

FORM L1-A
Reporting For Calendar Year 2009

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



RECEIVED

2010 APR 27 P

N.J. ELECTION
LAW ENFORCEMENT
COMMISSION

FOR STATE USE ONLY

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:

Porzio Governmental Affairs, LLC

Business Address 41 West State Street

Address

City Trenton

State NJ

Zip Code 08608

*(Area Code) Telephone Number 609-396-6100

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

1. Name Dennis F. Marco

Registration Number 1618-1

Occupation or Business Legislative Agent

Business Address 41 West State Street

City Trenton

State NJ

Zip Code 08608

*(Area Code) Telephone Number 609-396-6100

2. Name Vito Gagliardi, Jr., Esq.

Registration Number 1618-3

Occupation or Business Attorney

Business Address 41 West State Street

City Trenton

State NJ

Zip Code 08608

*(Area Code) Telephone Number 609-396-6100

3. Name D. Jeffrey Campbell, Esq.

Registration Number 1618-4

Occupation or Business Attorney

Business Address 41 West State Street

City Trenton

State NJ

Zip Code 08608

*(Area Code) Telephone Number 609-396-6100

4. Name Christopher P. DePhillips, Esq.

Registration Number 1618-5

Occupation or Business Attorney

Business Address 41 West State Street

City Trenton

State NJ

Zip Code 08608

*(Area Code) Telephone Number 609-396-6100

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

1. Name Sal Anderton, Esq.

Registration Number 1618-7 Occupation or Business Legislative Agent

Business Address 41 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-396-6100

2. Name Lauren Ira

Registration Number 1618-8 Occupation or Business Legislative 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 Legislative Agent

Business Address 41 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-396-6100

4. Name _____

Registration Number _____ Occupation or Business _____

Business Address _____

City _____ State _____ Zip Code _____

*(Area Code) Telephone Number _____

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

2. REPRESENTED ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY

Provide the following information concerning those Represented Entities who have designated this report to include their activity.

Note: For each Represented Entity, Form L-2 must be filed.

1. Name of Represented Entity Agile Technologies, LLC

Business Address 685 Route 202/206

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

City Bridgewater State NJ Zip Code 08807

Type of Business Corporation

2. Name of Represented Entity American Civil Liberties Union of NJ

Business Address PO Box 32159

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

City Newark State NJ Zip Code 07101

Type of Business Non-Profit

3. Name of Represented Entity American Honda Motor Co. Inc.

Business Address c/o Multistate Associates, Inc.
515 King Street, Suite 300

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 _____

4. Name of Represented Entity American Physical Therapy Association of New Jersey

Business Address 1100 US Highway 130

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

City Robbinsville State NJ Zip Code 08961

Type of Business Professional Association

5. Name of Represented Entity Association of New Jersey Chiropractors

Business Address 3121 Route 22 East

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

City Branchburg State NJ Zip Code 08876

Type of Business Trade 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 CNA Financial Corporation

Business Address

94 New Kerner Road

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

City Albany

State NJ

Zip Code 12203

Type of Business Corporation

2. Name of Represented Entity CNA Surety

Business Address

c/o Multistate Associates, Inc.

515 King Street, Suite 300

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 Corporation

3. Name of Represented Entity COREhealth, LLC

Business Address

199 Mountain Avenue

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

City Summit

State NJ

Zip Code 07901

Type of Business Corporation

4. Name of Represented Entity Entech Group, Inc.

Business Address

400 Morris Avenue, Suite 265

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

City Denville

State NJ

Zip Code 07834

Type of Business Corporation

5. Name of Represented Entity Event Journal, Inc.

Business Address

998 Old Country Road C-175

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

City Plainview

State NJ

Zip Code 11803

Type of Business Corporation

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 Families Against Mandatory Minimums

Business Address 1612 K Street, N.W., Suite 700

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 Non-profit

2. Name of Represented Entity Harris (formerly M/A Com)

Business Address 91 Harper Terrace

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

City Cedar Grove State NJ Zip Code 07009

Type of Business Corporation

3. Name of Represented Entity MasterCard International

Business Address 2000 Purchase Street

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

City Purchase State NY Zip Code 10577

Type of Business Corporation

4. Name of Represented Entity Meadowlink Commuter Services

Business Address 201 Route 17 North

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

City Rutherford State NJ Zip Code 07070

Type of Business _____

5. Name of Represented Entity Mental Health Association in New Jersey

Business Address 88 Pompton Avenue

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

City Verona State NJ Zip Code 07044

Type of Business Non-Profit

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 Council of County Colleges

Business Address 330 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 Non-Profit

2. Name of Represented Entity New Jersey Community College Consortium for Workforce & Economic Development

Business Address 330 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 Non-Profit

3. Name of Represented Entity New Jersey Society for Respiratory Care

Business Address c/o Chilton Memorial Hospital
97 West Parkway

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

City Pompton Plains State NJ Zip Code 07444

Type of Business Professional Association

4. Name of Represented Entity New Jersey Speech-Language Hearing Association

Business Address 390 Amwell Road, Suite 403

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

City Hillsborough State NJ Zip Code 08844

Type of Business Professional Association

5. Name of Represented Entity New Jersey State Association of Fire Districts

Business Address 1145 Canal Road

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 Professional Association

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 Securitas, Inc.

Business Address c/o Multistate Associates, Inc.
515 King Street, Suite 300

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 Corporation

2. Name of Represented Entity Skylar Investments

Business Address c/o Multistate Associates, Inc.
515 King Street, Suite 300

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 _____

3. Name of Represented Entity Special Risk Managers

Business Address 914 Mt. Kemble Avenue

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

City Morristown State NJ Zip Code 07960

Type of Business _____

4. Name of Represented Entity Stavola Realty

Business Address 175 Drift Road

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

City Tinton Falls State NJ Zip Code 07724

Type of Business Supplier/Real Estate

5. Name of Represented Entity Talecris Biotherapeutics

Business Address c/o Multistate Associates, Inc.
515 King Street, Suite 300

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 Corporation

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 Trigyn Technologies, Inc.

Business Address 100 Metroplex Drive

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

City Edison State NJ Zip Code 08817

Type of Business Corporation

2. Name of Represented Entity Visiting Homemaker Services of Hudson County

Business Address 586 Newark Avenue

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

City Jersey City State NJ Zip Code 07306

Type of Business Home Health Care

3. Name of Represented Entity Please note that American Honda Motor Company Inc.,

Business Address CNA Surety, Securitas Security Services, Inc.,
Skylar Investments, and Talecris Biotherapeutics are listed both

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

City in this section and the following section under Multistate Associates. State _____ Zip Code _____

Type of Business _____

4. Name of Represented Entity HSBC-GR Corp.

Business Address 30 South Pearl Street, 5th Floor

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

City Albany State NY Zip Code 12207

Type of Business Corporation

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 Capital Health Systems

Business Address 750 Brunswick Avenue

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

City Trenton State NJ Zip Code 08638

Type of Business Health Care System

2. Name of Represented Entity Health Management Services (HMS)

Business Address c/o Multistate Associates, Inc.
515 King Street, Suite 300

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 Corporation

3. Name of Represented Entity HSBC-GR Corp.

Business Address 30 South Pearl Street, 5th Floor

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

City Albany State NY Zip Code 12207

Type of Business Corporation

4. Name of Represented Entity Medco Health Solutions, Inc.

Business Address 100 Parsons Pond Drive

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

City Franklin Lakes State NJ Zip Code 07417

Type of Business Health Insurance

5. Name of Represented Entity New Jersey Cable Telecommunications

Business Address 124 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 Trade Association

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity Multistate Associates on behalf of HMS, American Honda Motor Co. Inc., CNA Surety,

Business Address Securitas, Inc., Skylar Investments, & Talecris Biotherapeutics

515 King Street, Suite 300

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 National Lobbying Association

2. Name of Represented Entity _____

Business Address _____

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

City _____

State _____

Zip Code _____

Type of Business _____

3. Name of Represented Entity _____

Business Address _____

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

City _____

State _____

Zip Code _____

Type of Business _____

4. Name of Represented Entity _____

Business Address _____

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

City _____

State _____

Zip Code _____

Type of Business _____

5. Name of Represented Entity _____

Business Address _____

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

City _____

State _____

Zip Code _____

Type of Business _____

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 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 October 31, 2012

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

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 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 (<i>please identify name and date of event</i>) | |
| 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 (<i>please describe</i>): | |
| Bill tracking service | 4,880.00 |
| | |
| | |
| | |
| | |
| | |
| 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 | AMOUNT |
|------------------------------------|-----------------|
| 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.)

Name of Benefit Recipient Herb Conaway, Assemblyman
 Date Jul 20, 2009 Description F - Food & Beverage Amount \$ 50.00

Name and Address of Payee/Vendor

Name Del Frisco's

Address 111 South 15th Street

City Philadelphia State PA Zip Code 19102

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 | _____ 50.00 | + | _____ | = | _____ 50.00 |
| Travel | _____ | + | _____ | = | _____ |
| Lodging | _____ | + | _____ | = | _____ |
| Honoraria | _____ | + | _____ | = | _____ |
| Loans | _____ | + | _____ | = | _____ |
| Gifts | _____ | + | _____ | = | _____ |
| Other (specify) _____ | _____ | + | _____ | = | _____ |
| Total | \$ _____ 50.00 | + | \$ _____ | = | \$ _____ 50.00 |

**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.**

\$ _____

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 |

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. 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 |

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. 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 RECEIPTS | \$ 986,600.00 |

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, Dennis F. Marco

(print name)

hereby certify that I am duly authorized by

Porzio Governmental 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.

Dennis F. Marco

Signature

2/15/10

Date