

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

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



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N.J. ELECTION  
LAW ENFORCEMENT  
COMMISSION  
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Amendment

**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:

Optimus Partners LLC

Business Address 50 West State Street, Suite 1000

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-393-9330

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

1. Name Jeffrey T. Michaels

Registration Number 1882-1 Occupation or Business Consultant

Business Address same as above

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*(Area Code) Telephone Number \_\_\_\_\_

2. Name Philip A. Norcross

Registration Number 1882-2 Occupation or Business Consultant

Business Address same as above

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 Englewood Hospital and Medical Center

Business Address 350 Engle Street

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

City Englewood State NJ Zip Code 07631

Type of Business Health Care

2. Name of Represented Entity Holt Logistics Corp.

Business Address 101 South King Street

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

City Gloucester City State NJ Zip Code 08030

Type of Business Land Use

3. Name of Represented Entity Liberty Science Center

Business Address 222 Jersey City Boulevard

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

City Jersey City State NJ Zip Code 07305

Type of Business Education

4. Name of Represented Entity Sayreville Seaport Associates, L.P.

Business Address 2701 Renaissance Boulevard  
Fourth Floor

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

City King of Prussia State PA Zip Code 19406

Type of Business Environmental and Redevelopment

5. Name of Represented Entity Senior Care Centers of America

Business Address 7 Neshaminy Interplex, Suite 403

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

City Treose State PA Zip Code 19053

Type of Business Health Care

**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** Trinitas Regional Medical Center

Business Address 225 Williamson Street

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

City Elizabeth State NJ Zip Code 07202

Type of Business Health Care

**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 \_\_\_\_\_

**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity Casino Association of New Jersey, Inc.

Business Address 1000 Boardwalk at Virginia Avenue

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

City Atlantic City State NJ Zip Code 08401

Type of Business Casino and Gaming

2. Name of Represented Entity New Jersey American Water Company, Inc

Business Address 131 Woodcrest Road

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

City Cherry Hill State NJ Zip Code 08034

Type of Business Public Utilities

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 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
Jeffrey T. Michaels	\$ 294,813.00
Philip A. Norcross	201,287.00
<b>SCHEDULE B TOTAL \$</b>	<b>496,100.00</b>

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

**NO SCHEDULE D FOR GOVERNMENTAL AFFAIRS AGENTS**



**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 \$ _____
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>	<b>\$ _____</b>	<b>+ \$ _____</b>	<b>= \$ _____</b>

**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	\$ _____ 496,100.00
2. Support Personnel	Schedule C Total	_____
3. Communication Expenses	Schedule E Total	_____
4. Travel and Lodging	Schedule F Total	_____
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____
<b>Total Lobbying Expenditures</b>		<b>\$ _____ 496,100.00</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. Englewood Hospital and Medical Center	\$ 30,000.00
2. Holt Logistics Corp	31,250.00
3. Liberty Science Center	82,500.00
4. Sayreville Seaport Associates, L.P.	75,000.00
5. Senior Care Centers of America	64,800.00
6. Trinitas Regional Medical Center	64,800.00
7. New Jersey American Water Company, Inc	26,250.00
8. Casino Association of New Jersey, Inc	121,500.00
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
<b>TOTAL RECEIPTS</b>	<b>\$ 496,100.00</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, Jeffrey T. Michaels

*(print name)*

hereby certify that I am duly authorized by

Optimus Partners 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

2/15/2011

\_\_\_\_\_  
Date