FORM L1-A Reporting For Calendar Year 2010

ELEC RECEIVED

FEB 1 8 2011

ANNUAL REPORT GOVERNMENTAL AFFAIRS AGENT



FOR STATE USE ONLY

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 Go	overnmental Affairs Agent or Governmental A	Affairs Agent Firm:		
Menna Su	ıpko & Nelson LLC			
Business	830 Broad Street			
Address	Suite B			
City	Shrewsbury		State NJ	Zip Code <u>07702</u>
*(Area Cod	e) Telephone Number 732-741-9993			
1. Provide	the following information regarding the Gov	ernmental Affairs Agent(s) on whos	e behalf this re	port is filed.
1. Name E	Brian M. Nelson			
Registrati	ion Number <u>1897-01</u>	Occupation or Business Attorno	ey	
Business	Address 830 Broad Street, Suite B			
City Shr	ewsbury		State NJ	Zip Code 07702
*(Area Co	ode) Telephone Number 732-741-9993	,		
2. Name				
-	ion Number			
	on Number			
	Address			Zip Code
	de) Telephone Number			
"(Area Co	de) Telephone Number			
3. Name _				
Registrati	on Number	Occupation or Business		
Business	Address			
City				
*(Area Co	de) Telephone Number			
l. Name				
Registrati	on Number	Occupation or Business		
	Address			
City			State	Zip Code
	de) Telephone Number			

2. REPRESENTE	D ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY			
	following information concerning those Represented Entities who have de	esignat	ed tl	his report to include their activity.
Note: For each	ch Represented Entity, Form L-2 must be filed.			
1. Name of Repr	esented Entity Radnet			
Business Address	1510 Cotner Avenue			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Los Ange	les	State	CA	
,	Diagnostic Medical Imaging Solutions			
2. Name of Repr	esented Entity PHX Solutions		_	
Business Address	2 Crossroads Drive			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Bedminst	ter	State	NJ	Zip Code 07921
Type of Business	Health Plan Cost Containment Services			
3. Name of Repr	esented Entity Township of Middletown			
Business Address	1 Kings Highway			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Middleto	wn	State	NJ	Zip Code <u>07748</u>
Type of Business	Municipality		_	
4. Name of Repre	esented Entity Borough of Tinton Falls		_	
Business Address	556 Tinton Avenue			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Tinton Fa	lls	State	NJ	Zip Code 07724
Type of Business	Municipality			
5. Name of Repre	esented Entity The Alliance To Save NJ Community Hospitals			
Business Address	15 Borzotta Blvd.			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Wayne		State	NJ	Zip Code <u>07470</u>
Type of Business	Association of Community Hospitals			

1 Name of Papersonted Entity		
1. Name of Represented Entity	Check if communication with	the
Business	general public ("Grassroots	5
Address	Lobbying") was the only lobby activity for this entity.	/ing
City	State Zip Code	
Type of Business		
2. Name of Represented Entity		
	Check if communication with	
AddressAddress	general public ("Grassroots Lobbying") was the only lobby activity for this entity.	
City	State Zip Code	
Type of Business		
3. Name of Represented Entity		
	Check if communication with	
Business	general public ("Grassroots Lobbying") was the only lobby activity for this entity.	
City	State Zip Code	
Type of Business		
Name of Represented Entity		
	Check if communication with	
BusinessAddress	general public ("Grassroots Lobbying") was the only lobby	
	activity for this entity.	<u>.</u>
City	State Zip Code	
Type of Business		_
5. Name of Represented Entity		
Business	Check if communication with general public ("Grassroots	
Address	Lobbying") was the only lobby activity for this entity.	
City	State Zip Code	
ype 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
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.

· PURPOSE:		ion paid to the Governmental Affairs Agent's expenses in amounts reported.	gents on whose behalf this	report is filed.
	nly the pro rata share of each Governm ends only a portion of his/her time on	nental Affairs Agent's salary and compe lobbying activity.	nsation need to be include	d if the Agent
	NAME OF GOVERNM	MENTAL AFFAIRS AGENT		AMOUNT
Brian M. No	elson		\$	20,000.00
		SCHEDU	LE B TOTAL \$	20,000.00
		EDULE C-SUPPORT PERSONN		
PURPOSE:	To report the costs of support person hours supporting the activities of the	nnel who, over the course of the report e Governmental Affairs Agent(s).	ing year, individually spend	d 450 or more
		s) this applies, report the pro rata share ernmental Affairs Agent(s) in influencing he general public.		
		SCHEDU	LE C TOTAL\$	0.00
_				
	NO SCHEDULE	D FOR GOVERNMENTAL AFFA	IRS AGENTS	
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SCHEDULE B-SALARY & COMPENSATION

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	AM	OUNT
Printed Materials	\$	0.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet		0.00
Postage		0.00
Telephone, Telegram, Facsimile		0.00
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)		0.00
Other (please describe):		
Other predictions.		
	-	
		_
SCHEDULE E TOTAL	\$	0.00
SCHEDULE F - TRAVEL/LODGING		
PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents on whose behalf this re		elated to
influencing legislation, regulations, governmental processes, or communicating with the general		
NAME OF GOVERNMENTAL AFFAIRS AGENT	AM	OUNT
Gas, tolls and parking	\$	250.00
		i
	 	
SCHEDULE F TOTAL S	s	250.00
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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.)

	Recipient			
Date	Description		Amount \$	0.00
	ess of Payee/Vendor			
City		State	Zip Code	
If benefit was rei	mbursed, please report the date, the de Amount \$	scription, and the amoun	t of the reimbursement.	
Description				
Name of Benefit	Recipient			
Date				
Mamaa	ess of Payee/Vendor			
Address				
City			Zip Code	
	mbursed, please report the date, the de Amount \$	scription, and the amoun	t of the reimbursement.	
Description				
Name of Benefit	Recipient			
Date				
Mana	ess of Payee/Vendor			
City			Zip Code	
	mbursed, please report the date, the de Amount \$		t of the reimbursement.	
Description				
Name of Benefit	Do at a tour			
Date				
	ess of Payee/Vendor			
Address			Zip Code	
City			zip code	
City If benefit was rei	mbursed, please report the date, the des Amount \$	scription, and the amoun		

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	\$	_ +\$	=\$0.00
Food and Beverage		_ +	=0.00
Travel		_ +	= 0.00
Lodging		_ +	= 0.00
Honoraria		+	= 0.00
Loans		+	=0.00
Gifts		+	= 0.00
Other (specify)	_	_ +	= 0.00
Total	\$	+\$	= \$0.00

SCHEDULE G-1 AND SCHEDULE G-2 TOTAL

^{**} Enter, by category, the value of benefit passing where the expenditure did NOT exceed the \$25/day or \$200/calendar year thresholds.

ENTE	R THE TOTAL AMOUNT OF REIMBURSED BENEFITS, IF ANY.
DO N	OT DEDUCT THIS AMOUNT FROM BENEFIT PASSING AMOUNTS.

Ś

0.00

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

	Total Lobbying Expenditures	Ś	20,250.00
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total		0.00
4. Travel and Lodging	Schedule F Total		250.00
3. Communication Expenses	Schedule E Total		0.00
2. Support Personnel	Schedule C Total		0.00
1. Salary and Compensation	Schedule B Total	\$	20,000.00

^{*} After completing all entries on Schedule G-1, provide totals by category.

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. PHX Solutions	\$	10,000.00
2. The Alliance To Save NJ Community Hospitals		12,000.00
3. Radnet		0.00
4. Township of Middletown		10,000.00
5. Borough of Tinton Falls		5,000.00
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
1	TOTAL RECEIPTS \$	37,000.00

. CERTIFICAT	ION
This certification shall be signed by either the Governmental Affairs Ager Managing or Principal Partner or Chief Executive Officer of the Governme	nt filing this Annual Report on his/her own behalf, or by the ental Affairs Agent Firm.
ı, Brian M. Nelson	·
(print name)	
hereby certify that I am duly authorized by	
Menna Supko & Nelson LLC	
(print name of firm)	
to file and certify the accuracy and correctness of this Annual Report of L I certify that the statements made herein are true and accurate. I am awa false, I may be subject to punishment.	re that if any of the foregoing statements are willfully February 1, 2011
	Date