

DUPLICATE

FORM L1-A
Reporting For Calendar Year 2009

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



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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

FOR STATE USE ONLY

Amendment

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Fox Shuffler

Business Address 102 W. 38th Street, 4th Floor

City New York State NY Zip Code 10018

*(Area Code) Telephone Number (646) 213 7240

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

1. Name James Fox

Registration Number 1735-5 Occupation or Business Consultant

Business Address 102 W. 38th Street, 4th Floor

City New York State NY Zip Code 10018

*(Area Code) Telephone Number (646) 213 7240

2. Name Eric Shuffler

Registration Number 1735-2 Occupation or Business Consultant

Business Address 102 W. 38th Street, 4th Floor

City New York State NY Zip Code 10018

*(Area Code) Telephone Number (646) 213 7240

3. Name Douglas Hritz

Registration Number 1735-4 Occupation or Business Consultant

Business Address 128 W. State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number (732) 245 3458

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 Allvision

Business Address 420 Lexington Avenue, Suite 460

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

City New York State NY Zip Code 10170

Type of Business Management of Outdoor Advertising Opportunities

2. Name of Represented Entity American Traffic Solutions

Business Address 7681 E. Gray Road

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

City Scottsdale State AZ Zip Code 85260

Type of Business Traffic Safety

3. Name of Represented Entity Blue Vista Properties

Business Address 86 Barchester Way

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

City Westfield State NJ Zip Code 07090

Type of Business Real Estate

4. Name of Represented Entity Catellus--A ProLogis Company

Business Address 301 Route 17 North

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

City Rutherford State NJ Zip Code 07070

Type of Business Mixed-use Development

5. Name of Represented Entity Cubic

Business Address 245 West 17th Street, 8th Floor

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

City New York State NY Zip Code 10010

Type of Business Transportation and Fare Technology

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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 Daidone Electric

Business Address

200 Raymond Boulevard

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 Electrical Contractor and Construction

2. Name of Represented Entity Catellus--A ProLogis Company

Business Address

301 Route 17 North

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

City Rutherford

State NJ

Zip Code 07070

Type of Business Mixed-Use Development

3. Name of Represented Entity Earth Tech

Business Address

515 Clifton Avenue

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

City Lakewood

State NJ

Zip Code 08710

Type of Business Renewable Energy Company

4. Name of Represented Entity Electronic Transaction Consultants

Business Address

10 Stillwells Corner Road

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

City Freehold

State NJ

Zip Code 07728

Type of Business Electronic Toll Transactions

5. Name of Represented Entity Enertech

Business Address

621 North Ave. NE, Suite A-100

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

City Atlanta

State GA

Zip Code 30308

Type of Business Renewable Energy Company

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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 Gannett Fleming

Business Address 207 Senate Avenue

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

City Camp Hill State PA Zip Code 17011

Type of Business Engineer

2. Name of Represented Entity Korff Enterprises

Business Address 250 W. 57th Street, Suite 1713

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

City New York State NY Zip Code 10107

Type of Business Sporting Event Organizers

3. Name of Represented Entity Naik Consulting

Business Address 200 Metroplex Drive, Suite 403

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

City Edison State NJ Zip Code 08817

Type of Business Engineer

4. Name of Represented Entity New County Road Properties

Business Address 100 Washington Street

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

City Newark State NJ Zip Code 07102

Type of Business Real Estate

5. Name of Represented Entity Atlantic Container Lines

Business Address 194 Wood Avenue, South

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

City Iselin State NJ Zip Code 08830

Type of Business Ocean Carrier of Containers, Oversized Cargo, Heavy Equipment, Vehicles Etc.

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 TVG Network

Business Address 607 Center Drive West

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

City Los Angeles State CA Zip Code 90045

Type of Business Parimutel Wagering

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 _____

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 Entities.

1. Name of Represented Entity Atlantic City Electric

Business
Address

5100 Harding Highway

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

City Mays Landing

State NJ

Zip Code 08330

Type of Business Energy Distribution

2. Name of Represented Entity NJ Association of Colleges and Universities

Business
Address

150 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 Higher Education

3. Name of Represented Entity Cablevision Systems Corporation

Business
Address

111 Stewart Avenue

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

City Bethpage

State NY

Zip Code 11714-3581

Type of Business Cable Television/Communications

4. Name of Represented Entity Continental

Business
Address

1600 Smith Street, 19th Floor

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

City Houston

State TX

Zip Code 77002

Type of Business Airline

5. Name of Represented Entity Englewood Hospital & 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 Hospital and Medical Center

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity Harris (formerly M/A Com Inc.)

Business Address 626 East Main Street, Suite 11

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

City Meriden State CT Zip Code 06450

Type of Business Communications Equipment

2. Name of Represented Entity NJ Cable Telecommunications Association

Business Address 124 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 Cable Telecommunications Policy

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 James Fox

Name of Authority, Board, or Commission Local Finance Board

Date When Term of Service Expires July 2009

Name of Governmental Affairs Agent Eric Shuffler

Name of Authority, Board, or Commission Horizon Blue Cross Blue Shield

Date When Term of Service Expires December 2008

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

James Fox	\$ 513,000.00
Eric Shuffler	513,000.00
Douglas Hritz	100,500.00

SCHEDULE B TOTAL \$ 1,126,500.00

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 N/A
 Date _____ Description _____ Amount \$ 0.00

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	\$ _____	+ \$ _____	= \$ _____	0.00
Food and Beverage	_____	+ _____	= _____	0.00
Travel	_____	+ _____	= _____	0.00
Lodging	_____	+ _____	= _____	0.00
Honoraria	_____	+ _____	= _____	0.00
Loans	_____	+ _____	= _____	0.00
Gifts	_____	+ _____	= _____	0.00
Other (specify) _____	_____	+ _____	= _____	0.00
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	\$	1,126,500.00
2. Support Personnel	Schedule C Total		0.00
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		\$	1,126,500.00

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. Allvision	\$ 45,000.00
2. American Traffic Solutions	10,000.00
3. Atlantic City Electric	96,000.00
4. NJ Association of Colleges and Universities	72,000.00
5. Blue Vista Properties	5,000.00
6. Cablevision Systems Corporation	96,000.00
7. Catellus--A ProLogis Company	72,000.00
8. Continental	45,000.00
9. Cubic	72,000.00
10. Daidone Electric	10,500.00
11. Earth Tech	24,000.00
12. Electronic Transaction Consultants	84,000.00
13. Englewood Hospital and Medical Center	45,000.00
14. Gannett Fleming	48,000.00
15. Korff Enterprises	20,000.00
16. Harris (formerly MA/COM Inc.)	60,000.00
17. Naik Consulting	35,000.00
18. New County Road Properties	70,000.00

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. NJ Cable Telecommunications Association	\$ 72,000.00
2. Atlantic Container Line	20,000.00
3. TVG Network	90,000.00
4. Enertech	35,000.00
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
TOTAL RECEIPTS	\$ 1,126,500.00

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 Shuffle
(print name)

hereby certify that I am duly authorized by

Fox Shuffle LLC
(print name of firm)

to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year _____.
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]
Signature

2/10/10
Date