

DUPLICATE

FORM L1-A  
Reporting For Calendar Year 2009

ANNUAL REPORT  
OF  
GOVERNMENTAL AFFAIRS AGENT



ELEC RECEIVED  
FEB 18 2010

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:

Insight Consulting Services, LLC

Business Address 118 South Warren Street  
3rd Floor

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-396-9000

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

1. Name Peter J. Lillo

Registration Number 1540-1 Occupation or Business Government Affairs Consultant

Business Address Same as above

City State Zip Code

\*(Area Code) Telephone Number

2. Name Dorthea Chrupcala

Registration Number 1540-2 Occupation or Business Government Affairs Consultant

Business Address Same as above

City State Zip Code

\*(Area Code) Telephone Number

3. Name Deana Lykins

Registration Number 1540-3 Occupation or Business Government Affairs Consultant

Business Address Same as above

City State Zip Code

\*(Area Code) Telephone Number

4. Name Darrick Lykins

Registration Number 1540-4 Occupation or Business Government Affairs Consultant

Business Address Same as above

City State Zip Code

\*(Area Code) Telephone Number

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

1. Name Richard Levesque

Registration Number 1540-5 Occupation or Business Government Affairs Consultant

Business Address Same as above

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*(Area Code) Telephone Number \_\_\_\_\_

2. Name Kevin DeSimone

Registration Number 1540-6 Occupation or Business Government Affairs Consultant

Business Address Same as above

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 \_\_\_\_\_

\*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

**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

*SEE NEXT PAGE*

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 American Association of Adapted Sports

Business  
Address

PO Box 451047

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

City Atlanta

State GA

Zip Code 31145

Type of Business Education

2. Name of Represented Entity Carlisle and Associates

Business  
Address

1103 Laurel Oak Road  
Suite 160

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

City Voorhees

State NJ

Zip Code 08043

Type of Business Healthcare

3. Name of Represented Entity Chilton Memorial Hospital

Business  
Address

97 West Parkway

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

City Pompton Plains

State NJ

Zip Code 07444

Type of Business Healthcare

4. Name of Represented Entity Christian Health Care Center

Business  
Address

301 Sicomac Avenue

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

City Wyckoff

State NJ

Zip Code 07481

Type of Business Healthcare

5. Name of Represented Entity HDR Engineering

Business  
Address

One Blue Hill Plaza, Floor 12

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

City Pearl River

State NY

Zip Code 10965-3104

Type of Business \_\_\_\_\_

**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity Hoagland, Longo, Moran, Dunst & Doukas

Business Address PO Box 480  
40 Paterson 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 08901

Type of Business Legal

2. Name of Represented Entity Horizon Pediatric Systems, Inc.

Business Address 56 Georgetown Road

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

City Bordentown State NJ Zip Code 08505

Type of Business Healthcare

3. Name of Represented Entity Interlock Device of NJ, Inc.

Business Address 424 Commerce Lane  
Suite 3

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

City Berlin State NJ Zip Code 08091

Type of Business Motor Vehicles

4. Name of Represented Entity JP Morgan Chase

Business Address 16-18 Nassau Street

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

City Princeton State NJ Zip Code 08542

Type of Business Banking

5. Name of Represented Entity MediVault

Business Address 1800 State Route 34  
Suite 209

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

City Wall State NJ Zip Code 07719

Type of Business Healthcare

**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity The NJ Chapter of the American College of Nurse-Midwives

Business Address 4 Roberts Court

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

City Tenafly State NJ Zip Code 07670

Type of Business Healthcare

2. Name of Represented Entity MONOC

Business Address 4806 Megill Road  
Wall Township

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

City Neptune State NJ Zip Code 07753

Type of Business Healthcare

3. Name of Represented Entity NJ Council of Teaching Hospitals

Business Address 154 West 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 Healthcare

4. Name of Represented Entity NJ Council of Children's Hospitals

Business Address 154 West 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 Healthcare

5. Name of Represented Entity NJ Food Council

Business Address 30 West Lafayette 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 Food Retail

**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity NJ Off Highway Vehicle Association

Business Address 26 Brentwood Drive

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

City Burlington State NJ Zip Code 08016

Type of Business Transportation

2. Name of Represented Entity NJ Sanitary Supply Association

Business Address 170 Kinnelon Road, #33

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

City Kinnelon State NJ Zip Code 07405

Type of Business Environmental

3. Name of Represented Entity Palisades Medical Center

Business Address 7600 River Road

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

City North Bergen State NJ Zip Code 07047

Type of Business Healthcare

4. Name of Represented Entity Partners In Care

Business Address 2 Tower Center Boulevard  
Tower II, 12th Floor

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

City East Brunswick State NJ Zip Code 08816

Type of Business Healthcare

5. Name of Represented Entity Property Casualty Insurers Association of America

Business Address 2600 South River Road

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

City Des Plaines State IL Zip Code 60018-3286

Type of Business Insurance

**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity Save Ellis Island

Business Address 500 International Drive  
Suite 350

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

City Budd Lake State NJ Zip Code 07828

Type of Business Tourism

2. Name of Represented Entity Save Latin America

Business Address 3510 Bergenline Avenue

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

City Union City State NJ Zip Code 07087

Type of Business Healthcare

3. Name of Represented Entity McMahon Engineering

Business Address 4573 South Broad Street  
Suite 200

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

City Yardville State NJ Zip Code 08620

Type of Business Engineering

4. Name of Represented Entity FlagHouse

Business Address 601 Flaghouse Drive

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

City Hasbrouck Heights State NJ Zip Code 07604-3116

Type of Business Education

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      Peter J. Lillo

Name of Authority, Board, or Commission      The NJ Abraham Lincoln Bicentennial Commission

Date When Term of Service Expires      2011

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
Peter J. Lillo	\$ 50,000.00
Dorthea Chrupcala	41,000.00
Deana Lykins	60,000.00
Darrick C. Lykins	45,000.00
Richard Levesque	50,000.00
Kevin DeSimone (started in 2010)	0.00
<b>SCHEDULE B TOTAL \$</b>	<b>246,000.00</b>

**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 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	\$ 1,000.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	0.00
Postage	1,200.00
Telephone, Telegram, Facsimile	8,600.00
Pro Rata Overhead Costs of Specific Events Over \$100 <i>(please identify name and date of event)</i>	
Other <i>(please describe):</i>	

**SCHEDULE E TOTAL \$ 10,800.00**

**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
	\$

**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 \_\_\_\_\_

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) _____	_____	+	_____	=	_____
<b>Total</b>	\$ _____	+	\$ _____	=	\$ _____ 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	\$ _____	246,000.00
2. Support Personnel	Schedule C Total	_____	
3. Communication Expenses	Schedule E Total	_____	10,800.00
4. Travel and Lodging	Schedule F Total	_____	
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____	
<b>Total Lobbying Expenditures</b>		\$ _____	256,800.00

### 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. Carlise & Associates	\$ 30,000.00
2. Chilton Memorial Hospital	30,000.00
3. Christian Health Care Center	24,000.00
4. HDR Engineering	10,900.00
5. Hoagland, Longo, Moran, Dunst & Doukas, LLP	12,000.00
6. Horizon Pediatric Services, Inc.	24,000.00
7. Interlock Device of New Jersey, Inc.	21,600.00
8. Medivault	30,000.00
9. NJ Chapter of the American College of Nurse Midwives	9,000.00
10. MONOC	19,891.10
11. NJ Council of Teaching Hospitals	123,000.00
12. NJ Sanitary Supply Association	9,000.00
13. NJ Off Highway Vehicle Association	21,000.00
14. Palisades Medical Center	24,000.00
15. Partners in Care	24,000.00
16. Property Casualty Insurers Association of America - PCI	60,000.00
17. Save Ellis Island	30,000.00
18. Save Latin America	20,000.00
<b>TOTAL RECEIPTS</b>	<b>\$ 522,391.10</b>

### 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 Food Council	\$ 24,000.00
2. McMahon Engineering	12,000.00
3. JP Morgan Chase	25,000.00
4. Mount Holly Fire District	4,250.00
5. Community Association Institute of NJ - CAINJ	2,400.00
6. Schering-Plough	6,000.00
7. Camden Shipping	12,000.00
8. CPR Public Affairs	250.00
9. National Home Services Contractors Association	300.00
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	

**TOTAL RECEIPTS** \$ 86,200.00

**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.	\$
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	

**TOTAL RECEIPTS** \$ 608,591.10



**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, Peter J. Lillo

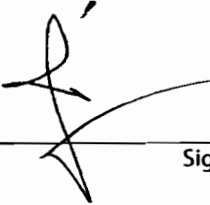
*(print name)*

hereby certify that I am duly authorized by

Insight Consulting Services, 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 8, 2010

\_\_\_\_\_  
Date