FORM L1-A Reporting For Calendar Year 2010

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ANNUAL REPORT OF GOVERNMENTAL AFFAIRS AGENT



FOR STATE USE ONLY

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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

Name of Go	vernmental Affairs Agent or Governmental Aff	fairs Agent Firm:		
Martin J. N	Ailita, Jr. Esq.			
Business	222 West State Street- Suite 211			
Address				
City	Trenton		State NJ	Zip Code <u>08608</u>
	e) Telephone Number			
1. Provide t	he following information regarding the Gover	rnmental Affairs Agent(s) on whose	behalf this repor	t is filed.
1. Name <u>N</u>	Martin J. Milita, Jr., Esq.			
Registrati	on Number 1578-1	Occupation or Business Attorne	у	
Business	Address 222 West State Street- Suite 21	1		
City Tre	nton		State NJ	Zip Code <u>08608</u>
*(Area Co	de) Telephone Number 609-984-8000			
2. Name				
l	on Number			
1	Address			
1			State	Zip Code
1	de) Telephone Number			
.				
Į	on Number			
l	Address			
			State	Zip Code
*(Area Co	de) Telephone Number			
4. Name				
 Registrati	on Number			
ł	Address			
City			State	Zip Code
*(Area Co	de) Telephone Number			

2. REPRESENTE	D ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY					
1	following information concerning those Represented Entities who have design	nate	d ti	his report to include their activity.		
Note: For each	ch Represented Entity, Form L-2 must be filed.					
1. Name of Repr	esented Entity IBM	_				
Business	1133 Westchester Avenue 10604			Check if communication with the general public ("Grassroots		
Address		-		Lobbying") was the only lobbying		
Cir. Mhita Dla	· · ·	—L		activity for this entity.		
City White Pla	ins, Sta	te <u>l</u>	VY	Zip Code 10604		
Type of Business	IBM Software products		_			
2. Name of Repr	esented Entity PRWT Services, Inc.					
Business	Corporate Headquarters 1835 Market Street - 8th Floor	_ _	_	Check if communication with the general public ("Grassroots		
Address		_[_[Lobbying") was the only lobbying activity for this entity.		
City Philadelp	hiaSta	te F	Α	Zip Code 19103		
Type of Business	Business process solutions (BPS)		_			
3. Name of Repre	esented Entity Yannazzi Recycling					
Business	152 US Highway 206 South			Check if communication with the general public ("Grassroots		
Address		_[L		Lobbying") was the only lobbying activity for this entity.		
City Hillsborough State NJ Zip Code 08844						
Type of Business	Recycling Services					
4. Name of Repre	esented Entity					
Business			_	Check if communication with the general public ("Grassroots		
Address		_ _		Lobbying") was the only lobbying activity for this entity.		
City	Stat	e _		Zip Code		
Type of Business						
5. Name of Repre	esented Entity					
Business	· · · · · · · · · · · · · · · · · · ·	_ _	7	Check if communication with the general public ("Grassroots		
Address Lobbying") was the only activity for this ent						
City	Stat	 :е _		Zip Code		
Type of Business						

	ESENTED ENTITIES ollowing information concerning other Represented Entites.		
1. Name of Repre	esented Entity ACS State Local Solutions		
Business Address	300 Frank W Burr Blvd 6		Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Teaneck	State	NJ	Zip Code <u>07666-6703</u>
Type of Business	Data processing, hosting & allied services; business support services	es; c	computer integrated systems
2. Name of Repre	esented Entity Bayonne Hospital		
Business Address	29th St. & Avenue E.,		Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Bayonne,	State	ΝJ	Zip Code 07002
Type of Business	Healthcare services		
3. Name of Repre	esented 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 Repre	esented 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 Repre	esented 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 Martin J. Milita, Jr., Esq.
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
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.

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. **AMOUNT** NAME OF GOVERNMENTAL AFFAIRS AGENT 121,575.00 Martin J. Milita, Jr. Esq. 121,575.00 SCHEDULE B TOTAL \$ 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	F - CON	MMUNIC	ATION	FYPFNSFS

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	\$ 1,500.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	
Postage	75.00
Telephone, Telegram, Facsimile	1,000.00
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	
	ļ
	L
Other (please describe):	
SCHEDULE E TOTAL \$	2,575.00
SCHEDULE F-TRAVEL/LODGING	
PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents on whose behalf this rep	
influencing legislation, regulations, governmental processes, or communicating with the general	
NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
	\$
·	
SCHEDULE F TOTAL \$	

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			mount \$
Name and Address of Payer Name	e/Vendor			
Addross				
		_	Zip Code	
If benefit was reimbursed, p Date	olease report the date, the description, ar Amount \$		f the reimbursement.	
Description				
Name of Benefit Recipient	_			
	Description			mount \$
Name and Address of Payee Name	e/Vendor			
City		State	Zip Code	
If benefit was reimbursed, p Date	olease report the date, the description, ar Amount \$	nd the amount of _	f the reimbursement.	
	······			
	Description			mount \$
Name and Address of Payee Name	e/Vendor			
City			Zip Code	
If benefit was reimbursed, p Date	olease report the date, the description, ar Amount \$	nd the amount of	the reimbursement.	
Description				
Name of Benefit Recipient				
Date	Description		A	mount \$
Name and Address of Payee	e/Vendor			
Address				
City		State	Zip Code	
If benefit was reimbursed, p Date	lease report the date, the description, ar Amount \$		the reimbursement.	
-				

' PURPOSE: To	SU o report the total amount of providing	MMARY OF BENEF			ir imm	ediate family members.
	, , , , , , , , , , , , , , , , , , ,	SCHEDULE G-1*				AMOUNT
Entertainment	\$		+\$_	_	=\$	
Food and Beve	erage		+ _		=	
Travel			+ _		=	
Lodging			+ _		=	
Honoraria			+ _		=	
Loans			+ _		=	
Gifts			+ _		=	
Other (specify)		+ _		=	
Total	\$		+\$_		=\$	
	ting all entries on Schedule G-1, prov egory, the value of benefit passing w		id NOT ex	xceed the \$25/day or \$		SCHEDULE G-1 AND SCHEDULE G-2 TOTAL alendar year thresholds.
	TAL AMOUNT OF REIMBURSED BEI			\$		
	SUMMA	ARY OF LOBBYING	EXPEN	DITURES		
EXPENDIT	URES					
	1. Salary and Compensation		9	Schedule B Total	\$ _	121,575.00
	2. Support Personnel			Schedule C Total		0.00

3. Communication Expenses

4. Travel and Lodging

5. Benefit Passing

Schedule E Total

Schedule F Total

Schedule G-1 and Schedule G-2 Total

Total Lobbying Expenditures

2,575.00

0.00

0.00

124,150.00

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. IBM		\$	6,000.00
2. ACS State Local Solutions			50,000.00
3. Bayonne Hospital			28,000.00
4. PRWT Services, Inc.			20,000.00
5. Yannazzi Recycling			17,575.00
6.			
7.			
8.	-		
9.			
10.			
11.			_
12.			
13.			
14.			
15.			
16.			
17.			
18.			
то	TAL RECEIPTS	\$	121,575.00
		-	

CERTIFICATION					
This certification shall be signed by either the Governmental Affairs Agent Managing or Principal Partner or Chief Executive Officer of the Government	filing this Annual Report on his/her own behalf, or by the ntal Affairs Agent Firm.				
ı, <u>Martin</u> J. Milita, Jr., Esq.					
(print name)					
hereby certify that I am duly authorized by					
Holman Public Affairs, LLC					
(print name of firm)					
to file and certify the accuracy and correctness of this Annual Report of Lo I certify that the statements made herein are true and accurate. I am aware false, I may be subject to punishment.					
	March 4, 2011				
Signature	Date				