAL AFFAIRS AGENT



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

	overnmental Affairs Agent or Governmental A	offairs Agent Firm:	NIIDI	IAA	TR
Alman Gr	oup, LLC		DUPL	JUA	 -
Business Address	53 Cardinal Drive				
City	Westfield		State NJ	Zip Code	07090
*(Area Cod	le) Telephone Number 908-232-0220				
1. Provide	the following information regarding the Gove	ernmental Affairs Agent(s) on whose	behalf this report	is filed.	
1. Name	George J. Albanese				
Registrat	tion Number 800-6	Occupation or Business Govern	ment Affairs Ag	ent	
Business	Address 53 Cardinal Drive				
City We			State NJ	Zip Code	07090
*(Area Co	ode) Telephone Number 908-232-0220				
2. Name	Christopher L. Daul				
Registrat	ion Number 800-1	Occupation or Business Govern	ment Affairs Ag	ent	
Business	Address 53 Cardinal Drive				
City We	estfield		State NJ	Zip Code	07090
*(Area Co	ode) Telephone Number 908-232-0220				
3. Name	Catherine Chin				
Registrat	ion Number 800-4	Occupation or Business Governi	ment Affairs Ag	ent	
Business	Address 53 Cardinal Drive				
City We	stfield		State NJ	Zip Code	07090
*(Area Co	ode) Telephone Number				
4. Name					
Registrat	ion Number	Occupation or Business			
Business	Address				
City			State	Zip Code	
	ode) Telephone Number				

	ED ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY following information concerning those Represented Entities who have designed.	ignate	ed tl	nis report to include their activity.
Note: For ea	ch Represented Entity, Form L-2 must be filed.			
1. Name of Rep	resented Entity Nurse-Family Partnership			
Business Address	1900 Grant Street			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying
Address	Suite 400			activity for this entity.
City Denver		State	co	Zip Code <u>80203</u>
Type of Busines	Health Care			
2. Name of Rep	resented Entity NJ Association of Long Term Care Providers			
Business	53 Cardinal Drive			Check if communication with the general public ("Grassroots
Address				Lobbying") was the only lobbying activity for this entity.
City Westfield	<u> </u>	State	NJ	Zip Code 07090
Type of Business	Health Care			
3. Name of Rep	resented Entity VisionQuest			
Business	600 North Swan Road		_	Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
Address				
City Tucson	· <u> </u>	State	ΑZ	Zip Code <u>85711</u>
Type of Business	Children's Services			
4. Name of Rep	resented Entity Pharma-Care, Inc.			
Business	136 Central Avenue		_	Check if communication with the general public ("Grassroots
Address				Lobbying") was the only lobbying activity for this entity.
City <u>Clark</u>	S	tate	NJ	Zip Code <u>07066</u>
Type of Business	Health Care			
5. Name of Repr	resented Entity Public Private Ventures			
Business	2000 Market Street			Check if communication with the general public ("Grassroots
Address	Suite 600			Lobbying") was the only lobbying activity for this entity.
City Philadelp	<u>phia</u> s	tate	PA	Zip Code <u>19103</u>
Type of Business	Social Services			

Note: For ea	ch Represented Entity, Form L-2 must be filed.		
1. Name of Rep	resented Entity Babyland Family Services, Inc.		
Business Address	755 South Orange Avenue	-	Check if communication with the general public ("Grassroots Lobbying") was the only lobbying
		- L	activity for this entity.
City Newark	State	NJ	Zip Code <u>07106</u>
Type of Busines	Children's Services		
2. Name of Rep	resented Entity		
Business			Check if communication with the general public ("Grassroots
Address			Lobbying") was the only lobbying activity for this entity.
City	State		Zip Code
Type of Business			
3. Name of Rep	resented Entity		
		ŀ	Check if communication with the
Business Address			general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City	State		Zip Code
Type of Business	;		
4. Name of Repi	resented Entity		
Business		_	Check if communication with the general public ("Grassroots
Address			Lobbying") was the only lobbying activity for this entity.
City	State		Zip Code
Type of Business	·		
5. Name of Repr	esented Entity		
Business		_	Check if communication with the general public ("Grassroots
Address			Lobbying") was the only lobbying activity for this entity.
City			Zip Code
Type of Business	· · · · · · · · · · · · · · · · · · ·		

	RESENTED ENTITIES following information concerning other Represented Entites.			
1. Name of Repr	resented Entity Southern Ocean County Hospital			
Business Address	1140 Route 72 W			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Manahav	vkin	_ State	ΝJ	Zip Code <u>08050</u>
Type of Business	Health Care			
2. Name of Repr	esented Entity Union County College			
Business Address	Springfield Avenue			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Cranford		_ State	NJ	Zip Code
Type of Business	Education			
3. Name of Repr	esented Entity K. Hovnanian Companies			
Business Address	110 Fieldcrest Avenue			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Edison		State	NJ	Zip Code 08818
Type of Business	Development			
4. Name of Repre	esented Entity Stop and Shop, Inc.			
Business Address	P.O. Box 1942			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Boston		State	MA	Zip Code 02105
Type of Business	Retail Food			
5. Name of Repre	esented Entity M & M Construction Company			
Business Address	540 North Avenue			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Union		State	NJ	Zip Code <u>07083</u>
Type of Business	Development		_	
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1. Name of Rep	presented Entity Select Medical			
Business Address	4716 Old Gettysburg Road		Check if communication with to general public ("Grassroots Lobbying") was the only lobby	
Addless	P.O. Box 2034			activity for this entity.
City Mechan	icsburg	State	PA	Zip Code 17055
Type of Busines	Health Care			
2. Name of Rep	presented Entity Somerset Medical Center			
Business	110 Rehill Avenue			Check if communication with the general public ("Grassroots
Address				Lobbying") was the only lobbying activity for this entity.
City Somervi	lle	State	NJ	Zip Code <u>08876</u>
Type of Busines	Health Care			
3. Name of Rep	presented 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 Busines		•		
4. Name of Rep	resented 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 Busines	s			
5. Name of Rep	resented Entity			
Business Address			<u></u>	Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City		State		Zip Code
Evne of Busines	s			

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
George J. Albanese	\$ 52,000.0
Christopher L. Daul	35,000.0
Catherine Chin	95,000.0
SCHEDULE B TOTA	182,000.0
SCHEDULE C - SUPPORT PERSONNEL	
PURPOSE: To report the costs of support personnel who, over the course of the reporting year, inchours supporting the activities of the Governmental Affairs Agent(s).	dividually spend 450 or more
After determining to which person(s) this applies, report the pro rata share of those co	
supporting the activities of the Governmental Affairs Agent(s) in influencing legislation processes, or communicating with the general public.	n, regulations, governmental

NO SCHEDULE D FOR GOVERNMENTAL AFFAIRS AGENTS

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	\$ 1,750.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	0.00
Postage	1,250.00
Telephone, Telegram, Facsimile	2,750.00
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	0.00
Other (please describe):	
SCHEDULE E TOTAL \$	5,750.00
SCHEDULE F - TRAVEL/LODGING	
PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents on whose behalf this rej	
influencing legislation, regulations, governmental processes, or communicating with the general	
NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
	\$
CCUTDUU F F TOTAL A	0.00
SCHEDULE F TOTAL \$	0.00

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	None			
Date				·
Name and Address of Paye Name	ee/Vendor			
				_
City		State	Zip Code	
If benefit was reimbursed,	please report the date, the description, an Amount \$	nd the amount o	of the reimbursement.	
Description				·
Name of Benefit Recipient				
Date				·
Name and Address of Paye Name	ee/Vendor			_
			Zip Code	
If benefit was reimbursed,	please report the date, the description, ar Amount \$	nd the amount o	of the reimbursement.	
Description		<u> </u>		_
Date				
Name and Address of Paye	ee/Vendor			
City			Zip Code	
If benefit was reimbursed, Date	please report the date, the description, an Amount \$	nd the amount o	f the reimbursement.	
Description				
Name of Benefit Recipient				
Date				
Name and Address of Paye Name	e/Vendor			
Address				
City		State	Zip Code	
	<u> </u>			
	please report the date, the description, an Amount \$		f the reimbursement.	
Date		-		

	SU	MMARY OF BENEFIT PA	SSING	
PURPOSE: To	report the total amount of providing	g benefits to State officials cov	ered by the Act and their	immediate family members.
		SCHEDULE G-1*	SCHEDULE G-2**	AMOUNT
Entertainment	\$	+\$		=\$
Food and Beve	rage	+		=
Travel		+		=
Lodging		+		=
Honoraria		+		=
Loans		+		=
Gifts		+		=
Other (specify)		+		=
Total	\$.	+\$		= \$0.00
	•			SCHEDULE G-1 AND SCHEDULE G-2 TOTAL
	ing all entries on Schedule G-1, provegory, the value of benefit passing w		exceed the \$25/day or \$2	200/calendar year thresholds.
	TAL AMOUNT OF REIMBURSED BEN CT THIS AMOUNT FROM BENEFIT P		\$	0.00
	SUMMA	RY OF LOBBYING EXPE	NDITURES	
EXPENDITU	PRES			
	1. Salary and Compensation		Schedule B Total	182,000.00
	2. Support Personnel		Schedule C Total	10,500.00
•	3. Communication Expenses		Schedule E Total	5,750.00
	4. Travel and Lodging	·	Schedule F Total	0.00

5. Benefit Passing

Schedule G-1 and Schedule G-2 Total

Total Lobbying Expenditures

0.00

198,250.00

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. Select Medical	\$ 90,000.00
2. Vision Quest	16,000.00
3. Babyland Family Services	55,000.00
4. Newmark Group	6,666.00
š. Pharma-Care, Inc.	55,000.00
6. NJ Assoc of Long Term Care Providers	60,000.00
7. Nurse Family Partnership	56,000.00
8. Somerset Medical Center	42,000.00
9. Public Private Ventures	35,000.00
10. Southern Ocean County Hospital	60,000.00
11. Grinnell Recycling	5,000.00
12. Stop and Shop	0.00
13. K. Hovnanian	0.00
14. M&M Construction Company	0.00
15. Union County College	0.00
16.	
17.	
18.	

TOTAL RECEIPTS	\$ 480,666.00

CERTIFICATION	
This certification shall be signed by either the Governmental Affairs Agent filing this Annual Report or Managing or Principal Partner or Chief Executive Officer of the Governmental Affairs Agent Firm.	n his/her own behalf, or by the
I, George J. Albanese	
(print name)	
hereby certify that I am duly authorized by	
Alman Group, LLC	
(print name of firm)	
to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar I certify that the statements made herein are true and accurate. I am aware that if any of the foregoing false, I may be subject to punishment. Signature	