DUPLICATE

FORM L1-A Reporting For Calendar Year 2009

FEB 1 6 2010

FOR STATE USE ONLY

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

	Amendment _			
Name of G	overnmental Affairs Agent or Governmental A	offairs Agent Firm:		
Cynthia J	. Borrelli, Esq.			
Business	Bressler, Amery & Ross, PC			
Address	325 Columbia Tpk.			
City	Florham Park	s	itate NJ	Zip Code <u>07932</u>
*(Area Cod	de) Telephone Number (973) 514-1200			
1. Provide	the following information regarding the Gove	ernmental Affairs Agent(s) on whose b	ehalf this repo	rt is filed.
1. Name	Cynthia J. Borrelli, Esq.			
Registrat	tion Number 1507-1	Occupation or Business Attorney		
Business	Address 325 Columbia Tpk.			
City Flo	orham Park	S	tate NJ	Zip Code 07932
*(Area Co	ode) Telephone Number (973) 514-1200			
2. Name	James P. Sasso			
Registrat	tion Number 1507-2	Occupation or Business Attorney		
Business	Address 325 Columbia Tpk			
City Flo	orham Park	Si	tate NJ	Zip Code <u>07932</u>
*(Area Co	ode) Telephone Number (973) 514-1200			
3. Name				
Registrat	tion Number			
	Address			
City		c.	tate	Zip Code
*(Area Co	ode) Telephone Number			
4. Name				
Registrat	tion Number	Occupation or Business		
Business	Address			
City		St		Zip Code
*(Area Co	ode) Telephone Number			

2. REPRESENTED Provide the form	D ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY following information concerning those Represented Entities who have design	nate	d ti	his report to include their activity.
	ch Represented Entity, Form L-2 must be filed.			
1. Name of Repre	esented Entity Lock / Line, Inc.			<u> </u>
Business	c/o Blank, Meenen & Dunphy	_		Check if communication with the general public ("Grassroots Lobbying") was the only lobbying
Address	204 South Monroe Street	_[_	activity for this entity.
City Tallahasse	ee Sta	ate <u>l</u>	FL	Zip Code <u>32301</u>
Type of Business	Insurance	_—		
2. Name of Repr	esented Entity New Jersey Title Insurance company			
Business	400 Lanidex Place 2nd Floor	_ ,	П	Check if communication with the general public ("Grassroots
Address		[,		Lobbying") was the only lobbying activity for this entity.
City Parsippar	ıy Sta	te <u>l</u>	NJ	Zip Code <u>07054</u>
Type of Business	NJ based Title insurance			
3. Name of Repr	esented Entity Mortgage Access corp d/b/a Weichert Financial Serv	/ice	:S	
Business	Weichert Realtors c/o Paul Koch	_	_	Check if communication with the general public ("Grassroots
Address	1625 Route 10 East			Lobbying") was the only lobbying activity for this entity.
City Morris Pla	sins Sta	te 1	٧J	Zip Code 07950
Type of Business	Full Service Financial Services Organization			
4. Name of Repre	esented Entity National Vision, Inc.			
Business	296 Grayson Highway	_ _	\neg	Check if communication with the general public ("Grassroots
Address				Lobbying") was the only lobbying activity for this entity.
City Lawrence	eville Sta	te C	ŝΑ	Zip Code <u>30045</u>
Type of Business	Optical Company			
5. Name of Repre	esented Entity			
Business		- [Check if communication with the general public ("Grassroots Lobbying") was the only lobbying
Address		_L		activity for this entity.
City	State	te _		Zip Code
Type of Business				

2a. OTHER REPRESENTED ENTITIES Provide the following information concerning other Re	epresented Entites.
_	
Name of Represented Entity	
BusinessAddress	Lobbying") was the only lobbying
·	
City	State Zip Code
Type of Business	
2. Name of Represented Entity	
Business	Check if communication with the
Address	Lobbying") was the only lobbying activity for this entity.
City	State Zip Code
Type of Business	
3. Name of Represented Entity	
Business	Check if communication with the
Address	Lobbying") was the only lobbying activity for this entity.
City	State Zip Code
Type of Business	· · · · · · · · · · · · · · · · · · ·
4. Name of Represented 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 Represented Entity	
	Check if communication with the
AddressAddress	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.

Zynthia J. Borrelli ames P. Sasso	\$	16,255.0
ames P. Sasso		
		9,828.0
····		
SCHEDULE B T	OTAL \$	20,063.00
•		
SCHEDULE C-SUPPORT PERSONNEL		
PURPOSE: To report the costs of support personnel who, over the course of the reporting year hours supporting the activities of the Governmental Affairs Agent(s).	ar, individually spend	d 450 or more
After determining to which person(s) this applies, report the pro rata share of thos supporting the activities of the Governmental Affairs Agent(s) in influencing legisl processes, or communicating with the general public.	se costs which are at lation, regulations, g	tributable to overnmental
SCHEDULE C T	OTAL \$	0.00

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	AM	OUNT
Printed Materials	\$	
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet		
Postage		2.78
Telephone, Telegram, Facsimile		3.15
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)		
Duplication Expenses (7/09)		153.75
Computerized Legal Research (7/09)		100.69
Other (please describe):		
	+	
		_
SCHEDULE E TOTAL S	\$	260.57
SCHEDULE F-TRAVEL/LODGING		
PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents on whose behalf this re influencing legislation, regulations, governmental processes, or communicating with the general		lated to
NAME OF GOVERNMENTAL AFFAIRS AGENT	AMC	TAUC
Cynthia J. Borrelli and James P. Sasso	\$	262.90
SCHEDULE F TOTAL \$;	262.90

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.)

Date Description Amount \$ Name and Address of Payee/Vendor Name	Name of Benefit Recipien	nt			
Name Address City State Zip Code II 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 II benefit was reimbursed, please report the date, the description, and the amount of the reimbursement. Date Description Name of Benefit Recipient Date Description Amount \$ Description Name and Address of Payee/Vendor Name Address City State Zip Code II benefit was reimbursed, please report the date, the description, and the amount of the reimbursement. Date Description Amount \$ Description Amount \$ Description Amount \$ Description State Zip Code II benefit was reimbursed, please report the date, the description, and the amount of the reimbursement. Date Amount \$ Description State Zip Code Amount \$ Description Amount \$ Description Amount \$ Description State Zip Code Amount \$ Description Amount \$ Date Description Description Amount \$ Date Description Description Amount \$ Date Description Des	Date				\$
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Date Amount \$				Zip Code	
Name of Benefit Recipient				t of the reimbursement.	
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City State Zip Code If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement. Date Amount \$					
Date Amount \$				Zip Code	
		•	•	of the reimbursement.	

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*	SCHE	OULE G-2**		AMOUNT
Entertainment	\$_		+\$		=\$	i
ood and Beverage	_		+		=	
ravel	_		+		=	
odging	_		+		=	
łonoraria	_		+		=	
oans _.			+		=	
iifts	_		+		=	
Other (specify)			+		, =	
.	\$_		+\$		=\$	
After completing all entries on Schedule G Enter, by category, the value of benefit pa	ssing whe	ere the expenditure dic			3200/ca	alendar year threshold
After completing all entries on Schedule G Enter, by category, the value of benefit pa ITER THE TOTAL AMOUNT OF REIMBURS O NOT DEDUCT THIS AMOUNT FROM BE	ssing who	FITS, IF ANY. SSING AMOUNTS.		\$	5200/ca	SCHEDULE G-2 TOTA alendar year threshold
NTER THE TOTAL AMOUNT OF REIMBURS O NOT DEDUCT THIS AMOUNT FROM BE	ssing who	ere the expenditure did		\$	5200/ca	SCHEDULE G-2 TOTAl
After completing all entries on Schedule G Enter, by category, the value of benefit pa THER THE TOTAL AMOUNT OF REIMBURS NOT DEDUCT THIS AMOUNT FROM BE SI EXPENDITURES	SED BENE NEFIT PA	FITS, IF ANY. SSING AMOUNTS.	XPENDITURE	\$:S	3200/ca	alendar year threshold:
After completing all entries on Schedule G Enter, by category, the value of benefit pa TER THE TOTAL AMOUNT OF REIMBURS NOT DEDUCT THIS AMOUNT FROM BE EXPENDITURES 1. Salary and Compensatio	SED BENE NEFIT PA	FITS, IF ANY. SSING AMOUNTS.	XPENDITURE Schedule	\$ SS B Total	5200/ca	alendar year threshold:
After completing all entries on Schedule G Enter, by category, the value of benefit pa THER THE TOTAL AMOUNT OF REIMBURS NOT DEDUCT THIS AMOUNT FROM BE SI EXPENDITURES	SED BENE NEFIT PA	FITS, IF ANY. SSING AMOUNTS.	XPENDITURE	\$ S B Total C Total	3200/ca	alendar year threshold:
After completing all entries on Schedule G Enter, by category, the value of benefit pa ITER THE TOTAL AMOUNT OF REIMBURS D NOT DEDUCT THIS AMOUNT FROM BE SI EXPENDITURES 1. Salary and Compensatio 2. Support Personnel	SED BENE NEFIT PA	FITS, IF ANY. SSING AMOUNTS.	Schedule Schedule	\$ SS B Total C Total E Total	3200/ca	SCHEDULE G-2 TOTAl
After completing all entries on Schedule G Enter, by category, the value of benefit pa NTER THE TOTAL AMOUNT OF REIMBURS O NOT DEDUCT THIS AMOUNT FROM BEI SI EXPENDITURES 1. Salary and Compensatio 2. Support Personnel 3. Communication Expense	SED BENE NEFIT PA	FITS, IF ANY. SSING AMOUNTS. RY OF LOBBYING E	Schedule Schedule	\$ B Total C Total E Total F Total	3200/ca	20,063.0

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	AMO	OUNT
1. National Vision, Inc.	\$	20,586.47
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
TOTAL RECEIPTS \$_		20,586.47

	CERTIF	CICATION	
This certification shall be signed by either Managing or Principal Partner or Chief E	er the Governmental Affai xecutive Officer of the Go	rs Agent filing this Annual Rep vernmental Affairs Agent Firn	port on his/her own behalf, or by the
ı, Cynthia J. Borrelli		James P. Sasso	
	(print name)		
hereby certify that I am duly authorize	ed by		
CYNY	print name of firm)	1: Bressler, F	Amery + Ross, PC
to file and certify the accuracy and corre I certify that the statements made herein false, I may be subject to punishment.	ctness of this Annual Reponsare true and accurate. I a	ort of Lobbying Activity for ca im aware that if any of the for	lendar year <u>2009</u> . egoing statements are willfully
	ell		Date
·			·