

FORM L1-A
Reporting For Calendar Year 2010

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



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NEW JERSEY ELECTION
LAW ENFORCEMENT
COMMISSION

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:

Cammarano and Hagan Partners, LLC

Business Address 222 W. State Street

Suite 302

City Trenton

State NJ

Zip Code 08608

*(Area Code) Telephone Number 609-392-2332

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

1. Name Peter Cammarano

Registration Number 1741-1

Occupation or Business Governmental Affairs

Business Address (Same as above)

City _____

State _____

Zip Code _____

*(Area Code) Telephone Number _____

2. Name Kevin Hagan

Registration Number 1741-2

Occupation or Business Governmental Affairs

Business Address (Same as above)

City _____

State _____

Zip Code _____

*(Area Code) Telephone Number _____

3. Name William Layton

Registration Number 1741-3

Occupation or Business Governmental Affairs

Business Address (Same as above)

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 _____

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 Action Carting Environmental Services

Business Address 451 Frelinghuysen Avenue

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

City Newark State NJ Zip Code 07114

Type of Business Environmental Waste Management

2. Name of Represented Entity Association of International Automobile Manufacturers

Business Address 1050 K Street, N.W.
Suite 650

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

City Washington State DC Zip Code 20001

Type of Business Trade Association

3. Name of Represented Entity Bayonne Golf Club

Business Address 100 LeFante Lane

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

City Bayonne State NJ Zip Code 07002

Type of Business Private Gold Club

4. Name of Represented Entity Community Education Centers

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 Residential Re-entry Centers

5. Name of Represented Entity Develcom

Business Address 204 Harding Avenue

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

City Bellmawr State NJ Zip Code 08031

Type of Business Redevelopers

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1. Name of Represented Entity Drakontas

Business Address 200 Federal Street
Suite 300

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

City Camden State NJ Zip Code 08103

Type of Business Communication Technology

2. Name of Represented Entity Englewood Hospital and Medical Center

Business Address 350 Engle Street

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

City Englewood State NJ Zip Code 07631

Type of Business Hospital

3. Name of Represented Entity Hartford Plaza Ltd.

Business Address 230 Cooper Road

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

City W. Berlin State NJ Zip Code 08091

Type of Business Property Management

4. Name of Represented Entity JH Reid Contractors

Business Address P.O. Box 324
3230 Hamilton Blvd.

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

City South Plainfield State NJ Zip Code 07080

Type of Business Construction

5. Name of Represented Entity Liberty State Financial

Business Address 2050 Springdale Road
Suite 200

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

City Cherry Hill State NJ Zip Code 08003

Type of Business Title Company

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

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

1. Name of Represented Entity MDAdvantage

Business Address 2 Princess Road

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

City Lawrenceville State NJ Zip Code 08648

Type of Business Medical Malpractice Insurance Company

2. Name of Represented Entity Memorial Sloan Kettering Cancer Center

Business Address 136 Mountain View Road

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

City Basking Ridge State NJ Zip Code 07920

Type of Business Healthcare

3. Name of Represented Entity New Brunswick Development Corporation

Business Address 120 Albany Street

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

City New Brunswick State NJ Zip Code 08901

Type of Business Urban Redevelopment

4. Name of Represented Entity New Jersey Community Development Corporation

Business Address P.O. Box 6976

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

City Paterson State NJ Zip Code 07509

Type of Business Non-profit Community Organization

5. Name of Represented Entity New Jersey Hospital Association

Business Address 760 Alexander Road
P.O. Box 1

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

City Princeton State NJ Zip Code 08543

Type of Business Trade 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 New Jersey Lawsuit Reform Alliance

Business Address 128 W. State Street
Third Floor

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 Advocates for a fair civil justice system

2. Name of Represented Entity NIC USA

Business Address 2 Quakerbridge Plaza Drive
Bldg. 2, Suite 103

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

City Hamilton State NJ Zip Code 08619

Type of Business E-government

3. Name of Represented Entity PJM Interconnection, LLC

Business Address 955 Jefferson Avenue

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

City Norristown State PA Zip Code 19404-2497

Type of Business Energy

4. Name of Represented Entity Republic Mortgage Insurance Company

Business Address 101 N. Cherry Street

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

City Winston-Salem State NC Zip Code 27101

Type of Business Mortgage Insurance

5. Name of Represented Entity Unifund CCR Partners

Business Address 33 Wood Avenue South
Suite 600

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

City Iselin State NJ Zip Code 08830

Type of Business Secondary Debt Collection

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity Passaic Valley Sewerage Commission

Business Address

60 Wilson Boulevard

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

City Newark

State NJ

Zip Code 07105

Type of Business Wastewater Treatment Facility

2. Name of Represented Entity AT&T

Business Address

196 W. 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 Telecom

3. Name of Represented Entity Hudson Transmission Partners, LLC

Business Address

501 Kings Highway East

Suite 300

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

City Fairfield

State CT

Zip Code 08825

Type of Business Utility

4. Name of Represented Entity The Solar Alliance

Business Address

800 U.S. Highway 9

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

City Freehold

State NJ

Zip Code 07728

Type of Business Trade Association

5. Name of Represented Entity NJ Anesthesia PAC

Business Address

26 Eastmans Road

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

City Parsippany

State NJ

Zip Code 07054

Type of Business Association

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 Peter Cammarano

Name of Authority, Board, or Commission Casino Reinvestment Development Authority

Date When Term of Service Expires 2012

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 _____

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	\$ 1,889.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	
Postage	
Telephone, Telegram, Facsimile	9,276.00
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	
Subscription	2,882.00
<i>Other (please describe):</i>	
Administration of office including rent, insurance, accounting, vehicles and general office operations	82,352.00
SCHEDULE E TOTAL \$	96,399.00

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
	\$
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 \$ _____

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 _____

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	_____		_____		_____
Travel	_____		_____		_____
Lodging	_____		_____		_____
Honoraria	_____		_____		_____
Loans	_____		_____		_____
Gifts	_____		_____		_____
Other (specify) _____	_____		_____		_____
Total	\$ _____		\$ _____		\$ _____ 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	\$ 727,600.00
2. Support Personnel	Schedule C Total	43,000.00
3. Communication Expenses	Schedule E Total	96,400.00
4. Travel and Lodging	Schedule F Total	_____
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____
Total Lobbying Expenditures	\$	867,000.00

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. Action Carting Environmental Services	\$ 15,000.00
2. Association of International Automobile Manufacturers	5,000.00
3. Bayonne Golf Club	0.00
4. Community Education Centers	50,000.00
5. Develcom	40,000.00
6. Drakontas	42,000.00
7. Englewood Hospital and Medical Center	28,000.00
8. Hartford Plaza Ltd.	12,000.00
9. JH Reid Contractors	12,500.00
10. Liberty State Financial	10,000.00
11. MDAdvantage	72,000.00
12. Memorial Sloan Kettering Cancer Center	70,000.00
13. New Brunswick Development Corporation	0.00
14. New Jersey Community Development Corporation	37,500.00
15. New Jersey Hospital Association	60,000.00
16. New Jersey Lawsuit Reform Alliance	54,000.00
17. NIC USA	42,000.00
18. PJM Interconnection, LLC	90,000.00

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. Republic Mortgage Insurance Company	\$ 45,000.00
2. Unifund CCR Partners	22,500.00
3. Passaic Valley Sewerage Commissioners	6,000.00
4. AT&T	132,000.00
5. NJ Anesthesia PAC	10,000.00
6. Solar Alliance	4,000.00
7. Hudson Transmission, LLC	7,500.00
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
	TOTAL RECEIPTS \$ 867,000.00

