FORM L1-A Reporting For Calendar Year 2010

FEB 1 5 2011

FOR STATE USE ONLY

Amendment	П
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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 Go	overnmental Affairs Agent or Governmental A	ffairs Agent Firm:		
Capital Im	pact Group			
Business	134 West State Street			
Address				
City	Trenton		State NJ	Zip Code <u>08608</u>
*(Area Cod	e) Telephone Number (609) 989-5885			
1. Provide	the following information regarding the Gove	rnmental Affairs Agent(s) on whose I	behalf this repor	t is filed.
1. Name <u>(</u>	Gene Mulroy			
Registrat	ion Number <u>1781-1</u>	Occupation or Business Consulta	int	
Business	Address 134 West State Street			
City Tre	nton		State NJ	Zip Code 08608
*(Area Co	ode) Telephone Number (609) 989-5885			
	Gerry Gibbs		_	
_	ion Number 1881-2	Occupation or Business Consulta	nt	
-	Address 134 West State Street			
City Tre			State NJ	Zip Code 08608
	de) Telephone Number (609) 989-5885			
3. Name <u>C</u>	Christina Meo			
Registrati	on Number <u>1781-3</u>	Occupation or Business Consulta	nt	
Business	Address 134 West State Street			
City Tre	nton		State NJ	Zip Code <u>08608</u>
*(Area Co	de) Telephone Number (609) 989-5885			
4. Name F	Ryan Peene			
Registrati	on Number 1781-4	Occupation or Business Consulta	nt	
Business	Address 134 West State Street			
City Tre	nton		State NJ	Zip Code 08608
*(Area Co	de) Telephone Number (609) 989-5858			

1. Provide the following information regarding the Gov	ernmental Affairs Agent(s) on whose behalf the	his report is filed.	
1. Name Chrissy Buteas			
Registration Number 1781-5	Occupation or Business Consultant		
Business Address 134 West State Street			
City Trenton	State N	J Zip Code	08608
*(Area Code) Telephone Number (609) 989-5885			
2. Name Elizabeth Meyers			
Registration Number 1781-6	Occupation or Business Consultant		
Business Address 134 West State Street			
City Trenton	State N	J Zip Code	08608
*(Area Code) Telephone Number (609) 989-5885			
3. Name Loredana Cromarty			
Registration Number 1781-7	Occupation or Business Consultant		
Business Address 134 West State Street			
City Trenton	State N	J Zip Code	80980
*(Area Code) Telephone Number (609) 989-5885			
l. 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.

	D ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY following information concerning those Represented Entities who have designated the concerning those represented Entities who have designated the concerning those represented Entities who have designated the concerning the con	ited	this report to include their activity.
Note: For eac	ch Represented Entity, Form L-2 must be filed.		
1. Name of Repr	esented Entity AAA Clubs of New Jersey		
Business Address	1 Hanover Avenue	-	Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Florham I	Park Stat	e <u>N</u> .	<u> </u>
Type of Business	Motorist Advocates		
2. Name of Repr	esented Entity CentraState Healthcare System		-
Business Address	901 West Main Street	-	Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Freehold	Stat	- <u> </u>	
Type of Business	Healthcare system		
3. Name of Repre	esented Entity Coriell Institute for Medical Research		
Business Address	403 Haddon Avenue	-	Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Camden	State	 N.	Zip Code 08103
Type of Business	Medical Research		
4. Name of Repre	esented Entity Catholic Healthcare Partnership		
Business	760 Alexander Road	_ _	Check if communication with the general public ("Grassroots
Address			Lobbying") was the only lobbying activity for this entity.
City Princeton	State	<u>N</u> J	Zip Code <u>08540</u>
Type of Business	healthcare		
5. Name of Repre	esented Entity Christian Health Care		
business	301 Sicomac Avenue	 -	Check if communication with the general public ("Grassroots
Address			Lobbying") was the only lobbying activity for this entity.
City Wyckoff	State	NJ	Zip Code <u>07481</u>
Type of Business	healthcare		

•	following information concerning those Represented Entities who have des	ignat	eu u	his report to include their activity.
Note: For eac	ch Represented Entity, Form L-2 must be filed.			
1. Name of Repr	esented Entity Dewey Square Group for American Beverage Asso	ciati	ion	
Business Address	1001 G. Street, NW			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying
Addiess	Suite 400 East			activity for this entity.
City Washingt	ton	State	DC	Zip Code 20001
Type of Business	Association of beverage producers			
2. Name of Repr	esented Entity Dewey Square Group for Barnes and Nobel Univer	rsity	Boo	ok Stores
Business	1001 G. Street, NW		 	Check if communication with the general public ("Grassroots
Address	Suite 400 East			Lobbying") was the only lobbying activity for this entity.
City Washingt	con	State	DC	Zip Code 20001
Type of Business	book stores			
3. Name of Repr	esented Entity DuPont			
Durings	1007 Market Street			Check if communication with the general public ("Grassroots
Business Address				Lobbying") was the only lobbying activity for this entity.
City Wilmingt	on	State	DE	Zip Code 19898
Type of Business	Environmental/chemical			· · · · · · · · · · · · · · · · · · ·
4. Name of Repr	esented Entity Exelon Generation			
Business	200 Exelon Way			Check if communication with the general public ("Grassroots
Address	Suite 340			Lobbying") was the only lobbying activity for this entity.
City Kennett S	iquare	State	PA	Zip Code 19348
Type of Business	Energy	_		
5. Name of Repr	esented Entity Fedway Associates, Inc			
Business	P. O. Box 519			Check if communication with the general public ("Grassroots
Address				Lobbying") was the only lobbying activity for this entity.
City Kearny		State	NJ	Zip Code <u>07302</u>
Type of Business	Spirits distributor			

1	D ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY following information concerning those Represented Entities who have des	signate	ed th	nis report to include their activity.
Note: For eac	ch Represented Entity, Form L-2 must be filed.			
1. Name of Repr	esented Entity Herald Bank		-	
Business	623 Fifth Avenue			Check if communication with the general public ("Grassroots
Address	11th Floor			Lobbying") was the only lobbying activity for this entity.
City New York		State	NY	Zip Code 10022
Type of Business	Banking			
2. Name of Repr	esented Entity Hilltop Public Solutions for Coalition for Financial	Secu	rity	
Business	1000 Potomoc Street			Check if communication with the general public ("Grassroots
Address	Suite 500			Lobbying") was the only lobbying activity for this entity.
City Washingt	on	State	DC	Zip Code 20007
Type of Business	Financial Security advocates			
3. Name of Repre	esented Entity Hilltop Public Solutions for National Consumer Re	esearc	h A	lliance
Business	1000 Potomoc Street			Check if communication with the general public ("Grassroots
Address	Suite 500			Lobbying") was the only lobbying activity for this entity.
City Washingt	on :	State	DC	Zip Code 20007
Type of Business	consumer advocates			
4. Name of Repre	esented Entity Home Health Services and Staffing Association of	New	Jer	sey
Business	42 Milton Drive		_	Check if communication with the general public ("Grassroots
Address				Lobbying") was the only lobbying activity for this entity.
City Manchest	er	State <u> </u>	NJ	Zip Code 08759
Type of Business	Home care industry			
5. Name of Repre	esented Entity Honeywell			
Business	101 Columbia Road			Check if communication with the general public ("Grassroots
Address		[Lobbying") was the only lobbying activity for this entity.
City Morristow	<u>/n</u>	State <u> </u>	NJ	Zip Code 07962
Type of Business	chemical/environmental			

	D ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY following information concerning those Represented Entities who have designed	ignate	ed th	nis report to include their activity.
Note: For eac	ch Represented Entity, Form L-2 must be filed.			
1. Name of Repr	esented Entity K2 Pure Solutions			
Business Address	260 Queen Street West			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying
Addless	4th Floor			activity for this entity.
City Toronto		State	ON	Zip Code M5V1Z8
Type of Business	chemical company			
2. Name of Repr	esented Entity Laurdan Realty			
Business	321 WEST MAIN STREET			Check if communication with the general public ("Grassroots
Address	P.O. Box 707			Lobbying") was the only lobbying activity for this entity.
City Freehold		State	NJ	Zip Code <u>07728</u>
Type of Business	Real Estate Development		_	
3. Name of Repre	esented Entity Marlboro Township Municipal Authority			
Business	P.O. Box 280			Check if communication with the general public ("Grassroots
Address				Lobbying") was the only lobbying activity for this entity.
City Wickatun	<u>k</u> s	State	NJ	Zip Code 07765
Type of Business	utility			
4. Name of Repre	esented Entity Medical Transportation Association	_		
Business	P.O. Box 509			Check if communication with the general public ("Grassroots
Address				Lobbying") was the only lobbying activity for this entity.
City Brick	s	itate	NJ	Zip Code 08723
Type of Business	Association for medical transport			
5. Name of Repre	esented Entity Motorola			
Business	1301 East Algonquin Road - IL02			Check if communication with the general public ("Grassroots
Address			Ш	Lobbying") was the only lobbying activity for this entity.
City Schaumb	urgs	state	IL	Zip Code 60196
Type of Business	Technology/Communications			

	D ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY following information concerning those Represented Entities who have de	esignat	ed tl	nis report to include their activity.
Note: For eac	ch Represented Entity, Form L-2 must be filed.			
1. Name of Repr	esented Entity New Jersey Girl Scout Councils			
Business Address	1579 Sussex Turnpike			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Randolph	<u> </u>	State	NJ	Zip Code <u>07869</u>
Type of Business	Girl Scouts			
2. Name of Repr	esented Entity New Jersey Petrol			
Business Address	213 Woodland Avenue			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Madison		State	NJ	Zip Code 07940
Type of Business	Petrol holding company			
3. Name of Repre	esented Entity New York Water Taxi			
Business Address	1133 AVENUE OF THE AMERICAS			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City New York		State	NY	Zip Code 10036
Type of Business	water taxi			
4. Name of Repre	esented Entity Organization of Nurse Executives			
Business	760 Alexander Road		general public ("	Check if communication with the general public ("Grassroots
Address				Lobbying") was the only lobbying activity for this entity.
City Princeton		State	NJ	Zip Code <u>08540</u>
Type of Business	Nurse executives		_	
5. Name of Repre	esented Entity Real Estate Advisory and Development Services		1	
Business Address	317 Main Street			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Metuchen		State	NJ	Zip Code 08840
Type of Business	development			

Note: For eac	ch Represented Entity, Form L-2 must be filed.			
1. Name of Repr	esented Entity Renaissance Broadcasting Corporation			
Business Address	154 Crystal Run Drive			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Middleto	wn	State	DE	· · · · · ·
Type of Business	Communications			
2 Name of Repr	esented Entity Sturdivant & Company			
	Plaza 1000 at Main Street			Check if communication with the general public ("Grassroots
Business Address	Suite 200			Lobbying") was the only lobbying activity for this entity.
City Voorhees		State	NJ	Zip Code 08043
Type of Business	Investment			
3 Name of Repr	esented Entity The Children's Hospital of Philadelphia			
Business Address	34th Street and Civic Blvd.			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying
				activity for this entity.
City Philadelp	hia	State	PA	Zip Code <u>19104</u>
Type of Business	Children's hospital			
4. Name of Repr	esented Entity The Probation Association of New Jersey			
Business	United Professional Center			Check if communication with the general public ("Grassroots
Address	617 Union Avenue, Unit 2-20			Lobbying") was the only lobbying activity for this entity.
City Brielle		State	ГИ	Zip Code 08730
Type of Business	Association of probation officers			
5. Name of Repr	esented Entity Veolia Water			
Business	101 WEST WASHINGTON STREET			Check if communication with the general public ("Grassroots
Address	Suite 1400		Ц	Lobbying") was the only lobbying activity for this entity.
City Indianape	olis	State	IN	Zip Code <u>46204</u>
Type of Business	water management company			

Note: For ea	ch Represented Entity, Form L-2 must be filed.		
Name of Repr	esented Entity Verizon - NJ		
Business Address	172 West State Street	- -	Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Trenton		e <u>N</u> .	J Zip Code 08608
Type of Business	Communication		
2. Name of Repr	esented Entity Watson Pharmaceuticals		
Business	400 INTERPACE PARKWAY	T	Check if communication with the general public ("Grassroots
Address	Building D	- <u>-</u>	Lobbying") was the only lobbying activity for this entity.
City Parsippa	ny Stat	e <u>N</u> .	J Zip Code 07054
Type of Business	pharmaceuticals		
3 Name of Repr	esented Entity MULTISTATE ASSOCIATES FOR HEWLETT-PACKARD (:OM	PANY
·	515 KING STREET, SUITE 300		Check if communication with the
Business Address		- <u>-</u> -	general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Alexandr	ia Stat	e <u>V</u> /	Zip Code 22314
Type of Business	Technology		
4. Name of Repr	esented Entity NEW JERSEY HIGHER EDUCATION STUDENT ASSISTA	NCE	AUTHORITY
Business	PO BOX 545		Check if communication with the general public ("Grassroots
Address		- L	Lobbying") was the only lobbying activity for this entity.
City Trenton	Stat	– e N.	
Type of Business	State Authority		
5. Name of Repr	esented Entity Faison		
Business	121 West Trade Street		Check if communication with the general public ("Grassroots
Address		- -	Lobbying") was the only lobbying activity for this entity.
City Charlotte	Stat	e <u>N</u> (Zip Code 28202
Type of Business	Real Estate Development		

2a. OTHER REPRESENTED ENTITIES Provide the following information concerning other	Represented Entites.
Name of Represented Entity	
Business Address	Check if communication with the
City	State Zip Code
Type of Business	
2. Name of Represented Entity	
Business	Check if communication with the general public ("Grassroots
Address	Lobbying") was the only lobbying activity for this entity.
City	State Zip Code
Type of Business	
3. Name of Represented Entity	
BusinessAddress	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	Check if communication with the general public ("Grassroots
Address	Lobbying") was the only lobbying activity for this entity.
City	State Zip Code
Type of Business	
5. Name of Represented Entity	
Business	Check if communication with the
Address	Lobbying") was the only lobbying activity for this entity.
City	State Zip Code
Type of Business	

	SCHEDULE A	
1. Did any Governmental Affairs Agent na	amed in this Annual Report serve as a member of:	
> any independent State authorit	ty;	
any county improvement author	ority;	
any municipal utilities authority	у;	
> any inter-State or bi-State author	ority as a member from New Jersey; or,	
	olished by statute or resolution, or by executive order of the Governor, or by the 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	Gene Mulroy	
Name of Authority, Board, or Commission	Brookdale Community College	
Date When Term of Service Expires	October 2011	
Name of Governmental Affairs Agent	Ryan Peene	
Name of Authority, Board, or Commission	NJ Council on Local Mandates	
Date When Term of Service Expires	2011	
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 required during the calendar year co	s) named in this Annual Report file all Notices of Representation and Quarterly Reports overed 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
Gene Mulroy	\$	200,000.00
Gerry Gibbs	_	150,000.00
Christina Meo		88,000.00
Loredana Cromarty		70,833.00
Chrissy Buteas	_	75,000.00
Elizabeth Meyers	_	15,000.00
Ryan Peene	_	12,500.00
	SCHEDULE B TOTAL \$	611,333.00

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 \$ 40,000.00

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	\$	2,254.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet		4,650.00
Postage		3,212.00
Telephone, Telegram, Facsimile		17,235.00
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)		
Other (please describe):		
	-	
	 	
SCHEDULE E TOTAL \$	i	27,351.00

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	
Gerry Gibbs	\$	7,888.00	
Gene Mulroy		7,888.00	
Christina Meo		749.00	
Chrissy Buteas		325.00	
Loredana Cromarty		411.00	
SCHEDUI	E F TOTAL \$	17,261.00	

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	N/A			
Date	Description		Amount	:\$
Name and Address of Payee Name	e/Vendor			
Addross				
			Zip Code	
If benefit was reimbursed, p Date	please report the date, the description, ar	nd the amount of	the reimbursement.	
Description				
Date				:\$
Name and Address of Payee	e/Vendor			_
Address				
			Zip Code	
If benefit was reimbursed, p Date	olease report the date, the description, an Amount \$		the reimbursement.	
		_		
Date				 :\$
Name and Address of Payee Name				
City			Zip Code	
If benefit was reimbursed, p Date	lease report the date, the description, an Amount \$	nd the amount of	the reimbursement.	
Description				
Name of Benefit Recipient				
Date				\$
Name and Address of Payee Name	e/Vendor			
City		State	Zip Code	
If benefit was reimbursed, p Date	lease report the date, the description, an	d the amount of	the reimbursement.	
				_

SUMMARY	OF	BENEFIT	PA	SSING
2011111111111	•			

PURPOSE: To report the total amount of providing benefits to State officials covered by the Act and their immediate family members.

	SCHEDUI	.E G-1* SCHEDU	JLE G-2**	AMOUNT
Entertainment	\$	+\$	= :	\$
Food and Beverage		+	=	
Travel		+	=	
Lodging		+	=	
Honoraria		+	=	
Loans		+	=	
Gifts		+	=	
Other (specify)		+	=	
	\$	+\$	= 5	\$
* After completing all entries on s ** Enter, by category, the value of			\$25/day or \$200/	SCHEDULE G-2 TOTAL calendar year thresholds.
* After completing all entries on s ** Enter, by category, the value of ENTER THE TOTAL AMOUNT OF	benefit passing where the expe	nditure did NOT exceed the	\$	
* After completing all entries on 9	benefit passing where the expe	nditure did NOT exceed the s	\$	calendar year thresholds.
* After completing all entries on the second	Benefit passing where the experimental passing where the experimental passing and summary of LOE	nditure did NOT exceed the s	\$	calendar year thresholds.
* After completing all entries on the second state of the second s	REIMBURSED BENEFITS, IF AN FROM BENEFIT PASSING AMO	Y. PUNTS. BYING EXPENDITURES	\$\$ 3 Total \$	0.00
* After completing all entries on the second	REIMBURSED BENEFITS, IF AN FROM BENEFIT PASSING AMO	Y. PUNTS. BYING EXPENDITURES Schedule B	\$S 3 Total \$	0.00
* After completing all entries on the second state of the second s	REIMBURSED BENEFITS, IF AN FROM BENEFIT PASSING AMO SUMMARY OF LOE Impensation on Expenses	Y. BYING EXPENDITURES Schedule B	\$S Total \$ Total	0.00 611,333.00 40,000.00
* After completing all entries on 3 ** Enter, by category, the value of ENTER THE TOTAL AMOUNT OF DO NOT DEDUCT THIS AMOUNT EXPENDITURES 1. Salary and Co 2. Support Personal Communication 3. Communication	REIMBURSED BENEFITS, IF AN FROM BENEFIT PASSING AMO SUMMARY OF LOE mpensation on Expenses	Y. PUNTS. Schedule B Schedule C Schedule E	\$\$ Total \$ Total Total	0.00 611,333.00 40,000.00 27,351.00

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. AAA Clubs of New Jersey	\$ 54,400.00
2. CentraState Healthcare System	30,000.00
3. Coriell Institute for Medical Research	30,750.00
4. Catholic Healthcare Partnership	22,000.00
5. Christian Healthcare	13,250.00
6. Dewey Square for American Beverage Association	15,166.00
7. Dewey Square for Barnes and Nobel University Book Stores	2,000.00
8. DuPont	84,000.00
9. Exelon	60,000.00
10. Fedway	32,500.00
11. Herald Bank	7,500.00
12. Hilltop Public Solutions for Coalition for Financial Security	71,500.00
13. Hilltop Public Solutions for National Consumer Research Alliance	26,250.00
14. Home Health Services and Staffing Association of New Jersey	36,000.00
15. Honeywell	120,000.00
16. K2 Pure Solutions	67,254.00
17. Laurdan Realty	8,000.00
18. Marlboro Township Municipal Utilities Authority	15,000.00

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
Medical Transportation Association	\$ 26,000.00
2. Motorola	48,000.00
3. New Jersey Girl Scouts Council	30,172.00
4. New Jersey Petrol	2,500.00
5. New York Water Taxi	7,500.00
6. Organization of Nurse Executives	26,400.00
7. Real Estate Advisory and Development Services	29,492.00
8. Renaissance Broadcasting Corporation	24,000.00
9. Sturdivant	37,200.00
10. The Children's Hospital of Philadelphia	34,000.00
11. The Probation Association of New Jersey	42,230.00
12. Veolia Water	49,000.00
13. Verizon	60,000.00
14. Watson Pharmaceuticals	39,000.00
15. Faison Developers	35,000.00
16. Hewlett Packard	16,000.00
17. New Jersey Higher Education Student Assistance Authority	16,664.00
18. Page Subtotal	523,158.00

TOTAL RECEIPTS \$ 1,218,728.00

CERTIFICATION			
This certification shall be signed by either the Governmental Affairs Agent filing Managing or Principal Partner or Chief Executive Officer of the Governmental Aff			
ı, Gene J. Mulroy			
(print name)			
hereby certify that I am duly authorized by			
Capital Impact Group			
(print name of firm)			
to file and certify the accuracy and correctness of this Annual Report of Lobbying certify that the statements made herein are true and accurate. I am aware that if false, I may be subject to punishment.	fany of the foregoing statements are willfully		
1/ Jan 1/- W/WC	February 15, 2011		
//Signature/	Date		