

FORM L1-A
Reporting For Calendar Year 2009

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Amendment

DUPLICATE

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:

Duane Morris Government Affairs

Business Address 100 American Metro Blvd.

City Hamilton State NJ Zip Code 08619

*(Area Code) Telephone Number 609-577-3687

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

1. Name Eric E. Martins, Esq.

Registration Number 1310-2 Occupation or Business Government Affairs Agent

Business Address 100 American Metro Blvd., Suite 150

City Hamilton State NJ Zip Code 08619

*(Area Code) Telephone Number 609-577-3687

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 _____

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 _____

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 Entites.

1. Name of Represented Entity Erickson Retirement Communities

Business Address 701 Maiden Choice Lane

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

City Baltimore State MD Zip Code 21228

Type of Business Retirement Communities

2. Name of Represented Entity Imbrium Systems Corp.

Business Address 9240 Key West Ave., Suite 140

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

City Rockville State MD Zip Code 20850

Type of Business Stormwater Infrastructure and Technology

3. Name of Represented Entity Multistate Associates, Inc.

Business Address 515 King St., Suite 300

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

City Alexandria State VA Zip Code 22314

Type of Business Government Affairs

4. Name of Represented Entity Simon Property Group

Business Address 225 West Washington St.

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

City Indianapolis State IN Zip Code 46204

Type of Business Real Estate Investment Trust

5. Name of Represented Entity Soult Consulting

Business Address 1249 Pebble Hill Road

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

City Doylestown State PA Zip Code 18901

Type of Business Business Consulting

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity Weston Solutions

Business Address 1400 Weston Way, P.O. Box 2653

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

City West Chester State PA Zip Code 19380

Type of Business Environmental Consulting

2. Name of Represented Entity Duane Morris Government Affairs

Business Address 100 American Metro Blvd.

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

City Hamilton State NJ Zip Code 08619

Type of Business Government Affairs

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 Eric Martins

Name of Authority, Board, or Commission South Jersey Port Corporation

Date When Term of Service Expires November 25, 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 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

Eric Martins

\$ 25,000.00

SCHEDULE B TOTAL \$ 25,000.00

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 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.** \$ _____ 0.00

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

1. Salary and Compensation	Schedule B Total	\$ _____ 25,000.00
2. Support Personnel	Schedule C Total	_____ 0.00
3. Communication Expenses	Schedule E Total	_____ 400.00
4. Travel and Lodging	Schedule F Total	_____ 28.05
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____ 0.00
Total Lobbying Expenditures		\$ _____ 25,428.05

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. Erickson Retirement Communities	\$ 30,000.00
2. Weston Solutions	0.00
3. Imbrium Systems	0.00
4. Simon Property Group	0.00
5. Soult Consulting	0.00
6. Multistate Associates	0.00
7. Duane Morris Government Affairs	0.00
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
TOTAL RECEIPTS	\$ 30,000.00

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, Eric Martins

(print name)

hereby certify that I am duly authorized by

Duane Morris Government Affairs

(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 11, 2010

Date