

**FORM L1-A**  
**Reporting For Calendar Year 2010**

**ANNUAL REPORT**  
**OF**  
**GOVERNMENTAL AFFAIRS AGENT**



ELEC RECEIVED  
FEB 15 2011

**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

FOR STATE USE ONLY

Amendment

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Florio, Perrucci, Steinhardt & Fader, LLC

Business Address 218 Route 17 North

City Rochelle Park State NJ Zip Code 07662

\*(Area Code) Telephone Number (201) 843-5858

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

1. Name James J. Florio

Registration Number 1560-1 Occupation or Business Attorney

Business Address 235 Frost Avenue

City Phillipsburg State NJ Zip Code 08865

\*(Area Code) Telephone Number (908) 454-8300

2. Name Paul T. Fader

Registration Number 1571-1 Occupation or Business Attorney

Business Address 218 Route 17 North

City Rochelle Park State NJ Zip Code 07662

\*(Area Code) Telephone Number (201) 843-5858

3. Name Robert A. Ortiz

Registration Number 1571-3 Occupation or Business Attorney

Business Address 218 Route 17 North

City Rochelle Park State NJ Zip Code 07662

\*(Area Code) Telephone Number (201) 843-5858

4. Name Keith D. Barrack

Registration Number 1571-2 Occupation or Business Attorney

Business Address 218 Route 17 North

City Rochelle Park State NJ Zip Code 07662

\*(Area Code) Telephone Number (201) 843-5858

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

1. Name Edward Brennan

Registration Number 1755-1 Occupation or Business Attorney

Business Address 108 Euclid Street

City Woodbury State NJ Zip Code 08096

\*(Area Code) Telephone Number (856) 853-5530

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 Thomas Jefferson University Hospitals, Inc.

Business Address 925 Chestnut Street  
Suite 115

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

City Philadelphia State PA Zip Code 19107

Type of Business Medical Hospital

2. Name of Represented Entity NextEra Resources, LLC

Business Address 700 Universe Boulevard

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

City Juno Beach State FL Zip Code 33408

Type of Business Energy services

3. Name of Represented Entity Environmental Systems Products

Business Address 7 Kripes Road East

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

City Granby State CT Zip Code 06026

Type of Business Automotive services

4. Name of Represented Entity Autobacs Strauss, Inc.

Business Address 9A Brick Plant Road

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

City South River State NJ Zip Code 08882

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 United Water

Business Address 200 Old Hook Road

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

City Harrington Park State NJ Zip Code 07640

Type of Business Water utility

2. Name of Represented Entity CMX, Inc.

Business Address Justin Corporate Center  
200 State Highway 9

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

City Manalapan State NJ Zip Code 07726

Type of Business Engineering - consulting

3. Name of Represented Entity Constellation Energy Services

Business Address 7129 Ambassador Road

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

City Baltimore State MD Zip Code 21244

Type of Business Energy services

4. Name of Represented Entity H.C. Equities (Earthtec)

Business Address 515 Clifton Avenue

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

City Lakewood State NJ Zip Code 08701

Type of Business Geothermal, drilling and ventilation services

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 VaxInnate

Business Address 3 Cedar Brook Drive

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

City Cranbury State NJ Zip Code 08512

Type of Business Develop proprietary vaccines

2. Name of Represented Entity Greenman-Pederson, Inc.

Business Address 100 Corporate Drive  
Suite 205

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

City Lebanon State NJ Zip Code 08833

Type of Business Engineering-consulting

3. Name of Represented Entity Cablevision

Business Address 683 Route 10 East

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

City Randolph State NJ Zip Code 07869

Type of Business Cable television operator

4. Name of Represented Entity Hispanic Directors Association

Business Address P.O. Box 25

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

City New Brunswick State NJ Zip Code 08903-0025

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      Paul T. Fader

Name of Authority, Board, or Commission      Bergen County Board of Taxation

Date When Term of Service Expires      Holdover

Name of Governmental Affairs Agent      Edward Brennan

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

Date When Term of Service Expires      December 31, 2010

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
James J. Florio	\$ 37,200.00
Paul T. Fader	62,400.00
Keith D. Barrack	17,272.99
Robert A. Ortiz	15,600.00
Edward T. Brennan	9,464.75
<b>SCHEDULE B TOTAL \$</b>	
141,937.74	

### 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	\$ 0.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	0.00
Postage	90.00
Telephone, Telegram, Facsimile	445.28
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	
Other (please describe):	
Mileage, Tolls & Parking	1,132.43
Copy Fees	4.50
legal research	1,962.77
<b>SCHEDULE E TOTAL \$</b>	<b>3,634.98</b>

**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
	\$
<b>SCHEDULE F TOTAL \$</b>	<b>0.00</b>



**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 \$ \_\_\_\_\_

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) _____	_____		+ _____		= _____
<b>Total</b>	\$ _____		+ \$ _____		= \$ _____ 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	\$	_____ 141,937.74
2. Support Personnel	Schedule C Total		_____
3. Communication Expenses	Schedule E Total		_____ 3,634.98
4. Travel and Lodging	Schedule F Total		_____
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total		_____
<b>Total Lobbying Expenditures</b>		<b>\$</b>	<b>_____ 145,572.72</b>

### 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. United Water	\$ 180,000.00
2. NextEra Energy Resources	348.51
3. Constellation Energy Services	180,222.17
4. CMX, Inc.	37,581.84
5. H.C. Equities (Earthtec)	21,490.51
6. Environmental Systems Products	32,008.51
7. Autobacs Strauss, Inc.	14,434.92
8. VaxInnate	30,000.00
9. Greenman-Pedersen, Inc.	120,000.00
10. Cablevision	77,524.90
11. Thomas Jefferson University Hospitals, Inc.	84,272.30
12. Hispanic Directors Association	7,012.57
13.	
14.	
15.	
16.	
17.	
18.	
<b>TOTAL RECEIPTS</b>	<b>\$ 784,896.54</b>

**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, Paul T. Fader  
*(print name)*

hereby certify that I am duly authorized by

Florio, Perrucci, Steinhardt & Fader, 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.

  
\_\_\_\_\_  
Signature

2/14/11  
\_\_\_\_\_  
Date