

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

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



**ELEC RECEIVED**  
**APR 27 2010**  
FOR STATE USE ONLY

**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](http://www.elec.state.nj.us)

Amendment

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Business Dilworth Paxson LLP  
Address 1500 Market Street, Suite 3500E  
City Philadelphia State PA Zip Code 19102-2101  
\*(Area Code) Telephone Number (215)-575-7000

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

1. Name John O. Bennett III  
Registration Number 1372-1 Occupation or Business Contract Partner - Attorney at Law  
Business Address 457 Haddonfield Road  
City Cherry Hill State NJ Zip Code 08002  
\*(Area Code) Telephone Number 1-(856)-675-1900

2. Name \_\_\_\_\_  
Registration Number \_\_\_\_\_ Occupation or Business \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\*(Area Code) Telephone Number \_\_\_\_\_

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 Atlantic Health Systems

Business Address 325 Columbia Turnpike

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

City Florham Park State NJ Zip Code 07932

Type of Business Health Services Provider

2. Name of Represented Entity New Jersey Group Against Smoking ("GASP")

Business Address 105 Mountain Avenue

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

City Summit State NJ Zip Code 07901

Type of Business Non-Profit

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 Defendant Advocacy Group

Business Address 1930 Route 70 East  
Executive Mews - Suite k-57

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

City Cherry Hill State NJ Zip Code 08003

Type of Business Direct Mail/Marketing

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 \_\_\_\_\_

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
John O. Bennett III (Allocable portion of compensation - Salary & Benefits) for hours	\$
devoted to lobbying	9,086.00
<b>SCHEDULE B TOTAL \$</b>	<b>9,086.00</b>

**SCHEDULE C - SUPPORT PERSONNEL**

**PURPOSE:** To report the costs of support personnel who, over the course of the reporting year, individually spend 450 or more hours supporting the activities of the Governmental Affairs Agent(s).

After determining to which person(s) this applies, report the pro rata share of those costs which are attributable to supporting the activities of the Governmental Affairs Agent(s) in influencing legislation, regulations, governmental processes, or communicating with the general public.

**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.

EXPENSE	AMOUNT
Printed Materials	\$ 0.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	0.00
Postage	0.00
Telephone, Telegram, Facsimile	0.00
Pro Rata Overhead Costs of Specific Events Over \$100 <i>(please identify name and date of event)</i>	0.00
Notes: Postage - Only postage related to correspondence - such expenses are not tracked and are diminimus. No mass mailings were sent on behalf of clients.	
Telephone - Such expenses are not tracked and are deminimus. No mass telephone caimpaigns were conducted.	
Other <i>(please describe):</i>	
<b>SCHEDULE E TOTAL \$</b>	<b>0.00</b>

**SCHEDULE F - TRAVEL/LODGING**

**PURPOSE:** To report the travel and lodging costs of the Governmental Affairs Agents on whose behalf this report is filed related to influencing legislation, regulations, governmental processes, or communicating with the general public.

NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
No expenses other than highway mileage and tolls which are deminimus and are not tracked.	\$ 0.00
<b>SCHEDULE F TOTAL \$</b>	<b>0.00</b>

**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 Nothing to report - Amounts below reporting threshold.

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	_____	+ _____ 95.20	= _____ 95.20
Travel	_____	+ _____	= _____
Lodging	_____	+ _____	= _____
Honoraria	_____	+ _____	= _____
Loans	_____	+ _____	= _____
Gifts	_____	+ _____	= _____
Other (specify) _____	_____	+ _____	= _____
<b>Total</b>	<b>\$ _____</b>	<b>+ \$ _____</b>	<b>= \$ _____</b>
			<b>SCHEDULE G-1 AND SCHEDULE G-2 TOTAL</b>

\* 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	\$ _____ 9,086.00
2. Support Personnel	Schedule C Total	_____
3. Communication Expenses	Schedule E Total	_____
4. Travel and Lodging	Schedule F Total	_____
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____ 95.20
<b>Total Lobbying Expenditures</b>		<b>\$ _____ 9,181.20</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. Atlantic Health Systems **	\$ 46,111.00
2. New Jersey GASP (Dilworth received a monthly retainer in 2009) **	0.00
3.	
4. Note: ** The amount shown here is the allocable portion of fees/retainers received	
5. that were directly allocable to lobbying activities.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
<b>TOTAL RECEIPTS</b>	<b>\$ 46,111.00</b>

**CERTIFICATION**

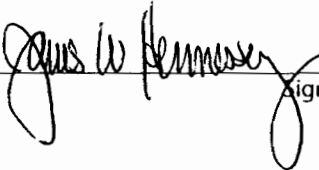
This certification shall be signed by either the Governmental Affairs Agent filing this Annual Report on his/her own behalf, or by the Managing or Principal Partner or Chief Executive Officer of the Governmental Affairs Agent Firm.

I, James W. Hennessey; Deputy Managing Partner  
*(print name)*

hereby certify that I am duly authorized by

Dilworth Paxson LLP  
*(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

April 22, 2010  
Date