# FORM L1-A Reporting For Calendar Year 2009

ELEC RECEIVED FEB 1 6 2010

FOR STATE USE ONLY

**Amendment** 

# ANNUAL REPORT **GOVERNMENTAL AFFAIRS AGENT**



MEMIJERSEY 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 Gov	vernmental Affairs Agent or Governmental	Affairs Agent Firm:			
Porzio Gov	vernmental Affairs, LLC				
Business Address	41 West State Street				
City	Trenton		State NJ	Zip Code	08608
*(Area Code)	) Telephone Number 609-396-6100				
1. Provide th	he following information regarding the Go	vernmental Affairs Agent(s) on whose b	pehalf this rep	port is filed.	
1. Name D	ennis F. Marco				
Registratio	on Number 1618-1	Occupation or Business Legislativ	ve Agent		
Business A	Address 41 West State Street				
City Tren			State NJ	Zip Code	08608
*(Area Coc	de) Telephone Number 609-396-6100				
	ito Gagliardi, Jr., Esq.				
_	on Number 1618-3	Occupation or Business Attorney			
-	Address 41 West State Street	Occupation of business /ttomay			
City Tren			State NJ	Zip Code	08608
· —	de) Telephone Number 609-396-6100		Marc 1.3		
	. Jeffrey Campbell, Esq.				
-	on Number <u>1618-4</u>	Occupation or Business Attorney			
	ddress 41 West State Street				
City Tren		S	State NJ	Zip Code	08608
*(Area Cod	de) Telephone Number <u>609-396-6100</u>				
I. Name <u>C</u> l	hristopher P. DePhillips, Esq.				
Registratio	on Number 1618-5	Occupation or Business Attorney			
Business A	ddress 41 West State Street				
City Tren	ton		State NJ	Zip Code	08608
*(Area Cod	le) Telephone Number 609-396-6100				

1. Provide the following information regarding the Gov	vernmental Affairs Agent(s) on whos	se behalf this rep	port is filed.
1. Name Sal Anderton, Esq.			
Registration Number 1618-7	Occupation or Business Legisla	tive Agent	
Business Address 41 West State Street			
City Trenton		State NJ	Zip Code <u>08608</u>
*(Area Code) Telephone Number 609-396-6100	<u> </u>		_
2. Name Lauren Ira			
Registration Number 1618-8	Occupation or Business Legisla	ative Agent &	Public Relations
Business Address 41 West State Street			
City Trenton		State NJ	Zip Code 08608
*(Area Code) Telephone Number 609-396-6100			
3. Name Lynn Nowak			· 
Registration Number 1618-9	_ Occupation or Business Legisla	itive Agent	
Business Address 41 West State Street			
City Trenton		State NJ	Zip Code 08608
*(Area Code) Telephone Number 609-396-6100			<u></u>
1. Name			
Registration Number			
Business Address			
City		State	Zip Code
*(Area Code) Telephone Number		_	

<sup>\*</sup>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.

	D ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY of the information concerning those Represented Entities who have designed the information concerning those Represented Entities who have designed the information concerning the information of th	lesignat	ed tl	nis report to include their activity.
Note: For eac	h Represented Entity, Form L-2 must be filed.			
1. Name of Repr	esented Entity Agile Technologies, LLC			
Business Address				Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying
			L_	activity for this entity.
City <u>Bridgewa</u>	ter	_ State	NJ	Zip Code <u>08807</u>
Type of Business	Corporation			
2. Name of Repr	esented Entity American Civil Liberties Union of NJ			
Business	PO Box 32159		Check if communication with the general public ("Grassroots	
Address				Lobbying") was the <b>only</b> lobbying activity for this entity.
City Newark		State	NJ	Zip Code <b>07</b> 101
Type of Business	Non-Profit			
3. Name of Repr	esented Entity American Honda Motor Co. Inc.			
	c/o Multistate Associates, Inc.			Check if communication with the
Business Address	515 King Street, Suite 300		_ _	general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
City Alexandri	ia	State	VA	Zip Code 22314
Type of Business				
4. Name of Repr	esented Entity American Physical Therapy Association of New .	Jersey		
Business	1100 US Highway 130			Check if communication with the general public ("Grassroots
Address				Lobbying") was the <b>only</b> lobbying activity for this entity.
City Robbinsv	ille	State	NJ	Zip Code 08961
Type of Business	Professional Association		· 	<b>,</b>
5. Name of Repre	esented Entity Association of New Jersey Chiropractors			
Business	3121 Route 22 East		1	Check if communication with the general public ("Grassroots
Address				Lobbying") was the <b>only</b> lobbying activity for this entity.
City Branchbu	rg	State	NJ	Zip Code 08876
Type of Business	Trade Organization			

	ollowing information concerning those Represented Entities who have design	gnate	ed th	his report to include their activity.
Note: For eac	th Represented Entity, Form L-2 must be filed.			
1. Name of Repr	esented Entity CNA Financial Corporation		ı	
Business Address	94 New Kerner Road			Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
City Albany		tate	NY	
Type of Business	Corporation			
2. Name of Repr	esented Entity CNA Surety			
Business	c/o Multistate Associates, Inc.			Check if communication with the general public ("Grassroots
Address	515 King Street, Suite 300			Lobbying") was the <b>only</b> lobbying activity for this entity.
City <u>Alexandr</u>	iaS	tate	VA	Zip Code 22314
Type of Business	Corporation			<del> </del>
3. Name of Repr	esented Entity COREhealth, LLC			
Business Address	199 Mountain Avenue			Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
City Summit	S	tate	NJ	Zip Code 07901
Type of Business	Corporation			-
4. Name of Repr	esented Entity Entech Group, Inc.			
Business Address	400 Morris Avenue, Suite 265			Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
City Denville	s	tate	NJ	Zip Code <u>07834</u>
Type of Business	Corporation			
5. Name of Repr	esented Entity Event Journal, Inc.			
Business Address	998 Old Country Road C-175			Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
City Plainview	<u> </u>	tate	NJ	Zip Code 11803
Type of Business	Corporation			

	DENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY  following information concerning those Represented Entities who have		ed tl	nis report to include their activity.
Note: For ea	ch Represented Entity, Form L-2 must be filed.			
1. Name of Rep	resented Entity Families Against Mandatory Minimums			
Business Address				Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying
			<u></u>	activity for this entity.
City Washing	ton	State	DC	Zip Code 20006
Type of Business	Non-profit			
2. Name of Rep	resented Entity Harris (formerly M/A Com)			
Business	91 Harper Terrace			Check if communication with the general public ("Grassroots
Address				Lobbying") was the <b>only</b> lobbying activity for this entity.
City Cedar Gr	ove	State	NJ	Zip Code <u>07009</u>
Type of Business	Corporation			
3. Name of Rep	resented Entity MasterCard International			
	2000 Purchase Street			Check if communication with the
Business Address	2000 Fulchase Street			general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
City Purchase		State	NY	Zip Code 10577
Type of Business	Corporation	-		<u> </u>
4. Name of Repr	resented Entity Meadowlink Commuter Services			
Business	201 Route 17 North			Check if communication with the general public ("Grassroots
Address				Lobbying") was the <b>only</b> lobbying activity for this entity.
City Rutherfo	rd	State	ľИ	Zip Code 07070
Type of Business	;			
5. Name of Repr	resented Entity Mental Health Association in New Jersey			
Business Address	88 Pompton Avenue		_	Check if communication with the general public ("Grassroots
				Lobbying") was the <b>only</b> lobbying activity for this entity.
City Verona		State	NJ	Zip Code 07044
Type of Business	Non-Profit			

	DENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY ollowing information concerning those Represented Entities who have designated in the content of the conten	ignate	ed th	nis report to include their activity.
Note: For eac	h Represented Entity, Form L-2 must be filed.			
1. Name of Repr	esented Entity New Jersey Council of County Colleges			
Business Address	330 West State Street			Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
City Trenton		State	NJ	Zip Code 08618
Type of Business	Non-Profit			
2. Name of Repr	esented Entity New Jersey Community College Consortium for W	/orkf	orce	e & Economic Development
Business Address	330 West State Street			Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying
·				activity for this entity.
City Trenton		State	NJ	Zip Code 08618
Type of Business	Non-Profit			
3. Name of Repr	esented Entity New Jersey Society for Respiratory Care			
Business Address	c/o Chilton Memorial Hospital			Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying
, iduitess	97 West Parkway	[		activity for this entity.
City Pompton	Plains	state	NJ	Zip Code <u>07444</u>
Type of Business	Professional Association			<u>.</u>
4. Name of Repre	esented Entity New Jersey Speech-Language Hearing Association	1		
Business	390 Amwell Road, Suite 403		_	Check if communication with the general public ("Grassroots
Address				Lobbying") was the <b>only</b> lobbying activity for this entity.
City Hillsborou	ugh s	tate	NJ	Zip Code <u>08844</u>
Type of Business	Professional Association			
5. Name of Repre	esented Entity New Jersey State Association of Fire Districts			
Business Address	1145 Canal Road	_		Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying
City Princeton		 State	NJ	activity for this entity.  Zip Code 08540
Type of Business	Professional Association			

1	ED ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY following information concerning those Represented Entities who have design	ated	this report to include their activity.
Note: For ea	ch Represented Entity, Form L-2 must be filed.		
1. Name of Rep	resented Entity Securitas, Inc.	-	<u> </u>
Business	c/o Multistate Associates, Inc.	_ _	Check if communication with the general public ("Grassroots
Address	515 King Street, Suite 300		Lobbying") was the <b>only</b> lobbying activity for this entity.
City Alexandr	<u>ria</u> Star	e <u>V</u>	Zip Code <u>22314</u>
Type of Business	s Corporation		
2. Name of Rep	resented Entity Skylar Investments	1	
Business	c/o Multistate Associates, Inc.	_ _	Check if communication with the general public ("Grassroots
Address	515-King Street, Suite 300	_	Lobbying") was the <b>only</b> lobbying activity for this entity.
City Alexandr	r <mark>ia</mark> Stat	e V	Zip Code <u>22314</u>
Type of Business	s		
3. Name of Rep	resented Entity Special Risk Managers		
Business	914 Mt. Kemble Avenue	_ _	Check if communication with the general public ("Grassroots
Address	<u> </u>	_[_	Lobbying") was the <b>only</b> lobbying activity for this entity.
City Morristo	wn Stat	e <u>N</u>	Zip Code 07960
Type of Business	· · · · · · · · · · · · · · · · · · ·		·
4. Name of Repi	resented Entity Stavola Realty		
Business	175 Drift Road	_  _	Check if communication with the general public ("Grassroots
Address	<u> </u>	_ └-	Lobbying") was the <b>only</b> lobbying activity for this entity.
City Tinton Fa	alls Stat	e <u>N</u> J	Zip Code 07724
Type of Business	Supplier/Real Estate		
5. Name of Repr	resented Entity Talecris Biotherapeutics		
Business	c/o Multistate Associates, Inc.	_  _	Check if communication with the general public ("Grassroots
Address	515 King Street, Suite 300		Lobbying") was the <b>only</b> lobbying activity for this entity.
City Alexandr	ia Stat	e <b>V</b> A	Zip Code <u>223</u> 14
Type of Business	Corporation		

3 DEDDECENTE	D ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY		_	
1	following information concerning those Represented Entities who have desig	nated	d th	nis report to include their activity.
Note: For eac	ch Represented Entity, Form L-2 must be filed.			
1. Name of Repr	resented Entity Trigyn Technologies, Inc.			
Business Address	100 Metroplex Drive	_ -	]	Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
City Edison	St	ate <u>N</u>	IJ	Zip Code 08817
Type of Business	Corporation			
2. Name of Repr	resented Entity Visiting Homemaker Services of Hudson County			
Business Address	586 Newark Avenue	_ _		Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
City Jersey Cit	ty Sta	ate N	IJ	Zip Code <b>0730</b> 6
Type of Business	Home Health Care			
3. Name of Repr	esented Entity Please note that American Honda Motor Company	Inc.,		
Business Address	CNA Surety, Securitas Security Services, Inc.,	     <u></u>		Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying
Address	Skylar Investments, and Talecris Biotherapeutics are listed both	_L		activity for this entity.
City in this see	ction and the following section under Multistate Associates. Sta	ate _		Zip Code
Type of Business	·			· ·
4. Name of Repr	esented Entity HSBC-GR Corp.			
Business	30 South Pearl Street, 5th Floor			Check if communication with the general public ("Grassroots
Address			J	Lobbying") was the <b>only</b> lobbying activity for this entity.
City Albany	Sta	ate N	Υ	Zip Code 12207
Type of Business	Corporation			
5. Name of Repr	esented Entity			
Pusinoss				Check if communication with the general public ("Grassroots
Business Address			]	Lobbying") was the <b>only</b> lobbying activity for this entity.
City	Sta	ete _		Zip Code
Type of Business				

1. Name of Rep	resented Entity Capital Health Systems		
Business Address	750 Brunswick Avenue	-	Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
City Trenton	Stat	e NJ	Zip Code 08638
Type of Busines	Health Care System		
2. Name of Rep	resented Entity Health Management Services (HMS)		
Business	c/o Multistate Associates, Inc.	-	Check if communication with the general public ("Grassroots
Address	515 King Street, Suite 300	- -	Lobbying") was the <b>only</b> lobbying activity for this entity.
City Alexandi	ia Stat	vA	Zip Code 22314
Type of Busines	Corporation		
3. Name of Rep	resented Entity HSBC-GR Corp.		
Business Address	30 South Pearl Street, 5th Floor	-	Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
City Albany	State	NY	· · · · · · · · · · · · · · · · · · ·
Type of Business	Corporation		
4. Name of Repr	resented Entity Medco Health Solutions, Inc.		
Business Address	100 Parsons Pond Drive		Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
City Franklin I	Lakes State	NJ	Zip Code 07417
Type of Business	Health Insurance		<u> </u>
5. Name of Repr	esented Entity New Jersey Cable Telecommunications		
Business Address	124 West State Street		Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
City Trenton	State	NJ	Zip Code 08608
			-

1 Name of Repr	esented Entity Multistate Associates on behalf of HMS, Americar	n Hon	ıda I	Motor Co. Inc., CNA Suretv.
Business Address	Securitas, Inc., Skylar Investments, & Talecris Biotherapeutics			Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying
	515 King Street, Suite 300			activity for this entity.
City Alexandri	ia	State	<u>VA</u>	Zip Code <u>22314</u>
Type of Business	National Lobbying Association			
2. Name of Repr	esented Entity			
				Check if communication with the
Business Address	·			general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
City		State		Zip Code
Type of Business				
3. Name of Repre	esented Entity			<u>-</u>
Business				Check if communication with the general public ("Grassroots
Address			U	Lobbying") was the <b>only</b> lobbying activity for this entity.
City		State		Zip Code
Type of Business	· · · · · · · · · · · · · · · · · · ·			<u> </u>
4. Name of Repre	esented Entity			
Business				Check if communication with the general public ("Grassroots
Address				Lobbying") was the <b>only</b> lobbying activity for this entity.
City	·	State		Zip Code
				<del></del>
5. Name of Repre	esented Entity			
Business			_	Check if communication with the general public ("Grassroots
Address			Ш	Lobbying") was the <b>only</b> lobbying activity for this entity.
City		State		Zip Code
Type of Business				

	SCHEDULE A
1. Did any Governmental Affairs Agent na	amed in this Annual Report serve as a member of:
any independent State authorit	ty;
<ul><li>any county improvement author</li></ul>	prity;
<ul><li>any municipal utilities authority</li></ul>	<i>y</i> ;
<ul><li>any inter-State or bi-State auth</li></ul>	ority as a member from New Jersey; or,
	olished by statute or resolution, or by executive order of the Governor, or by the 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	Dennis F. Marco
Name of Authority, Board, or Commission	Passaic County Improvement Authority
Date When Term of Service Expires	March 2011
Name of Governmental Affairs Agent	Dennis F. Marco
Name of Authority, Board, or Commission	New Brunswick Development Corporation
Date When Term of Service Expires	
Name of Governmental Affairs Agent	Sal Anderton
Name of Authority, Board, or Commission	Township Council of West Orange
Date When Term of Service Expires	July 1, 2012
Name of Governmental Affairs Agent	Sal Anderton
Name of Authority, Board, or Commission	Joint Meeting of Essex & Union Counties (regional utilities authority)
Date When Term of Service Expires	July 1, 2010
Did all Governmental Affairs Agent(s required during the calendar year co	s) named in this Annual Report file all Notices of Representation and Quarterly Reports vered by this Annual Report?
Yes If "yes," continue on to	Schedule B. No If "no," please file the necessary reports immediately.

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Form L1-A Revised Oct. 2009

New Jersey Election Law Enforcement Commission

#### 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
Dennis F. Marco	\$	152,727.00
Lynn Nowak		152,727.00
Sal Anderton		108,000.00
Lauren Ira		33,722.00
·		
	·	
SCHEDULE E	TOTAL \$	447,176.00
·		

### **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 \$	32,800.00

#### 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	\$ 2,578.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	9,477.00
Postage	416.00
Telephone, Telegram, Facsimile	21,349.00
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	
1-29-09: NJ State Chamber Walk to Washington	13,391.33
11-17-09 to 11-19-09: League of Municipalities	180.00
•	
Other (please describe):	
Bill tracking service	4,880.00
<u> </u>	
SCHEDULE E TOTAL \$	52,271.33

# **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	` ,	MOUNT
Dennis F. Marco	\$	750.47
Lynn Nowak		817.54
Christopher P. DePhillips, Esq.		980.05
Sal Anderton, Esq.		348.72
Vito Gagliardi, Jr., Esq.		617.96

SCHEDULE F TOTAL \$ 3,514.74

# 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.)

Date	Name of Benefit Recipient Herb Conaway			
Name Porzio Governmental Affairs, LLC  Address 41 West State Street  City Trenton	Date Description F - Food & Beverage		Amount \$	50.00
City Trenton State NU Zip Code 08608  If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date	Name Parrie Covernmental Affairs IIC			
If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date Amount \$	Address 41 West State Street			
If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date Amount \$	City Trenton	State NJ Zip	Code <u>08608</u>	
Name of Benefit Recipient 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 Amount \$  Name of Benefit Recipient Date Description Amount \$  Name and Address of Payee/Vendor Name City State Zip Code If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement. Date Description Amount \$  Name of Benefit Recipient State Zip Code If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement. Date Amount \$  Name of Benefit Recipient 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. State Zip Code If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement. Date Amount \$  Name Address Zip Code If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement. Date Amount \$	If benefit was reimbursed, please report the date, the description, a	nd the amount of the re		
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 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 Description  Amount \$  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  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 Description  State Zip Code If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement. Date Address of Payee/Vendor Name Address of Payee/Vendor Name Address of Payee/Vendor State Zip Code If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement. Date Amount \$	Description			
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 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 Description  Amount \$  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  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 Description  State Zip Code If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement. Date Address of Payee/Vendor Name Address of Payee/Vendor Name Address of Payee/Vendor State Zip Code If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement. Date Amount \$	Name of Benefit Recipient			
Name Address  City State Zip Code				
City State Zip Code	••			
City State Zip Code	Address			
Date			Code	
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 \$  State Zip Code  If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date Amount \$			imbursement.	
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.  Address  City State Zip Code  If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement. Date Amount \$	Description			
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City State Zip Code  If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  Date Amount \$	Address			
Date Amount \$		State Zip	Code	
			imbursement.	

	SUMMA	RY (	OF BEN	EFIT P	ASSING
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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	_	50.00	+		=	50.00
Travel	_		+		=	
Lodging	_		+		=	
Honoraria	_		+		=	
Loans	_		+		=	·
Gifts	_		+	· 	=	
Other (specify)			+ .		=	
Total	\$_	50.00	+\$		=\$	50.00

SCHEDULE G-1 AND SCHEDULE G-2 TOTAL

ENTER THE TOTAL AMOUNT OF REIMBURSED BENEFITS, IF ANY.
DO NOT DEDUCT THIS AMOUNT FROM BENEFIT PASSING AMOUNTS.

\$

# **SUMMARY OF LOBBYING EXPENDITURES**

#### **EXPENDITURES**

1. Salary and Compensation	Schedule B Total	\$ 447,176.00
2. Support Personnel	Schedule C Total	32,800.00
3. Communication Expenses	Schedule E Total	52,271.33
4. Travel and Lodging	Schedule F Total	3,514.74
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	50.00
	Total Lobbying Expenditures	\$ 535,812.07

<sup>\*</sup> After completing all entries on Schedule G-1, provide totals by category.

<sup>\*\*</sup> Enter, by category, the value of benefit passing where the expenditure did NOT exceed the \$25/day or \$200/calendar year thresholds.

### **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
Agile Technologies, LLC	\$ 10,500.00
2. American Civil Liberties Union of NJ	50,400.00
3. American Honda Motor Co. Inc.	42,000.00
4. American Physical Therapy Association of New Jersey	38,931.00
5. Association of New Jersey Chiropractors	24,000.00
6. Capital Health Systems	55,620.00
7. CNA Financial Corporation	45,900.00
8. CNA Surety	28,000.00
9. COREhealth, LLC	10,000.00
10. Entech Group, Inc.	12,000.00
11. Event Journal, Inc.	5,500.00
12. Families Against Mandatory Minimums	27,749.00
13. Health Management Systems	54,000.00
14. HSBC-GR Corp.	36,220.00
15. M/A Com, Inc./Harris	72,000.00
16. MasterCard International	65,000.00
17. Meadowlink Commuter Services	18,000.00
18. Medco Health Solutions, Inc.	30,000.00

	30,000.00
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
Mental Health Association in New Jersey	\$ 24,000.00
2. New Jersey Cable Telecommunications	30,000.00
3. New Jersey Council of County Colleges	54,600.00
4. New Jersey Community College Consortium for Workforce & Economic Development	27,000.00
5. New Jersey Society for Respiratory Care	12,000.00
6. New Jersey Speech-Language Hearing Association	38,500.00
7. New Jersey State Association of Fire Districts	24,180.00
8. Securitas, Inc.	42,000.00
9. Skylar Investments	12,000.00
10. Special Risk Managers	5,000.00
11. Stavola Realty Company	36,000.00
12. Talecris Biotherapeutics	27,000.00
13. Trigyn Technologies, Inc.	10,500.00
14. Visiting Homemaker Services of Hudson County	18,000.00
15.	
16.	
17.	
18.	

TOTAL DECEMBE	986,600.00
TOTAL RECEIPTS	\$ 900,000.00

CERTIFICATION	ON
This certification shall be signed by either the Governmental Affairs Agent Managing or Principal Partner or Chief Executive Officer of the Government	
I, Dennis F. Marco	
(print name)	
hereby certify that I am duly authorized by	
Porzio Governmental Affairs, LLC	
(print name of firm)	•
I certify that the statements made herein are true and accurate. I am aware	
to file and certify the accuracy and correctness of this Annual Report of Lo I certify that the statements made herein are true and accurate. I am award false, I may be subject to punishment.  **Definition of the control of the con	
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