

DUPLICATE

FORM L1-A
Reporting For Calendar Year 2009

ELEC RECEIVED
FEB 16 2010

FOR STATE USE ONLY

Amendment

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:

Business Address KAUFMAN ZITA GROUP, LLC
12 ROSZEL ROAD, SUITE C104
City PRINCETON State NJ Zip Code 08540
*(Area Code) Telephone Number 609-452-9800

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

1. Name ADAM KAUFMAN
Registration Number 1720-1 Occupation or Business PRINCIPAL
Business Address 12 ROSZEL ROAD, SUITE C104
City PRINCETON State NJ Zip Code 08540
*(Area Code) Telephone Number 609-452-9800

2. Name PATRIZIA A. ZITA
Registration Number 1720-3 Occupation or Business PRINCIPAL
Business Address 12 ROSZEL ROAD, SUITE C104
City PRINCETON State NJ Zip Code 08540
*(Area Code) Telephone Number 609-452-9800

3. Name BETH DOHM
Registration Number 1720-4 Occupation or Business SR. VICE PRESIDENT
Business Address 12 ROSZEL ROAD, SUITE C104
City PRINCETON State NJ Zip Code 08540
*(Area Code) Telephone Number 609-452-9800

4. Name ERIC J. ORLANDO
Registration Number 1720-2 Occupation or Business LEGISLATIVE REPRESENTATIVE
Business Address 12 ROSZEL ROAD, SUITE C104
City PRINCETON State NJ Zip Code 08540
*(Area Code) Telephone Number 609-452-9800

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 ATHLETIC TRAINERS SOCIETY OF NEW JERSEY

Business Address 47 EAST RIDGEWOOD AVENUE, STE. 4

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

City RIDGEWOOD State NJ Zip Code 07450

Type of Business SPORTS MEDICINE

2. Name of Represented Entity BERGEN MUNICIPAL EMPLOYEE BENEFIT FUND

Business Address PARK 80 WEST, PLAZA ONE

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

City SADDLE BROOK State NJ Zip Code 07063

Type of Business INSURANCE

3. Name of Represented Entity BORAIE DEVELOPMENT CORPORATION

Business Address 120 ALBANY STREET, SUITE 305

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 REAL ESTATE

4. Name of Represented Entity CENTER FOR FAMILY GUIDANCE

Business Address 765 EAST ROUTE 70, BLDG. 1A

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

City MARLTON State NJ Zip Code 08053

Type of Business MENTAL HEALTH

5. Name of Represented Entity CIGAR ASSOCIATION OF AMERICA

Business Address 818 CONNECTICUT AVENUE, SUITE 200

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

City WASHINGTON State DC Zip Code 20006

Type of Business TOBACCO

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 COMMUNICATION WORKERS OF AMERICA AFL-CIO DISTRICT 1

Business Address 80 PINE STREET

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

City NEW YORK State NY Zip Code 08540

Type of Business UNION

2. Name of Represented Entity DRIVING SCHOOL ASSOCIATION OF NEW JERSEY (DSANJ)

Business Address 2561 YARDVILLE HAMILTON SQUARE ROAD

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

City HAMILTON SQUARE State NJ Zip Code 08690

Type of Business EDUCATION

3. Name of Represented Entity DIVERSIFIED INVESTMENTS SERVICES

Business Address 1285 HIGH STREET, STE. B

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

City AUBURN State CA Zip Code 95603

Type of Business REAL ESTATE

4. Name of Represented Entity GARDEN STATE CRAFT BREWERS' GUILD

Business Address 1940 OLNEY AVENUE

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

City CHERRY HILL State NJ Zip Code 08003

Type of Business BREWERY

5. Name of Represented Entity IDT CORPORATION

Business Address 550 BROAD STREET

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 REAL ESTATE

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 INTERNATIONAL MATEX TANK TERMINAL (IMTT)

Business Address 250 EAST 22ND STREET

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

City BAYONNE State NJ Zip Code 07002

Type of Business FUEL STORAGE

2. Name of Represented Entity JOHN WILEY & SONS, INC.

Business Address 111 RIVER 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 PUBLISHING

3. Name of Represented Entity MERCARDIEN, P.C., CERTIFIED PUBLIC ACCOUNTANTS

Business Address 3625 QUAKERBRIDGE ROAD

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

City HAMILTON State NJ Zip Code 08619

Type of Business ACCOUNTANTS.

4. Name of Represented Entity MYLAN, INC.

Business Address 1500 CORPORATE DRIVE, STE. 400

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

City CANONSBURG State PA Zip Code 05317

Type of Business PHARMACEUTICAL

5. Name of Represented Entity NATIONAL STRENGTH & CONDITIONING ASSOCIATION

Business Address 1885 BOB JOHNSON DRIVE

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

City COLORADO SPRINGS State CO Zip Code 80906

Type of Business SPORTS MEDICINE

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 NEW JERSEY HEALTH OFFICERS' ASSOCIATION

Business Address PO BOX 1226

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

City SPARTA State NJ Zip Code 07871

Type of Business PUBLIC HEALTH

2. Name of Represented Entity NEW JERSEY LABOR MANAGEMENT COMMITTEE

Business Address 3281 ROUTE 206

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 UNION

3. Name of Represented Entity NEW JERSEY SOCIETY OF OPTOMETRIC PHYSICIANS

Business Address 4 AAA DRIVE, SUITE 204

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

City HAMILTON State NJ Zip Code 08691

Type of Business HEALTH

4. Name of Represented Entity REED ELSEVIER, INC.

Business Address 1150 18TH STREET NW, SUITE 600

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

City WASHINGTON State DC Zip Code 20036

Type of Business TECHNOLOGY

5. Name of Represented Entity SOMERSET MEDICAL CENTER

Business Address 110 REHILL AVENUE

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

City SOMERVILLE State NJ Zip Code 08876-2598

Type of Business HOSPITAL

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 SHORE MEMORIAL HOSPITAL

Business Address ONE EAST NEW YORK AVENUE

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

City SOMERS POINT State NJ Zip Code 08244

Type of Business HOSPITAL

2. Name of Represented Entity SOUTH JERSEY HEALTH SYSTEM

Business Address 2950 COLLEGE DRIVE, STE. 1E

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

City VINELAND State NJ Zip Code 08302-2100

Type of Business HOSPITAL

3. Name of Represented Entity TEST BORING ASSOCIATION

Business Address PO BOX 413

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

City JERSEY CITY State NJ Zip Code 07303

Type of Business WELL BORING

4. Name of Represented Entity TOY INDUSTRY ASSOCIATION

Business Address 1115 BROADWAY, SUITE 400

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

City NEW YORK State NY Zip Code 10010

Type of Business TRADE ASSOCIATION

5. Name of Represented Entity ZIP REALTY, INC.

Business Address 2000 POWELL STREET, SUITE 300

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

City EMERYVILLE State CA Zip Code 07303

Type of Business REAL ESTATE

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity ACCENTURE LLP

Business Address 800 CONNECTICUT AVENUE, NW, SUITE 600

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

City WASHINGTON State DC Zip Code 20006

Type of Business TECHNOLOGY

2. Name of Represented Entity AETNA

Business Address 99 PARK AVENUE, 3RD FLOOR

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

City NEW YORK State NY Zip Code 10016

Type of Business INSURANCE

3. Name of Represented Entity BAYER HEALTHCARE, LLC

Business Address 555 WHITE PLAINS ROAD, 2ND FLOOR

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

City TARRYTOWN State NY Zip Code 10591

Type of Business PHARMACEUTICAL

4. Name of Represented Entity BEST TRANSPORTATION

Business Address 263D DISTRIBUTION STREET

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

City PORT NEWARK State NJ Zip Code 07114

Type of Business TRUCKING

5. Name of Represented Entity BUILDING CONTRACTORS ASSOCIATION OF NEW JERSEY (BCANJ)

Business Address RARITAN PLAZA II, 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

Type of Business CONSTRUCTION

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity COMMUNITY ASSOCIATIONS INSTITUTE

Business Address 1675 WHITEHORSE-MERCERVILLE ROAD, SUITE 206

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

City MERCERVILLE State NJ Zip Code 08619

Type of Business CONDO MANAGEMENT

2. Name of Represented Entity DEBORAH HEART AND LUNG CENER

Business Address 200 TRENTON ROAD

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

City BROWNS MILLS State NJ Zip Code 08515

Type of Business HOSPITAL

3. Name of Represented Entity FIRST ENERGY

Business Address 70 SOUTH MAIN STREET

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

City AKRON State OH Zip Code 44308

Type of Business ENERGY

4. Name of Represented Entity GILBANE BUILDING COMPANY

Business Address 3150 BRUNSWICK PIKE, SUITE 300

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 CONSTRUCTION

5. Name of Represented Entity INDEPENDENT ENERGY PRODUCERS OF NEW JERSEY (IEPNJ)

Business Address 12 ROSZEL ROAD, SUITE C104

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

City PRINCETON State NJ Zip Code 08540

Type of Business TRADE ASSOCIATION

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity NEW JERSEY RETAIL APARTMENT ASSOCIATION

Business Address 104 INTERCHANGE PLAZA, STE. 201

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

City MONROE State NJ Zip Code 44308

Type of Business TRADE ASSOCIATION

2. Name of Represented Entity NEW JERSEY RETAIL MERCHANTS ASSOCIATION

Business Address 332 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 08618

Type of Business TRADE ASSOCIATION

3. Name of Represented Entity OCEAN COUNTY LANDFILL

Business Address PO BOX 207

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

City BELFORD State NJ Zip Code 07718

Type of Business WASTE MANAGEMENT

4. Name of Represented Entity SHARBELL BUILDING COMPANY

Business Address ONE WASHINGTON BOULEVARD, STE. 9

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

City ROBBINSVILLE State NJ Zip Code 08691

Type of Business CONSTRUCTION

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 T-MOBILE, USA

Business Address FOUR CAMPUS DRIVE

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

City PARSIPPANY State NJ Zip Code 07054

Type of Business TELECOMMUNICATIONS

2. Name of Represented Entity UNITED PARCEL SERVICE (UPS)

Business Address 316 PENNSYLVANIA AVENUE, SE, SUITE 300

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

City WASHINGTON State NJ Zip Code 20003

Type of Business PACKAGE DELIVERY

3. Name of Represented Entity VERIZON-NEW JERSEY, INC.

Business Address 172 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 TELECOMMUNICATIONS

4. Name of Represented Entity WAL-MART STORES, INC.

Business Address 702 SOUTHWEST 8TH STREET

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

City BENTONVILLE State AR Zip Code 72716

Type of Business RETAIL

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 ADAM KAUFMAN

Name of Authority, Board, or Commission NJ STATE MUSEUM BOARD OF TRUSTEES

Date When Term of Service Expires JANUARY 7, 2008

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
ADAM KAUFMAN	\$ 175,000.00
PATRIZIA A. ZITA	175,000.00
BETH DOHM	66,000.00
ERIC J. ORLANDO	50,000.00
SCHEDULE B TOTAL \$	466,000.00

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 \$ 26,000.00

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 ASSEMBLYMAN PETER BIONDI
 Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC COAST RESTAURANT

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date FEB 6, 2009 Amount \$ 150.00

Description F - Food & Beverage

Name of Benefit Recipient WILLIAM CARUSO
 Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC COAST RESTAURANT

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient CHRISTOPHER EILERT
 Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC COAST RESTAURANT

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient SHERRY FERRERA
 Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC COAST RESTAURANT

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date FEB 6, 2009 Amount \$ 150.00

Description F - Food & Beverage

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 DEBRA FRANCICA
Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor
Name DC COAST RESTAURANT

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient GISELLE CONZALEZ
Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor
Name DC COAST RESTAURANT

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient ASSEMBLYMAN GORDON JOHNSON
Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor
Name DC COAST RESTAURANT

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient IAN LEONARD
Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor
Name DC COAST RESTAURANT

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

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 DAVID PARANODate JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC COAST RESTAURANTAddress 1401 K STREETCity WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient ROBERT PIMIENTADate JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC COAST RESTAURANTAddress 1401 K STREETCity WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date FEB 29, 2009 Amount \$ 150.00Description F - Food & BeverageName of Benefit Recipient ASSEMBLYWOMAN NELLIE POUDate JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC COAST RESTAURANTAddress 1401 K STREETCity WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient MATT REILLYDate JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC COAST RESTAURANTAddress 1401 K STREETCity WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

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 ASSEMBLYMAN JOSEPH J. ROBERTS
Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC Coast Restaurant

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient SENATOR PAUL SARLO
Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC Coast Restaurant

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient ASSEMBLYMAN GARY SCHAER
Date JAN 28, 2009 Description F - Food & Beverage Amount \$ 50.00

Name and Address of Payee/Vendor

Name DC Coast Restaurant

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient SENATOR LORETTA WEINBERG
Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC COAST RESTAURANT

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

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	2,300.00	+	2,300.00
Travel	_____	+	_____
Lodging	_____	+	_____
Honoraria	_____	+	_____
Loans	_____	+	_____
Gifts	_____	+	_____
Other (specify) _____	_____	+	_____
Total	\$ _____	+	\$ _____ 2,300.00

**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.

\$ _____ 450.00

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

1. Salary and Compensation	Schedule B Total	\$ _____ 466,000.00
2. Support Personnel	Schedule C Total	_____ 26,000.00
3. Communication Expenses	Schedule E Total	_____ 6,869.00
4. Travel and Lodging	Schedule F Total	_____ 26,208.00
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____ 2,300.00
Total Lobbying Expenditures		\$ _____ 527,377.00

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. ACCENTURE LLP	\$ 42,000.00
2. AETNA	108,000.00
3. ATHLETIC TRAINERS' SOCIETY OF NEW JERSEY (ATSNJ)	21,567.00
4. BAYER HEALTHCARE, LLC	30,000.00
5. BERGEN MUNICIPAL EMPLOYEE BENEFIT FUND	19,987.00
6. BEST TRANSPORTATION	21,128.00
7. BORAIE DEVELOPMENT CORPORATION	27,449.00
8. BUILDING CONTRACTORS ASSOCIATION OF NEW JERSEY	17,000.00
9. CENTER FOR FAMILY GUIDANCE	50,998.00
10. CIGAR ASSOCIATION OF AMERICA	64,897.00
11. COMMUNICATION WORKERS OF AMERICA / AFL-CIO	70,883.00
12. COMMUNITY ASSOCIATIONS INSTITUTE	24,000.00
13. DEBORAH HEART & LUNG CENTER	25,300.00
14. DRIVING SCHOOL ASSOCIATION OF NEW JERSEY (DSANJ)	23,872.00
15. FIRST ENERGY CORPORATION	45,000.00
16. GARDEN STATE CRAFT BREWER'S GUILD	749.00
17. GILBANE BUILDING COMPANY	11,672.00
18. IDT, INC.	22,028.00

TOTAL RECEIPTS \$ _____

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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. INDEPENDENT ENERGY PRODUCERS OF NEW JERSEY (IEPNJ)	\$ 100,188.00
2. INTERNATIONAL MATEX TANK TERMINAL (IMTT)	24,859.00
3. JOHN WILEY & SONS, INC.	21,438.00
4. MERCARDIEN GROUP	24,018.00
5. MYLAN, INC.	31,647.00
6. NATIONAL MULTIPLE SCLEROSIS SOCIETY	38,769.00
7. NATIONAL STRENGTH AND CONDITIONING ASSOCIATION	34,896.00
8. NEW JERSEY APARTMENT ASSOCIATION	20,000.00
9. NEW JERSEY HEALTH OFFICERS ASSOCIATION	26,768.00
10. NEW JERSEY LABOR MANAGEMENT COMMITTEE	29,682.00
11. NEW JERSEY RETAIL MERCHANTS ASSOCIATION	48,000.00
12. NEW JERSEY SOCIETY OF OPTOMETRIC PHYSICIANS	47,888.00
13. OCEAN COUNTY LANDFILL	24,000.00
14. REED ELSEVIER	59,917.00
15. ROSELAND PROPERTY	48,003.00
16. SHARBELL DEVELOPMENT CORPORATION	21,500.00
17. SHORE MEMORIAL HOSPITAL	6,000.00
18. SOMERSET MEDICAL CENTER	29,185.00

TOTAL RECEIPTS \$ _____

RECEIPTS TABLE

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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. SOUTH JERSEY HEALTH SYSTEM	\$ 47,689.00
2. TEST BORING ASSOCIATION	11,954.00
3. THE DIVERSIFIED INVESTMENTS SERVICES	31,691.00
4. T-MOBILE, USA	71,827.00
5. TOY INDUSTRY ASSOCIATION	59,792.00
6. UNITED PARCEL SERVICE	72,000.00
7. VERIZON-NEW JERSEY, INC.	60,000.00
8. WAL-MART STORES, INC.	45,600.00
9. ZIP REALTY, INC.	39,789.00
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TOTAL RECEIPTS	\$ 1,703,630.00

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, Patrizia Zita
(print name)

hereby certify that I am duly authorized by

Kaufman Zita Group, LLC
(print name of firm)

to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year _____
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.

Patrizia Zita
Signature

2/16/10
Date