

**FORM L1-A**  
**Reporting For Calendar Year 2009**

**ANNUAL REPORT**  
**OF**  
**GOVERNMENTAL AFFAIRS AGENT**



**ELEC RECEIVED**  
**FEB 03 2010**

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Amendment

**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

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Alman Group, LLC

**DUPLICATE**

Business Address 53 Cardinal Drive

City Westfield State NJ Zip Code 07090

\*(Area Code) Telephone Number 908-232-0220

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

1. Name George J. Albanese

Registration Number 800-6 Occupation or Business Government Affairs Agent

Business Address 53 Cardinal Drive

City Westfield State NJ Zip Code 07090

\*(Area Code) Telephone Number 908-232-0220

2. Name Christopher L. Daul

Registration Number 800-1 Occupation or Business Government Affairs Agent

Business Address 53 Cardinal Drive

City Westfield State NJ Zip Code 07090

\*(Area Code) Telephone Number 908-232-0220

3. Name Catherine Chin

Registration Number 800-4 Occupation or Business Government Affairs Agent

Business Address 53 Cardinal Drive

City Westfield State NJ Zip Code 07090

\*(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 Nurse-Family Partnership

Business Address 1900 Grant Street  
Suite 400

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

City Denver State CO Zip Code 80203

Type of Business Health Care

2. Name of Represented Entity NJ Association of Long Term Care Providers

Business Address 53 Cardinal Drive

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

City Westfield State NJ Zip Code 07090

Type of Business Health Care

3. Name of Represented Entity VisionQuest

Business Address 600 North Swan Road

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

City Tucson State AZ Zip Code 85711

Type of Business Children's Services

4. Name of Represented Entity Pharma-Care, Inc.

Business Address 136 Central Avenue

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

City Clark State NJ Zip Code 07066

Type of Business Health Care

5. Name of Represented Entity Public Private Ventures

Business Address 2000 Market Street  
Suite 600

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

City Philadelphia State PA Zip Code 19103

Type of Business Social Services

**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 Babyland Family Services, Inc.

Business Address 755 South Orange Avenue

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

City Newark State NJ Zip Code 07106

Type of Business Children's Services

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 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 Manahawkin

State NJ

Zip Code 08050

Type of Business Health Care

2. Name of Represented 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 Represented 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 Represented 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 Represented 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 07083

Type of Business Development

**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity Select Medical

Business Address 4716 Old Gettysburg Road  
P.O. Box 2034

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

City Mechanicsburg State PA Zip Code 17055

Type of Business Health Care

2. Name of Represented Entity Somerset Medical Center

Business Address 110 Rehill Avenue

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

City Somerville State NJ Zip Code 08876

Type of Business Health Care

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 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 \_\_\_\_\_ 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) _____	_____	+	_____	=	_____
<b>Total</b>	\$ _____	+	\$ _____	=	\$ <b>0.00</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.**

\$ \_\_\_\_\_ **0.00**

### SUMMARY OF LOBBYING EXPENDITURES

**EXPENDITURES**

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		0.00
<b>Total Lobbying Expenditures</b>		<b>\$</b>	<b>198,250.00</b>

### 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
5. ✓ 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.	
<b>TOTAL RECEIPTS</b>	<b>\$ 480,666.00</b>

**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, George J. Albanese

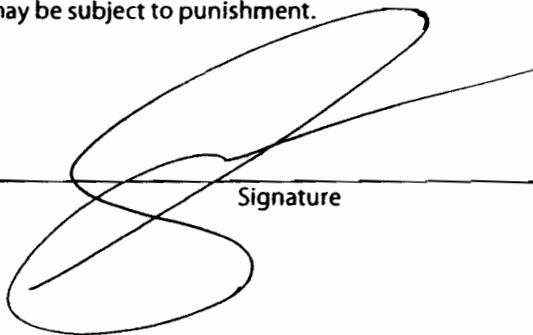
*(print name)*

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 year 2009.  
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

1/15/10  
Date