

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

FOR STATE USE ONLY

Amendment

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Komjathy and Stewart, LLC

Business Address 142 West State St.

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-695-5840

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

1. Name Aladar G Komjathy

Registration Number 1479-1 Occupation or Business Lobbyist

Business Address 142 West State St.

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-695-5840

2. Name Robert A Stewart

Registration Number 1479-2 Occupation or Business Lobbyist

Business Address 142 West State St.

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-695-5840

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 Avis Budget Group

Business Address 6 Sylvan Way

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 Car Rental

2. Name of Represented Entity Coastal Ventures

Business Address 201 Main St.

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

City Allenhurst State NJ Zip Code 07711

Type of Business Environmental/Land Development

3. Name of Represented Entity Epilepsy Foundation

Business Address 1AAA Drive
Suite 203

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

City Trenton State NJ Zip Code 08691

Type of Business Healthcare

4. Name of Represented Entity Feld Entertainment

Business Address 8607 Westwood Center Drive

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

City Vienna State VA Zip Code 22182

Type of Business Entertainment

5. Name of Represented Entity L A Fitness

Business Address P O Box 52110

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

City Irvine State CA Zip Code 92619

Type of Business Health

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 Lenape Regional High School Bd. of Ed.

Business Address 93 Willow Grove Rd.

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

City Shamong State NJ Zip Code 08088

Type of Business Education

2. Name of Represented Entity PrisonHealthcare Systems

Business Address 105 Westpark Drive, Suite 200

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

City Brentwood State TN Zip Code 37027

Type of Business Healthcare

3. Name of Represented Entity Realogy

Business Address 1 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 Real Estate

4. Name of Represented Entity Recreational Park Trailer Industry Assoc.

Business Address 30 Greenville St.

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

City Newnan State GA Zip Code 30263

Type of Business Trailer Parks

5. Name of Represented Entity Sprint/Nextel

Business Address 2001 Edmund Halley Drive

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

City Reston State VA Zip Code 20191

Type of Business Telecommunications

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 Waste Management

Business Address 4 Liberty Lane

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

City West Hampton State NH Zip Code 03842

Type of Business Solid Waste

2. Name of Represented Entity Wheelabrator Technologies

Business Address 4 Liberty Lane

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

City West Hampton State NH Zip Code 03842

Type of Business Solid Waste

3. Name of Represented Entity Worek, Inc.

Business Address P O Box 4575

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

City Trenton State NJ Zip Code 08611

Type of Business Furniture Sales and Rental

4. Name of Represented Entity Clearwire Legacy LLC

Business Address 593 Herndon Parkway

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

City Herndon State VA Zip Code 20170

Type of Business Telecommunications

5. Name of Represented Entity Abbott Laboratories

Business Address 100 Abbott Park Rd.

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

City Abbott Park State IL Zip Code 60004

Type of Business Pharmaceuticals

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entites.

1. Name of Represented Entity Anheuser-Busch Companies

Business Address 1404 I St. 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 20005

Type of Business Brewer

2. Name of Represented Entity Reynolds American

Business Address P O Box 2959

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

City Winston-Salem State NJ Zip Code 27102

Type of Business _____

3. Name of Represented Entity Comcast Communication

Business Address 1010 Stony Hill Road

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

City Yardley State PA Zip Code 19067

Type of Business Cable TV

4. Name of Represented Entity GlaxoSmithKline

Business Address 1800 Cook Farm Rd.

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

City Montville State NJ Zip Code 07045

Type of Business Pharmaceutical

5. Name of Represented Entity Exelon Corporation

Business Address 200 Exelon Way

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

City Kennett Square State PA Zip Code 19348

Type of Business Energy Provider

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 Aladar G Komjathy

Name of Authority, Board, or Commission Hunterdon County Board of Taxation

Date When Term of Service Expires May 1, 2011

Name of Governmental Affairs Agent Aladar G Komjathy

Name of Authority, Board, or Commission Lambertville Board of Fire Commissioners

Date When Term of Service Expires March 1, 2012

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
Aladar G Komjathy	\$ 220,000.00
Robert A Stewart	210,000.00
SCHEDULE B TOTAL \$	430,000.00

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 \$ 30,000.00

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 _____

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 _____

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. Abbott	\$ 34,000.00
2. Anheuser-Busch	96,000.00
3. Avis/Budget Group	30,000.00
4. Clearwire	32,000.00
5. Coastal Ventures	22,500.00
6. Comcast Cable	60,000.00
7. Epilepsy Foundation	18,000.00
8. Exelon Corporation	66,425.00
9. Feld Entertainment	25,206.00
10. GlaxoSmithKline	60,000.00
11. LA Fitness	28,000.00
12. Lenape Regional HS	23,760.00
13. Prison HealthCare	26,000.00
14. Realogy	42,000.00
15. Reynolds American	89,201.00
16. Sprint/Nextel	60,000.00
17. Waste Management	147,469.00
18. Wheelabrator	13,000.00

TOTAL RECEIPTS \$ _____

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. Worek Company	\$ 1,600.00
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TOTAL RECEIPTS \$ 875,161.00

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, Aladar G Komjathy

(print name)

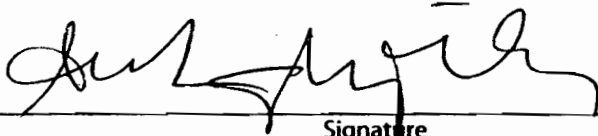
hereby certify that I am duly authorized by

Komjathy and Stewart, 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. 10

Date