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**Amendment** 

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

## FEB 1 8 2010

FOR STATE USE ONLY

# ANNUAL REPORT OF GOVERNMENTAL AFFAIRS AGENT



#### **NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION**

P.O. Box 185, Trenton, NJ 06625-0185 (608) 282-8700 or Toll Free Within NJ 1-886-313-ELEC (3532) Website, www.elec.state.nj.us

	evernmental Affairs Agent or Governmental A	Affairs Agent Firm:	DI	IDLICAT-
BRESSLER				JPLILATE
Business Address	325 Columbia Tpk. 3rd Floor			
City	Florham Park		State NJ	Zip Code 07932
*(Area Code	e) Telephone Number (973) 514-1200			
1. Provide t	the following information regarding the Government	ernmental Affairs Agent(s) on	whose behalf this repo	ort is filed.
1. Name <u>C</u>	Cynthia J. Borrelli, Esq.			
Registrati	on Number 1507-1	Occupation or Business At	torney	
Business	Address 325 Columbia Tpk.			
City Flor	rham Park			Zip Code 07932
*(Area Co	de) Telephone Number (973) 514-1200			
2. Name J	ames P. Sasso			
Registrati	on Number 1507-2	Occupation or Business At	torney	
Business /	Address 325 Columbia Tpk.			
City Flor	ham Park			Zlp Code 07932
*(Area Co	de) Telephone Number (973) 514-1200			<u> </u>
3. Name			بالحار مطينا	
Registrati	on Number			
Business /	Address			<u></u>
				Zip Code
*(Area Co	de) Telephone Number			
4. Name				
Registration	on Number	Occupation or Business		
Business A	Address			
City			State	Zip Code
	da) Talanhana Numbar			

1	D ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY following information concerning those Represented Entities who have design	gnat	ed t	this report to include their activity.			
Note: For eac	ch Represented Entity, Form L-2 must be filed.						
1. Name of Repr	resented Entity Lock/Line, Inc.						
Business	c/o Blank, Meenen & Dunphy	phy					
Address	204 South Monroe Street			Lobbying") was the <b>only</b> lobbying activity for this entity.			
City Tallahass	ee s	tate	FL	Zip Code 32301			
Type of Business	Insurance	_					
2. Name of Repr	esented Entity New Jersey Title Insurance company						
Business	400 Lanidex Place 2nd Floor			Check if communication with the general public ("Grassroots			
Address			Ш	Lobbylng") was the <b>only lobbylng</b> activity for this entity.			
City Parsippar	ny	ate	NJ	Zip Code 07054			
Type of Business	NJ based Title insurance						
3. Name of Repre	esented Entity Mortgage Access corp d/b/a Weichert Financial Ser	vice	25				
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	nins St	ate !	NJ	Zip Code 07950			
Type of Business	Full Service Financial Services Organization						
4. Name of Repre	esented Entity National Vision, Inc.						
Business	296 Grayson Highway	_[		Check if communication with the general public ("Grassroots			
Address				Lobbying") was the <b>only</b> lobbying activity for this entity.			
City Lawrence	ville Sta	ete (	GΑ	Zip Code 30045			
Type of Business	Optical Company						
5. Name of Repre	esented Entity						
Business		_ ,	_	Check if communication with the general public ("Grassroots			
Address		_[	_J	Lobbying") was the <b>only l</b> obbying activity for this entity.			
City	Sta	ite _		Zıp Code			
Type of Business							

2a. OTHER REPRESENTED ENTITIES  Provide the following information concerning other	Danverentad Entites
Provide the following information concerning other	Represented chines.
d No and Casino	
Name of Represented Entity	Check if communication with the
Business	general public ("Grassroots
Address	Lobbylng") was the only lobbying activity for this entity.
City	
Type of Business	
Name of Represented Entity	
	Check if communication with the
Business	
Address	cobbying / was the only lobbying
City	State Zip Code
Type of Business	
3. Name of Represented Entity	
·	Check If communication with the
BusinessAddress	general public ("Grassroots LobbyIng") was the only lobbying activity for this entity.
City	
Type of Business	
4 Name of Represented Entity	
	Check if communication with the
Business	general public ("Grassroots Lobbying") was the only lobbying
	activity for this entity.
City	State Zip Code
Type of Business	
S. Name of Represented Entity	
	Check if communication with the
Business	Lobbying") was the only lobbying
	activity for this entity.
City <sub>/</sub>	State Zip Code
Type of Business	

<ul> <li>Dld any Governmental Affairs Agent named in this Annual Rep</li> <li>any independent State authority;</li> <li>any county improvement authority;</li> <li>any municipal utilities authority;</li> <li>any inter-State or bi-State authority as a member from</li> <li>any board or commission established by statute or reso</li> </ul>	New Jersey; or, olution, or by executive order of the Governor, or by the
<ul> <li>any county improvement authority;</li> <li>any municipal utilities authority;</li> <li>any inter-State or bi-State authority as a member from</li> <li>any board or commission established by statute or reso</li> </ul>	lution, or by executive order of the Governor, or by the
<ul> <li>any municipal utilities authority;</li> <li>any inter-State or bi-State authority as a member from</li> <li>any board or commission established by statute or reso</li> </ul>	lution, or by executive order of the Governor, or by the
<ul> <li>any inter-State or bi-State authority as a member from</li> <li>any board or commission established by statute or reso</li> </ul>	lution, or by executive order of the Governor, or by the
any board or commission established by statute or reso	lution, or by executive order of the Governor, or by the
Legislature, or by any Agency, Department or other ins	
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	<del></del>
Name of Authority, Board, or Commission	
Date When Term of Service Expires	<u>.</u>
<ol><li>Did all Governmental Affairs Agent(s) named in this Annual required during the calendar year covered by this Annual R</li></ol>	Report file all Notices of Representation and Quarterly Reports eport?
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
Cynthia J. B	Borrelli	\$ 16,255 00
James P. Sa	isso	9,828.00
_		
	SCHEDULE B TOTAL \$	20,063.00
	SCHEDULE C - SUPPORT PERSONNEL	
PURPOSE:	To report the costs of support personnel who, over the course of the reporting year, individed hours supporting the activities of the Governmental Affairs Agent(s).	dually spend 450 or more
	After determining to which person(s) this applies, report the pro rata share of those costs we supporting the activities of the Governmental Affairs Agent(s) in influencing legislation, respectively.	
	SCHEDULE C TOTAL \$	0.00

#### 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.

governmental processes, and conducting communications with the general public.	
EXPENSE	AMOUNT
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 \$	260.37
SCHEDULE F - TRAVEL/LODGING  PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents on whose behalf this rep Influencing legislation, regulations, governmental processes, or communicating with the general processes.  NAME OF GOVERNMENTAL AFFAIRS AGENT	•
Cynthia J. Borrelli and James P. Sasso	\$ 262.90
SCHEDULE F TOTAL \$	

#### 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				Amount \$	
			<u>-</u>		_
Name and Address of Name	of Payee/Vendor				
City		State	Zip Code		
Date	oursed, please report the date, the des Amount \$	<del></del>			
Description					
Name of Benefit Rec	ipient				
	Description				
Name and Address of Name	of Payee/Vendor				
					•
City					
	ursed, please report the date, the des Amount \$	scription, and the amour			
<del></del> -					
Description					
	ipient				
Name of Benefit Reci	ipient				
Name of Benefit Reci Date	Description  of Payee/Vendor			Amount \$	
Name of Benefit Reci Date	Description  of Payee/Vendor			Amount \$	
Name of Benefit Reci Date	Description  of Payee/Vendor			Amount \$	
Name of Benefit Reci Date  Name and Address of Name  Address  City	Description  Of Payee/Vendor  oursed, please report the date, the description	State	Zip Code	Amount \$	
Name of Benefit Reci Date  Name and Address of Name  Address  City  If benefit was reimbu	Description  Of Payee/Vendor  oursed, please report the date, the description	State	Zip Code	Amount \$	
Name of Benefit Reci Date Name and Address of Name Address City If benefit was reimbut Date	Description  Description  of Payee/Vendor  ursed, please report the date, the description	StateState	Zip Code	Amount \$	
Name of Benefit Reci Date  Name and Address of Name  Address  City  If benefit was reimbut Date  Description	Description  Description  of Payee/Vendor  ursed, please report the date, the description  Amount S	StateState	Zip Code nt of the reimburser	Amount \$	
Name of Benefit Reci Date  Name and Address of Name Address  City If benefit was reimbut Date  Description  Name of Benefit Reci Date  Name and Address of Name and Name a	Description  Description  of Payee/Vendor  ursed, please report the date, the description  pipient  Description	StateState	Zip Code nt of the reimburser	Amount \$	
Name of Benefit Recipate  Name and Address of Name  Address  City  If benefit was reimbut Date  Description  Name of Benefit Recipate  Name and Address of Name  Address	Description  Description  of Payee/Vendor  ursed, please report the date, the description  pipient  Description  Description	StateStrate	Zip Code nt of the reimburser	Amount \$	
Name of Benefit Recipate  Name and Address of Name  Address  City  If benefit was reimbut Date  Description  Name of Benefit Recipate  Name and Address of Name  Address	Description  Of Payee/Vendor  Description  Description  Description  Description	StateStrate	Zip Code nt of the reimbursen	Amount \$	
Name of Benefit Recipate  Name and Address of Name  Address  City  If benefit was reimbut Date  Description  Name of Benefit Recipate  Name and Address of Name  Address  City  City  City  City  City  City  City  City  City	Description  Description  of Payee/Vendor  ursed, please report the date, the description  pient  Description  of Payee/Vendor	StateState	Zip Code It of the reimburser	ment.	

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PURPOSE: To report the total am		SCHEDULE G-1*	SCHEDULE G-2		AMOUNT
_					
Entertainment					
Food and Beverage		+		=	
Travel		+		=	•••
Lodging		+		=	
Honoraria		+		=	
Loans				_ =	
Gifts		+		_ =	
Other (specify)					
Total	•				
* After completing all entries on Sci ** Enter, by category, the value of b	hedule G-1, provide to	otals by category. the expenditure did NO		or \$200/ca	
<ul> <li>After completing all entries on Science</li> <li>Enter, by category, the value of b</li> <li>ENTER THE TOTAL AMOUNT OF RIP</li> </ul>	hedule G-1, provide to enefit passing where to EIMBURSED BENEFIT	otals by category. the expenditure did NO		or \$200/ca	SCHEDULE G-2 TOTAL
<ul> <li>After completing all entries on Science</li> <li>Enter, by category, the value of b</li> <li>ENTER THE TOTAL AMOUNT OF RIP</li> </ul>	hedule G-1, provide to enefit passing where t EIMBURSED BENEFIT ROM BENEFIT PASSI	otals by category. the expenditure did NO	\$	or \$200/ca	SCHEDULE G-2 TOTAL
After completing all entries on Science Enter, by category, the value of being the training and the Enter of	hedule G-1, provide to enefit passing where t EIMBURSED BENEFIT ROM BENEFIT PASSI	otals by category. The expenditure did NO  S, IF ANY. NG AMOUNTS.	\$	or \$200/ca	SCHEDULE G-2 TOTAL
After completing all entries on Sci Enter, by category, the value of b ENTER THE TOTAL AMOUNT OF RI DO NOT DEDUCT THIS AMOUNT F	hedule G-1, provide to enefit passing where to EIMBURSED BENEFIT ROM BENEFIT PASSI	otals by category. The expenditure did NO  S, IF ANY. NG AMOUNTS.	\$	or \$200/ca	SCHEDULE G-2 TOTAL
• After completing all entries on Sci •• Enter, by category, the value of b ENTER THE TOTAL AMOUNT OF RI DO NOT DEDUCT THIS AMOUNT F	hedule G-1, provide to lenefit passing where to EIMBURSED BENEFIT ROM BENEFIT PASSI SUMMARY (	otals by category. The expenditure did NO TS, IF ANY. NG AMOUNTS.	\$ ENDITURES	or \$200/ca	SCHEDULE G-2 TOTAL
After completing all entries on Science Enter, by category, the value of being the total amount of Richard Do NOT DEDUCT THIS AMOUNT FOR EXPENDITURES  1. Salary and Complete Science	hedule G-1, provide to enefit passing where to EIMBURSED BENEFIT FROM BENEFIT PASSI SUMMARY (	otals by category. The expenditure did NO TS, IF ANY. NG AMOUNTS.	\$ ENDITURES  Schedule B Total	or \$200/ca	SCHEDULE G-2 TOTAL
After completing all entries on Science Enter, by category, the value of beautiful the second of the	hedule G-1, provide to enefit passing where to enefit passing where to enefit passing where to enefit passing where to enefit passing summary of the pensation enefit passing energial energial energy of the pensation energy ene	otals by category. The expenditure did NO TS, IF ANY. NG AMOUNTS.	Schedule B Total Schedule C Total	or \$200/ca	schedule G-2 Total.  slendar year thresholds.
After completing all entries on Scient Enter, by category, the value of being Enter, by category, the value of being Enter the total amount of Rido NOT DEDUCT THIS AMOUNT FOR EXPENDITURES  1. Salary and Company 2. Support Persons 3. Communication	hedule G-1, provide to enefit passing where to enefit passing where to enefit passing where to enefit passing where to enefit passing summary of the pensation enefit passing energial energial energy of the pensation energy ene	otals by category. The expenditure did NO TS, IF ANY. NG AMOUNTS.  OF LOBBYING EXPE	Schedule B Total Schedule C Total Schedule E Total	or \$200/ca	20,063.00

#### **RECEIPTS TABLE**

PURPOSE: To report all fees, retainers, allowances, relmbursement 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. National Vision, Inc.	\$ 20,586.2
2. Lock/Line, Inc.	0.0
3. New Jersey Title Insurance Company	0.0
4. Mortgage Access Corp. d/b/a Weichert Financial Services	0.0
5.	
6.	
7.	
8.	
9.	
10	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	

TOTAL RECEIPTS \$ 20,586.27

CERTIFICATION	
This certification shall be signed by either the Governmental Affairs Agent filir Managing or Principal Partner or Chief Executive Officer of the Governmental	
ı, Cynthia J. Borrelli	
(print name)	
hereby certify that I am duly authorized by	
BRESSLER, AMERY & ROSS, PC	
(print name of firm)	
to file and certify the accuracy and correctness of this Annual Report of Lobbyi I certify that the statements made herein are true and accurate. I am aware that false, I may be subject to punishment.	
Comple	February 18, 2010