

FORM L1-A
Reporting For Calendar Year 2010

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



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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

Amendment

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Business Address Dilworth Paxson LLP
1500 Market Street, Suite 3500E
City Philadelphia State PA Zip Code 19102-2101
*(Area Code) Telephone Number (215)-575-7000

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

1. Name John O. Bennett III
Registration Number 1372-1 Occupation or Business Contract Partner - Attorney at Law
Business Address 457 Haddonfield Road
City Cherry Hill State NJ Zip Code 08002
*(Area Code) Telephone Number 1-(856)-675-1900

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 _____

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 Atlantic Health Systems

Business Address 325 Columbia Turnpike

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

City Florham Park State NJ Zip Code 07932

Type of Business Health Services Provider

2. Name of Represented Entity New Jersey Group Against Smoking ("GASP")

Business Address 7 Cedar Street
Suite A

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

City Summit State NJ Zip Code 07901

Type of Business Non-Profit

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 Fast Forward, Inc.

Business Address 1627 Wyckoff Road

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

City Farmingdale State NJ Zip Code 07727

Type of Business Medical Treatment Distribution Facility

2. Name of Represented Entity Court Services, Inc. / Drivers History, Inc.

Business Address One Keystone Avenue

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 Information Services

3. Name of Represented Entity New Jersey Fire Sprinkler Advisory Board

Business Address 2 King Arthur Court

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

City North Brunswick State NJ Zip Code 08902

Type of Business Trade Association

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 _____

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 _____

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
John O. Bennett III (Allocable portion of compensation - salary & benefits for hours devoted to lobbying)	\$ 16,193.00
SCHEDULE B TOTAL \$	16,193.00

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 \$ 0.00

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	
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	
Overnight/(UPS) packages to legislators	6.73
Conference call charges	30.59
Notes: Only postage related to correspondence - such expenses are not tracked and are diminimus. No mass mailings were sent on behalf of clients.	
Telephone - Such expenses are not tracked and are deminimus. No mass telephone campaigns were conducted.	
Other (please describe):	
SCHEDULE E TOTAL \$	37.32

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
No expenses other than highway mileage and tolls which are deminimus and are not tracked.	\$ 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 Assemblywoman Mary Pat Angelini
 Date Jul 23, 2010 Description F - Food & Beverage Amount \$ 28.53

Name and Address of Payee/Vendor
 Name Monmouth County Park

Address 175 Oceanport Avenue

City Oceanport State NJ Zip Code 07757

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient Assemblywoman Caroline Casagrande
 Date 7/23/2010 Description F - Food & Beverage Amount \$ 28.53

Name and Address of Payee/Vendor
 Name Monmouth County Park

Address 175 Oceanport Avenue

City Oceanport State NJ Zip Code 07757

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	_____ 57.06		+ _____		= _____ 57.06
Travel	_____		+ _____		= _____
Lodging	_____		+ _____		= _____
Honoraria	_____		+ _____		= _____
Loans	_____		+ _____		= _____
Gifts	_____		+ _____		= _____
Other (specify) _____	_____		+ _____		= _____
Total	\$ _____ 57.06		+ \$ _____		= \$ _____ 57.06

**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	\$	_____ 16,193.00
2. Support Personnel	Schedule C Total		_____
3. Communication Expenses	Schedule E Total		_____ 37.32
4. Travel and Lodging	Schedule F Total		_____
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total		_____ 57.06
Total Lobbying Expenditures		\$	_____ 16,287.38

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. Atlantic Health Systems	\$ 36,412.00
2. New Jersey GASP	3,833.00
3. Fast Forward, Inc.	4,596.00
4. Court Services, Inc. / Drivers History, Inc.	2,473.00
5. New Jersey Fire Sprinkler Advisory Board	2,175.00
6. Defendent Advocacy Group (No fees received in 2010)	0.00
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
TOTAL RECEIPTS	\$ 49,489.00

CERTIFICATION

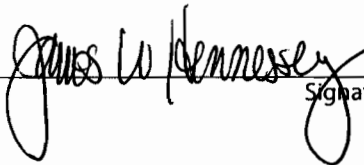
This certification shall be signed by either the Governmental Affairs Agent filing this Annual Report on his/her own behalf, or by the Managing or Principal Partner or Chief Executive Officer of the Governmental Affairs Agent Firm.

I, James W. Hennessy, Managing Partner
(print name)

hereby certify that I am duly authorized by

Dilworth Paxson LLP
(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.


Signature

2/15/11
Date