

DUPLICATE

FORM L1-A
Reporting For Calendar Year 2009

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



ELEC RECEIVED
FEB 16 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

Amendment

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

IMPACT NJ, LLC

Business Address 172 W. State Street, Suites 110-113

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number (609) 394-2000

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

1. Name Michael Murphy, Esq.

Registration Number 1413-1 Occupation or Business Lobbyist

Business Address 172 W. State Street, Suites 110-113

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number (609) 394-2000

2. Name Raj Mukherji

Registration Number 1413-2 Occupation or Business Lobbyist

Business Address PO Box 1

City Jersey City State NJ Zip Code 07303

*(Area Code) Telephone Number (201) 222-3300

3. Name Cullen McAuliffe

Registration Number 1413-3 Occupation or Business Lobbyist

Business Address 172 W. State Street, Suites 110-113

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number (609) 394-2000

4. Name Jason Orlando, Esq.

Registration Number 1413-4 Occupation or Business Lobbyist

Business Address PO Box 1

City Jersey City State NJ Zip Code 07303

*(Area Code) Telephone Number (201) 451-8000

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 LabCorp (Laboratory Corporation of America Holdings)

Business Address 531 South Spring Street

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

City Burlington State NC Zip Code 27215

Type of Business Clinical laboratory, genomic testing and diagnostic technologies

2. Name of Represented Entity Liberty Health System, Inc.

Business Address 355 Grand Street - 3 East

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

City Jersey City State NJ Zip Code 07302

Type of Business Hospital/health care

3. Name of Represented Entity Franklin Credit Management Corporation

Business Address 101 Hudson Street

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

City Jersey City State NJ Zip Code 07302

Type of Business Consumer finance - servicing and resolution of residential mortgage loans

1. Name of Represented Entity Apollo Health Street

Business Address 2 Broad Street, Suite 603

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

City Bloomfield State NJ Zip Code 07003

Type of Business Revenue cycle management solutions for the healthcare industry

2. Name of Represented Entity Capital Academy/Camelot Schools

Business Address 1770 Mt. Ephraim Avenue

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

City Camden State NJ Zip Code 08104

Type of Business Youth restorative care

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 Hugo Neu Corporation

Business Address 120 Fifth Avenue, Suite 600

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

City New York State NY Zip Code 10011

Type of Business Recycling, cleantech, and real estate

2. Name of Represented Entity Magyar Bancorp, Inc.

Business Address 400 Somerset Street

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

City New Brunswick State NJ Zip Code 08903

Type of Business Banking/financial services

3. Name of Represented Entity Wayne Surgical Center, LLC

Business Address 1176 Hamburg Turnpike

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

City Wayne State NJ Zip Code 07470

Type of Business Surgery center

4. Name of Represented Entity CARCO Group, Inc.

Business Address 5000 Corporate Court, Suite 203

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

City Holtsville State NY Zip Code 11742

Type of Business Auto insurance risk mitigation, inspection, screening & human resource services

5. Name of Represented Entity Linden Yellow Cab, Inc.

Business Address 628 South Broad Street

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

City Elizabeth State _____ Zip Code 07202

Type of Business Taxi/limousine/livery services

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 Hoboken Unleashed LLC

Business Address 716 Clinton Street

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 Pet care services

2. Name of Represented Entity St. Francis Medical Center

Business Address 601 Hamilton Avenue

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

City Trenton State NJ Zip Code 08629

Type of Business Hospital/health care

3. Name of Represented Entity Med Realty, LLC

Business Address 2185 Lemoine Avenue, Suite 1-K

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

City Fort Lee State NJ Zip Code 07024

Type of Business Medical commercial real estate and development

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 QualCare, Inc.

Business Address 30 Knightsbridge Road

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

City Piscataway State NJ Zip Code 08854

Type of Business Managed care organization

2. Name of Represented Entity Waste Management

Business Address 1001 Fannin Street, Suite 4000

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 Waste, environmental and recycling services

3. Name of Represented Entity Saint Michael's Medical Center

Business Address 1160 Raymond Blvd

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 Hospital/health care

4. Name of Represented Entity Solaris Health System, Inc.

Business Address 80 James Street

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

City Edison State NJ Zip Code 08837

Type of Business Hospital/health care

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 Michael Murphy

Name of Authority, Board, or Commission Garden State Preservation Trust

Date When Term of Service Expires 2013

Name of Governmental Affairs Agent Raj Mukherji

Name of Authority, Board, or Commission Governor's Council on Volunteerism & Community Service

Date When Term of Service Expires Holdover

Name of Governmental Affairs Agent Raj Mukherji

Name of Authority, Board, or Commission Jersey City Housing Authority

Date When Term of Service Expires 2010

Name of Governmental Affairs Agent Raj Mukherji

Name of Authority, Board, or Commission Superior Court - Juvenile Conference Committee

Date When Term of Service Expires 2010

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

Raj Mukherji	\$ 254,874.00
Michael Murphy, Esq.	521,040.00
Cullen McAuliffe	70,000.06
Jason Orlando, Esq.	27,115.44

SCHEDULE B TOTAL \$ 873,029.50

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 \$ 3,500.00

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	\$ 1,856.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	
Postage	1,208.00
Telephone, Telegram, Facsimile	20,186.00
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	
Other (please describe):	
Research expenses	3,441.00
SCHEDULE E TOTAL \$	26,691.00

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
Raj Mukherji	\$ 7,141.53
Michael Murphy, Esq.	4,942.17
Cullen McAuliffe	135.45
Jason Orlando, Esq.	1,636.11
SCHEDULE F TOTAL \$	13,855.26

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		+ \$ _____ 0.00		= \$ _____ 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	\$	873,029.50
2. Support Personnel	Schedule C Total		3,500.00
3. Communication Expenses	Schedule E Total		26,691.00
4. Travel and Lodging	Schedule F Total		13,855.26
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total		0.00
Total Lobbying Expenditures		\$	917,075.76

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. LabCorp (Laboratory Corporation of America Holdings)	\$ 101,500.00
2. Med Realty, LLC	110,000.00
3. Liberty Health System, Inc.	130,000.00
4. Catholic Health East (o/b/o St. Michael's Medical Center & St. Francis Medical Center)	165,759.65
5. Apollo Health Street	75,000.00
6. Capital Academy/Camelot Schools	75,000.00
7. Solaris Health System, Inc.	78,000.00
8. Hoboken Unleashed LLC	2,668.75
9. Hugo Neu Corporation	30,000.00
10. CARCO Group, Inc.	45,500.00
11. Franklin Credit Management Corporation	51,237.00
12. Linden Yellow Cab, Inc.	7,500.00
13. Magyar Bancorp, Inc.	20,000.00
14. QualCare, Inc.	45,000.00
15. Waste Management	48,000.00
16. Wayne Surgical Center, LLC	49,112.90
17.	
18.	
TOTAL RECEIPTS	\$ 1,034,278.30

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, Raj Mukherji

(print name)

hereby certify that I am duly authorized by

IMPACT NJ, 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