

DUPLICATE

FORM L1-A
Reporting For Calendar Year 2009

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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

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Cammarano and Hagan Partners, LLC

Business Address 222 W. State Street
Suite 210

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-392-2332

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

1. Name Peter Cammarano

Registration Number 1741-1 Occupation or Business Governmental Affairs

Business Address 222 W. State Street, Suite 210

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-392-2332

2. Name Kevin Hagan

Registration Number 1741-2 Occupation or Business Governmental Affairs

Business Address 222 S. State Street, Suite 210

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-392-2332

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 Associated Bodyworks and Massage Professionals

Business Address 25188 Genesee Trail Road
Suite 200

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

City Golden State CO Zip Code 80401

Type of Business Association

2. Name of Represented Entity Association of International Automobile Manufacturers

Business Address 2111 Wilson Boulevard
Suite 1150

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

City Arlington State VA Zip Code 22201

Type of Business Trade Association

3. Name of Represented Entity Action Carting Environmental Services

Business Address 451 Frelinghuysen Avenue

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

City Newark State NJ Zip Code 07114

Type of Business Environmental Waste Management

4. Name of Represented Entity Bayonne Golf Club

Business Address 1 LeFante Lane

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

City Bayonne State NJ Zip Code 07002

Type of Business Private Golf Club

5. Name of Represented Entity Community Educational Centers, Inc.

Business Address 35 Fairfield Place

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

City West Caldwell State NJ Zip Code 07006-6206

Type of Business Residential re-entry centers

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 Drakontas

Business Address 115 East Glenside Avenue
Suite #8

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

City Glenside State PA Zip Code 19038

Type of Business Community Technology

2. Name of Represented Entity Englewood Hospital and Medical Center

Business Address 350 Engle Street

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

City Englewood State NJ Zip Code 07631

Type of Business Hopsital

3. Name of Represented Entity Hudson Transmission Comany

Business Address 501 Kings Highway East
Suite 300

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

City Fairfield State CT Zip Code 08825

Type of Business Electric Transmission Company

4. Name of Represented Entity JH Reid General Contractor

Business Address PO Box 324
3230 Hamilton Blvd.

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

City South Plainfield State NJ Zip Code 07080-0324

Type of Business Construction

5. Name of Represented Entity MD Advantage Insurance Company

Business Address 2 Princess Road

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

City Lawrenceville State NJ Zip Code 08648

Type of Business Medical Malpractice Insurance Company

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 Memorial Sloan Kettering Cancer Center

Business Address 136 Mountain View Blvd.

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

City Basking Ridge State NJ Zip Code 07920

Type of Business Healthcare

2. Name of Represented Entity NIC

Business Address 1477 Chair Bridge Road
Suite 101

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

City McLean State VA Zip Code 22101

Type of Business _____

3. Name of Represented Entity New Jersey Community Development Corp.

Business Address PO Box 6976

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

City Paterson State NJ Zip Code 07509

Type of Business Non-profit community organization

4. Name of Represented Entity New Jersey Hospital Association

Business Address 760 Alexander Road
PO Box 1

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

City Princeton State NJ Zip Code 08543

Type of Business Trade Association

5. Name of Represented Entity New Jersey Lawsuit Reform Alliance

Business Address 128 W. State Street

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

City Trenton State NJ Zip Code 08608

Type of Business Advocates for a fair civil justice system

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 PJM Interconnection, LLC

Business Address 955 Jefferson Avenue

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

City Norristown State PA Zip Code 19403-2497

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 The Solar Alliance

Business Address PO Box 534

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

City North Scituate State MA Zip Code 02060

Type of Business _____

4. Name of Represented Entity Unifund CCR Partners

Business Address 33 Wood Avenue South
Suite 600

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

City Iselin State NJ Zip Code 08330

Type of Business Secondary debt collection

5. Name of Represented Entity Willowbend Development

Business Address 100 Caven Point Road

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

City Jersey City State NJ Zip Code 07305

Type of Business Development

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 AT&T

Business Address 196 W. State Street

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

City Trenton State NJ Zip Code 08608

Type of Business Telecom

2. Name of Represented Entity Pacific Outdoor Advertising

Business Address 23 Wendy Drive

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

City Linwood State NJ Zip Code 08221

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 Entites.

1. Name of Represented Entity Passaic Valley Sewerage Commission

Business
Address

60 Wilson Blvd.

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

City Newark

State NJ

Zip Code 07105

Type of Business Wastewater Treatment Facility

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 Peter Cammarano

Name of Authority, Board, or Commission Casino Reinvestment Development Commission

Date When Term of Service Expires 2012

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 _____

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	\$ _____	+	\$ _____	=	\$ 0.00

**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	\$	790,000.00
2. Support Personnel	Schedule C Total		43,000.00
3. Communication Expenses	Schedule E Total		0.00
4. Travel and Lodging	Schedule F Total		0.00
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total		0.00
Total Lobbying Expenditures		\$	833,000.00

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. Associated Bodyworks and Massage Professionals	\$ 13,500.00
2. Association of International Automobile Manufacturers	32,500.00
3. Action Carting Environmental Services	5,000.00
4. Bayonne Golf Club	0.00
5. Community Education Centers, Inc.	31,500.00
6. Drakontas	41,500.00
7. Englewood Hospital and Medical Center	56,000.00
8. Hudson Transmission Partners	82,500.00
9. JH Reid General Contractor	22,500.00
10. MD Advantage Insurance Company	66,000.00
11. Memorial Sloan Kettering Cancer Center	69,500.00
12. New Brunswick Development Corporation	0.00
13. New Jersey Community Development Corp.	44,000.00
14. New Jersey Hospital Association	60,000.00
15. New Jersey Lawsuit Reform Alliance	49,500.00
16. Pacific Outdoor Advertising	5,000.00
17. PJM Interconnect	82,500.00
18. The Solar Alliance	28,000.00

TOTAL RECEIPTS \$

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. Unifund CCR Partners	\$ 82,500.00
2. Willowbend Development	50,000.00
3. NIC	42,000.00
4. AT&T	132,000.00
5. Passaic Valley Sewerage Commission	72,000.00
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
TOTAL RECEIPTS	\$ 1,068,000.00

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, Kevin Hagan

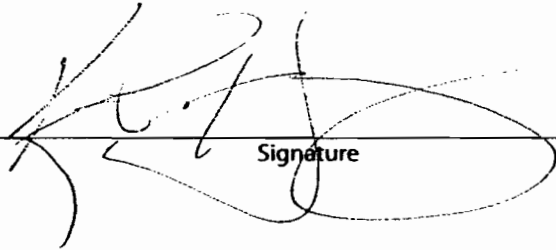
(print name)

hereby certify that I am duly authorized by

Cammarano and Hagan Partners, 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

February 8, 2010

Date