

FORM L1-A
Reporting For Calendar Year 2010

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Amendment

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 Governmental Affairs Agent or Governmental Affairs Agent Firm:

Menna Supko & Nelson LLC

Business Address 830 Broad Street

Suite B

City Shrewsbury

State NJ

Zip Code 07702

*(Area Code) Telephone Number 732-741-9993

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

1. Name Brian M. Nelson

Registration Number 1897-01 Occupation or Business Attorney

Business Address 830 Broad Street, Suite B

City Shrewsbury

State NJ

Zip Code 07702

*(Area Code) Telephone Number 732-741-9993

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 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 Angeles State CA Zip Code 90024

Type of Business Diagnostic Medical Imaging Solutions

2. Name of Represented 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 Bedminster State NJ Zip Code 07921

Type of Business Health Plan Cost Containment Services

3. Name of Represented 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 Middletown State NJ Zip Code 07748

Type of Business Municipality

4. Name of Represented 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 Falls State NJ Zip Code 07724

Type of Business Municipality

5. Name of Represented 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 07470

Type of Business Association of Community Hospitals

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. 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 _____

2. 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 _____

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 _____

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 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	\$ _____	+	\$ _____	=	\$ _____ 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**

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

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. 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.	

TOTAL RECEIPTS \$ 37,000.00

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, 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 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

February 1, 2011

Date