

FORM L1-A
Reporting For Calendar Year 2010

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



ELEC RECEIVED
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FOR STATE USE ONLY

Amendment

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:

1868 Public Affairs, LLC

Business Address 15 West Front Street, 4th Floor

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-394-0888

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

1. Name Patrick Torpey

Registration Number 1054-4 Occupation or Business Government Affairs Agent

Business Address 15 West Front Street, 4th Floor

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-394-0888

2. Name Michael Torpey

Registration Number 1054-15 Occupation or Business Government Affairs Agent

Business Address 15 West Front Street, 4th Floor

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-394-0888

3. Name Richard Ambrosino

Registration Number 1054-17 Occupation or Business Government Affairs Agent

Business Address 15 West Front Street, 4th Floor

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-394-0888

4. Name Idida Rodriguez

Registration Number 1054-20 Occupation or Business Government Affairs Agent

Business Address 15 West Front Street, 4th Floor

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-394-0888

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

1. Name LeRoy Jones

Registration Number 1054-21 Occupation or Business Government Affairs Agent

Business Address 15 West Front Street, 4th Floor

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-394-0888

2. Name _____

Registration Number _____ Occupation or Business _____

Business Address _____

City _____ State _____ Zip Code _____

*(Area Code) Telephone Number _____

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 _____

*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 NJ Section-American Water Works Association (NJAWWA)

Business Address NJ American Water, PO Box 5079

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

City Cherry Hill State NJ Zip Code 08034

Type of Business Association (water purveyor)

2. Name of Represented Entity WalMart Stores, Inc.

Business Address 700-76 Broadway

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

City Westwood State NJ Zip Code 07675

Type of Business Retail

3. Name of Represented Entity Johnson Controls, Inc.

Business Address 507 East Michigan St.

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

City Milwaukee State WI Zip Code 53202

Type of Business Climate Control Products

4. Name of Represented Entity Bally Technologies

Business Address 6601 South Bermuda Rd.

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

City Las Vegas State NV Zip Code 89119

Type of Business Gaming

5. Name of Represented Entity Kennedy Health Systems (KHS)

Business Address 1009 White Horse Rd.

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

City Voorhees State NJ Zip Code 08043

Type of Business Health Care Facility

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

1. Name of Represented Entity Forthright

Business Address c/o National Arbitration Forum, 285 Davidson Ave., Ste. 502

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

City Somerset State NJ Zip Code 08873

Type of Business Arbitration

2. Name of Represented Entity Verizon-New Jersey

Business Address 540 Broad Street, 17th Floor

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

City Newark State NJ Zip Code 07102-4194

Type of Business Communication

3. Name of Represented Entity Sodexo, Inc.

Business Address 9810 Washingtonian Blvd., Ste 1237

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

City Gaithersburg State MD Zip Code 20878

Type of Business Food Services

4. Name of Represented Entity NJ Wine & Spirits Wholesalers Association (NJWSWA)

Business Address c/o Allied Beverage
600 Washington Ave.

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

City Carlstadt State NJ Zip Code 07072

Type of Business Association

5. Name of Represented Entity PSE & G

Business Address 80 Park Plaza - T4A

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

City Newark State NJ Zip Code 07102-4194

Type of Business Energy Company

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 City of Newark

Business Address 920 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 City Government

2. Name of Represented Entity Opportunities for All (OFA)

Business Address 1733 S. Broad Street

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

City Hamilton State NJ Zip Code 08610

Type of Business Re-Entry Programs

3. Name of Represented Entity Babyland Family Services

Business Address 755 South Orange Ave.

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

City Newark State NJ Zip Code 07106

Type of Business Family Services

4. Name of Represented Entity TRC

Business Address 21 Griffin Road

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

City North Windsor State NJ Zip Code 06095

Type of Business Engineering

5. Name of Represented Entity American Federation for Children

Business Address 1660 L. Street, NW
Suite 1000

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 School Choice

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 Bayada Nurses

Business Address 40 Maple Ave.

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 Home Care Nursing

2. Name of Represented Entity Community Education Center

Business Address 35 Fairfield Place

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

City West Caldwell State NJ Zip Code 07006

Type of Business Re-Entry Programs

3. Name of Represented Entity Innovative Fuels

Business Address 126 Passaic Street

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

City Newark State NJ Zip Code 07104

Type of Business _____

4. Name of Represented Entity Somerset Hills Residential Treatment Center

Business Address 1275 Brook Rd.
Suite 7

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

City Middlesex State NJ Zip Code 08846

Type of Business Treatment Center

5. Name of Represented Entity Somerset County Park Commission (SCPC)

Business Address 355 Milltown Rd.

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 Park Commission

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 The Torain Group

Business Address 46 Willow Pond Court

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

City Swedesboro State NJ Zip Code 08085

Type of Business Engineering

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 _____

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. 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 _____

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 Richard Ambrosino

Name of Authority, Board, or Commission Camden County Board of Elections

Date When Term of Service Expires March 30, 2012

Name of Governmental Affairs Agent Idida Rodriguez

Name of Authority, Board, or Commission Passaic Valley Water Commission

Date When Term of Service Expires December 2012

Name of Governmental Affairs Agent Idida Rodriguez

Name of Authority, Board, or Commission Local Finance Board

Date When Term of Service Expires January 2015

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
LeRoy Jones	\$ 138,836.00
Patrick Torpey	111,498.00
Idida Rodriguez	123,690.00
Michael Torpey	77,821.00
Richard Ambrosino	6,070.00
SCHEDULE B TOTAL \$	457,915.00

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 \$ 33,250.00

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	\$
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	
Postage	
Telephone, Telegram, Facsimile	7,250.00
Pro Rata Overhead Costs of Specific Events Over \$100 (<i>please identify name and date of event</i>)	
<i>Other (please describe):</i>	
GovNet-Bill Tracking	3,582.36
SCHEDULE E TOTAL \$	10,832.36

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
	\$ 0.00
SCHEDULE F TOTAL \$	0.00

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 \$ _____ 0.00

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 \$ _____ 0.00

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 \$ _____ 0.00

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 \$ _____ 0.00

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	_____	+	_____	=	_____
Travel	_____	+	_____	=	_____
Lodging	_____	+	_____	=	_____
Honoraria	_____	+	_____	=	_____
Loans	_____	+	_____	=	_____
Gifts	_____	+	_____	=	_____
Other (specify) _____	_____	+	_____	=	_____
Total	\$ _____ 0.00	+	\$ _____ 0.00	=	\$ _____ 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.**

\$ _____ 0.00

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

1. Salary and Compensation	Schedule B Total	\$ _____ 457,915.00
2. Support Personnel	Schedule C Total	_____ 33,250.00
3. Communication Expenses	Schedule E Total	_____ 10,832.36
4. Travel and Lodging	Schedule F Total	_____ 0.00
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____ 0.00
Total Lobbying Expenditures		\$ _____ 501,997.36

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. Babyland	\$ 8,000.00
2. Bally Technologies	9,000.00
3. City of Newark	88,000.00
4. Forthright	40,000.00
5. Johnson Controls, Inc.	47,500.00
6. Kennedy Health Systems	63,000.00
7. NJWSWA	4,000.00
8. NJAWWA	15,000.00
9. Opportunities for All	4,000.00
10. PSE&G	70,000.00
11. Sodexo	45,000.00
12. Somerset County Parks Commission	2,500.00
13. Somerset Hills Residential Treatment Centers	34,000.00
14. TRC	35,000.00
15. Verizon-New Jersey	65,000.00
16. WalMart Stores, Inc.	30,400.00
17. American Federation for Children	46,900.00
18. Community Education Centers	60,000.00

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. Bayada Nurses	\$ 60,000.00
2. Innovative Fuels	6,250.00
3. Torain Group	20,000.00
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	

TOTAL RECEIPTS \$ 659,050.00

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, Patrick Torpey

(print name)

hereby certify that I am duly authorized by

1868 Public Affairs, LLC

(print name of firm)

to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year 2010.
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.

Patrick Torpey / enll
Signature

February 14, 2011
Date