

**FORM L1-A**  
**Reporting For Calendar Year 2009**  
**ELEC RECEIVED**  
**FEB 19 2010**

**ANNUAL REPORT**  
**OF**  
**GOVERNMENTAL AFFAIRS AGENT**



**NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION**  
P.O. Box 185, Trenton, NJ 08625-C185  
(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:  
Smith Pizzutillo LLC

**RECEIVED**  
**VIA FAX**

Business Address 791 Alexander Rd.

City Princeton State NJ Zip Code 08540

\*(Area Code) Telephone Number \_\_\_\_\_

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

1. Name Mark O. Smith

Registration Number 1607-1 Occupation or Business Government Affairs Agent

Business Address 791 Alexander Rd.

City Princeton State NJ Zip Code 08540

\*(Area Code) Telephone Number 609-452-1500

2. Name Anthony E. Pizzutillo

Registration Number 1607-2 Occupation or Business Government Affairs Agent

Business Address 791 Alexander Rd.

City Princeton State NJ Zip Code 08540

\*(Area Code) Telephone Number 609-452-1500

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 \_\_\_\_\_

**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	_____	+ _____	= _____
Travel	_____	+ _____	= _____
Lodging	_____	+ _____	= _____
Honoraria	_____	+ _____	= _____
Loans	_____	+ _____	= _____
Gifts	_____	+ _____	= _____
Other (specify) _____	_____	+ _____	= _____
<b>Total</b>	\$ _____	+ \$ _____	= \$ _____ 0.00

**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	\$ _____	400,000.00
2. Support Personnel	Schedule C Total	_____	7,200.00
3. Communication Expenses	Schedule E Total	_____	9,075.00
4. Travel and Lodging	Schedule F Total	_____	3,300.00
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____	0.00
<b>Total Lobbying Expenditures</b>		\$ _____	420,875.00

**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. New York Shipping Association	\$ 25,689.00
2. NuStar Energy	41,304.00
3. Shopping Centers Anonymous	12,150.00
4. North Side Superstructures	1,400.00
5. Keansburg Boro	5,000.00
6. LCOR	43,730.08
7. MSTA	4,500.00
8. MTF	1,441.05
9. NAIDP	120,402.18
10. NJCCOA	10,000.00
11. NJRMA	19,295.10
12. NJNS	61,067.87
13. NJOTSY	84,000.00
14. Sills Cummis	4,500.00
15. Sky Pointe	25,284.09
16.	
17.	
18.	

TOTAL RECEIPTS \$ 479,771.37

**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.

1. Anthony E. Pizzutillo  
(print name)

hereby certify that I am duly authorized by

Smith Pizzutillo, 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.

Anthony E. Pizzutillo  
Signature

2-15-10  
Date