FORM L1-A Reporting For Calendar Year 2010

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Amendment

ANNUAL REPORT OF GOVERNMENTAL AFFAIRS AGENT



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 Aff	fairs Agent Firm:	//0	
BUNKUY CARTITLE	VI /73366-	<u> </u>	
Business SSWATER	64115		
Address			
City BONKEZING / *(Area Code) Telephone Number 905-3	415, NJ	State W	Zip Code (17922
*(Area Code) Telephone Number $\frac{709-3}{}$	22-6717		
 Provide the following information regarding the Gover 	nmental Affairs Agent(s) on who	ose behalf this repo	rt is filed.
1. Name <u>Ecle ene</u> FD Registration Number <u>1840 - 1</u> Business Address <u>55 Wefer</u>	eutsch,		
Registration Number 1840 - 1	Occupation or Business Win	ACESTATE,	Kiso (fing PR
Business Address 53 (UZfer)	Lane.		7.1
City Bolkeley Hrs		State /W/	Zip Code C Till
City 30/Ke/eg Hrs *(Area Code) Telephone Number 908 -	322-677	7	
2. Name			
Registration Number	Occupation or Business		
Business Address			
			7. 6.1
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 AddressCity		State	Zip Code
*(Area Code) Telephone Number	$\overline{}$		
(inco code) receptione number			

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
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
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
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.

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, Engine F. Dentsch. (print name)

hereby certify that I am duly authorized by

BOLKERRY CANTEST ASSOC LCC

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

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.

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