

FORM L1-A
Reporting For Calendar Year 2009

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Amendment

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT
DUPLICATE



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:

Holt & Germann Public Affairs, LLC

Business Address Holt & Germann Public Affairs, LLC

172 West State Street

City Trenton

State NJ

Zip Code 08608

*(Area Code) Telephone Number 609-656-0225

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

1. Name Jonathan T. Holt

Registration Number 229-1

Occupation or Business Public Relations

Business Address Holt & Germann Public Affairs, LLC

City Trenton

State NJ

Zip Code 08608

*(Area Code) Telephone Number 609-656-0225

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 National Association of Water Companies, NJ Chapter

Business Address c/o Michael Walsh, Shorelands Water Company
PO Box 158 1709 Union Avenue

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

City Hazlet State NJ Zip Code 07730

Type of Business Trade Association - Public Utility

2. Name of Represented Entity McDonald's Corporation

Business Address 2915 Jories Blvd

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

City Oak Brook State IL Zip Code 60523

Type of Business Restaurants

3. Name of Represented Entity Wine Institute

Business Address 425 Market Street

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

City San Francisco State CA Zip Code 94130

Type of Business Trade Association - California Vineyards

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

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 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

Jonathan T. Holt

\$ 55,000.00

SCHEDULE B TOTAL \$ 55,000.00

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 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	\$ _____	+ \$ _____	= \$ _____
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	\$	55,000.00
2. Support Personnel	Schedule C Total		0.00
3. Communication Expenses	Schedule E Total		344.25
4. Travel and Lodging	Schedule F Total		122.50
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total		0.00
Total Lobbying Expenditures		\$	55,466.75

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. McDonald's Corporation	\$ 10,500.00
2. National Association of Water Companies	18,350.00
3. Wine Institute	30,875.00
4.	
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9.	
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17.	
18.	

TOTAL RECEIPTS \$ 59,725.00

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, Jonathan T. Holt
(print name)

hereby certify that I am duly authorized by

Holt & Germann Public Affairs 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 11, 2010

Date