

FORM L1-A
Reporting For Calendar Year 2009

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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:

Government Process Solutions LLC

Business Address 101 South Warren Street
Suite D

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609.393.2400

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

1. Name Michael P. Turner

Registration Number 1743-4 Occupation or Business Managing Principal

Business Address 101 South Warren Street, Suite D

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609.393.2400

2. Name Patrick D. Kennedy

Registration Number 1743-3 Occupation or Business Principal

Business Address 101 South Warren Street, Suite D

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609.393.2400

3. Name Paul P. Josephson

Registration Number 1743-2 Occupation or Business Principal

Business Address 101 South Warren Street, Suite D

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609.393.2400

1. Name Maeve E. Cannon

Registration Number 1743-1 Occupation or Business Principal

Business Address 101 South Warren Street, Suite D

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609.393.2400

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 Alliance for Action

Business Address 75 Fieldcrest Avenue

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

City Edison, State NJ Zip Code 08837-3627

Type of Business Public Issue Advocacy

2. Name of Represented Entity Fair Pay Solutions

Business Address 14295 Midway Road
Suite 300

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

City Addison State TX Zip Code 75001

Type of Business Workers Compensation Billing Review Services

3. Name of Represented Entity Hill Wallack

Business Address 202 Carnegie Center

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 Law Firm

4. Name of Represented Entity Intralot US Corp.

Business Address 11360 Technology Circle

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

City Duluth State GA Zip Code 30097

Type of Business Gaming

5. Name of Represented Entity Meadowlands Regional Chamber of Commerce

Business Address 201 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 Business and Public Issue Advocate

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 Motorola, Inc.

Business Address 1301 East Algonquin Road

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

City Schaumburg State IL Zip Code 60196

Type of Business Communications

2. Name of Represented Entity National Office Products Alliance (NOPA)

Business Address 301 N. Fairfax Street
Suite 200

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 Office Supplies

3. Name of Represented Entity North America Power Partners LLC

Business Address 307 Fellowship Road
Suite 116

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

City Mount Laurel State NJ Zip Code 08054

Type of Business Utilities Consultant

4. Name of Represented Entity Office Furniture Dealers Alliance (OFDA)

Business Address 301 N. Fairfax Street
Suite 200

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 Office Furniture

5. Name of Represented Entity Parsons Commercial Technology Group, Inc.

Business Address 3100 Princeton Pike
Building 2

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 Government Contractor

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 Parsons Brinckerhoff Group Administration, Inc.

Business Address Two Gateway Center
18th Floor

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 Transportation Engineering

2. Name of Represented Entity Penn National Gaming, Inc.

Business Address 825 Berkshire Boulevard

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

City Wyomissing State PA Zip Code 19610

Type of Business Gaming

3. Name of Represented Entity Princeton Environmental Group

Business Address 614 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 Manufacturing

4. Name of Represented Entity Signature Properties of New Jersey, L.L.C.

Business Address 75 Orient Way
Suite 303

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 Developer

5. Name of Represented Entity Sunesys LLC

Business Address 185 Titus Avenue

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

City Warrington State PA Zip Code 18976

Type of Business Utility

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 Tern Landing Development, LLC

Business Address 720 Monroe Street
Room C-307

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

City Hoboken State NJ Zip Code 07030

Type of Business Development

2. Name of Represented Entity Tyler Technologies

Business Address 3199 Klepinger Road

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

City Dayton State OH Zip Code 45406

Type of Business IT Services

3. Name of Represented Entity United Water Management & Services

Business Address 200 Old Hook Road

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

City Harrington Park State NJ Zip Code 07640

Type of Business Utility

4. Name of Represented Entity Verizon Communications

Business Address 172 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 Telecommunications

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 N/A

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 _____

SCHEDULE A

1. Did all 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 _____

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
Michael P. Turner	\$ 150,000.00
Paul P. Josephson	0.00
Patrick D. Kennedy	0.00
Maeve E. Cannon	0.00
SCHEDULE B TOTAL \$	
150,000.00	

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 \$ 16,000.00

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	\$ 3,093.58
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	0.00
Postage	9.60
Telephone, Telegram, Facsimile	193.72
Pro Rata Overhead Costs of Specific Events Over \$100 <i>(please identify name and date of event)</i>	0.00
Seminars	40.00
Meals	5,376.37
Mileage, Tolls, Parking	8,487.56
Hotel	192.66
Golf Outing	850.00
Other <i>(please describe):</i>	
SCHEDULE E TOTAL \$	18,243.49

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
Michael P. Turner	\$ 0.00
SCHEDULE F TOTAL \$	0.00

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 \$ _____

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	+	\$ 0.00	=	\$ 0.00
Food and Beverage	0.00	+	0.00	=	0.00
Travel	0.00	+	0.00	=	0.00
Lodging	0.00	+	0.00	=	0.00
Honoraria	0.00	+	0.00	=	0.00
Loans	0.00	+	0.00	=	0.00
Gifts	0.00	+	0.00	=	0.00
Other (specify) _____	0.00	+	0.00	=	0.00
Total	\$ _____	+	\$ _____	=	\$ _____

**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	\$ 150,000.00
2. Support Personnel	Schedule C Total	16,000.00
3. Communication Expenses	Schedule E Total	18,243.49
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		\$ 184,243.49

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. Alliance for Action	\$ 10,000.00
2. Fair Pay Solutions	15,000.00
3. Hill Wallack LLP	26,882.34
4. Intralot US Corp.	60,299.26
5. Meadowlands Regional Chamber of Commerce	2,500.00
5. Motorola, Inc.	36,000.00
7. National Office Products Alliance (NOPA)	18,035.88
3. North America Power Partners	600.00
7. Office Furniture Dealers Alliance (OFDA)	11,250.00
10. Parsons Corporation	66,105.30
1. Parsons Brinckerhoff Group Administration, Inc.	34,602.11
2. Princeton Environmental Group	0.00
3. Signature Properties of New Jersey, L.L.C.	15,000.00
4. Sunesys LLC	66,477.95
5. Tern Landing Development, LLC	2,500.00
6. Tyler Technologies	3,500.00
7. United Water Management & Services	55,055.53
8. Verizon Communications	217,806.89
TOTAL RECEIPTS	\$ 641,615.26

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, MICHAEL P. TURNER
(print name)

hereby certify that I am duly authorized by

GOVERNMENT PROCESS SOLUTIONS 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

2/16/10
Date