

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

Amendment

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Katz Government Affairs, LLC

Business Address 172 West State St.

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number _____

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

1. Name Carol R. Katz

Registration Number 1319-1 Occupation or Business Governmental Affairs Agent

Business Address 172 West State St.

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number (609) 392-7070

2. Name Mark T. Connelly

Registration Number 1319-2 Occupation or Business Governmental Affairs Agent

Business Address 172 West State St.

City Trenton State NJ Zip Code 08608

*(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 Administaff, Inc.

Business Address 19001 Crescent Springs Drive

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

City Kingwood State TX Zip Code 77339

Type of Business professional employer organization

2. Name of Represented Entity AIM Healthcare Services, Inc.

Business Address PO Box 293277

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

City Nashville State TN Zip Code 27229

Type of Business health care information technology

3. Name of Represented Entity Bus Association of New Jersey, Inc.

Business Address 160 Route 17 North

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

City Paramus State NJ Zip Code 07657

Type of Business membership organization

4. Name of Represented Entity Certified Court Reporters Association of New Jersey

Business Address 1040 Huntington Drive

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

City Williamstown State NJ Zip Code 08904

Type of Business membership organization

5. Name of Represented Entity CVS Caremark Corporation

Business Address 1300 I St., NW
Suite 525W

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

City Washington State DC Zip Code 20005

Type of Business retail pharmacy / pharmacy benefit manager

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 eBay Inc.

Business Address 2145 Hamilton Ave.

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

City San Jose State CA Zip Code 95125

Type of Business internet-based marketplace

2. Name of Represented Entity Fibertech Networks

Business Address 300 Meridian Centre

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

City Rochester State NY Zip Code 14618

Type of Business builder and operator of fiber optic networks

3. Name of Represented Entity Fraternal Order of Police, Lodge 91

Business Address PO Box 10292

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

City Trenton State NJ Zip Code 08650

Type of Business FOP lodge / fraternal organization

4. Name of Represented Entity Governmental Purchasing Association of New Jersey

Business Address 500 South First St.

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

City Elizabeth State NJ Zip Code 07202

Type of Business membership organization

5. Name of Represented Entity Maritime Association of the Port of NY and NJ

Business Address 17 Battery Place
Suite 913

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

City New York State NY Zip Code 10004

Type of Business membership organization

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 Professional Employer Organizations

Business Address 707 North St. Asaph Street

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 membership organization

2. Name of Represented Entity New Jersey Municipal Management Association

Business Address 13 Walker Avenue

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

City Succasunna State NJ Zip Code 07876

Type of Business membership organization

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 New Jersey Credit Union League

Business Address 299 Ward Street

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

City Hightstown State NJ Zip Code 08520

Type of Business state association for credit unions

2. Name of Represented Entity Ingenix

Business Address c/o United Healthcare Services, Inc.
9900 Bren Road East

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

City Minnetonka State MN Zip Code 55343

Type of Business health care information technology (includes AIM Healthcare Services, Inc.)

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
Carol R. Katz	\$ 304,000.00
Mark T. Connelly	0.00
SCHEDULE B TOTAL \$	
	304,000.00

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 _____

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	_____ 0.00	+	_____ 3.00	=	_____ 3.00
Travel	_____	+	_____	=	_____
Lodging	_____	+	_____	=	_____
Honoraria	_____	+	_____	=	_____
Loans	_____	+	_____	=	_____
Gifts	_____	+	_____	=	_____
Other (specify) _____	_____	+	_____	=	_____
Total	\$ _____ 0.00	+	\$ _____ 3.00	=	\$ _____ 3.00

**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	\$	_____ 304,000.00
2. Support Personnel	Schedule C Total		_____ 0.00
3. Communication Expenses	Schedule E Total		_____ 5,571.00
4. Travel and Lodging	Schedule F Total		_____ 5,328.00
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total		_____ 3.00
Total Lobbying Expenditures		\$	_____ 314,902.00

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. Administaff, Inc.	\$ 5,000.00
2. AIM Healthcare Services, Inc.	22,500.00
3. Bus Association of New Jersey, Inc.	78,000.00
4. Certified Court Reporters Association of New Jersey	26,400.00
5. CVS Caremark Corporation	72,000.00
6. eBay Inc.	48,112.96
7. Fibertech Networks	69,000.00
8. Fraternal Order of Police, Lodge 91	3,500.00
9. Governmental Purchasing Association of New Jersey	2,000.00
10. Maritime Association of the Port of New York and New Jersey	36,000.00
11. National Association of Professional Employer Organizations	13,500.00
12. New Jersey Municipal Management Association	12,000.00
13. New Jersey Credit Union League	54,000.00
14. Ingenix *	35,000.00
15.	
16.	
17.	
18. *includes AIM Healthcare Systems, Inc., after acquisition	
TOTAL RECEIPTS	\$ 477,012.96

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, Carol R. Katz

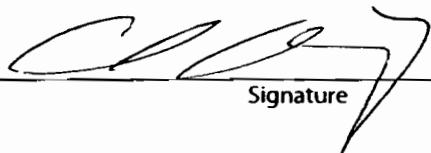
(print name)

hereby certify that I am duly authorized by

Katz Government 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

2/16/2010

Date