

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

**ELEC RECEIVED**  
**FEB 15 2011**

FOR STATE USE ONLY

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:

Porzio Governmental Affairs, LLC

Business Address 41 West State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-396-6100

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

1. Name Dennis F. Marco

Registration Number 1618-1 Occupation or Business Legislative Agent

Business Address 41 West State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-396-6100

2. Name Vito Gagliardi, Jr., Esq.

Registration Number 1618-3 Occupation or Business Attorney

Business Address 41 West State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-396-6100

3. Name D. Jeffrey Campbell, Esq.

Registration Number 1618-4 Occupation or Business Attorney

Business Address 41 West State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-396-6100

4. Name Christopher P. DePhillips, Esq.

Registration Number 1618-5 Occupation or Business Attorney

Business Address 41 West State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-396-6100

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

1. Name Sal Anderton, Esq.

Registration Number 1618-7 Occupation or Business Legislative Agent

Business Address 41 West State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-396-6100

2. Name Lynn Nowak

Registration Number 1618-9 Occupation or Business Legislative Agent

Business Address 41 West State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-396-6100

3. Name Barbara DeMarco

Registration Number 1618-11 Occupation or Business Legislative Agent

Business Address 41 West State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-396-6100

4. Name Douglas Henshaw

Registration Number 1618-10 Occupation or Business Attorney

Business Address 41 West State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-396-6100

\*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.

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

1. Name Lauren Ira

Registration Number 1618-8 Occupation or Business Legislative Agent

Business Address 41 West State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-396-6100

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 American Civil Liberties Union of NJ

Business Address PO Box 32159

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

City Newark State NJ Zip Code 07102

Type of Business Non-profit

2. Name of Represented Entity American Honda Motor Co. Inc.

Business Address c/o Multistate Associates, Inc.  
515 King Street, Suite 300

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

City Alexandria State VA Zip Code 22314

Type of Business Corporation

3. Name of Represented Entity American Physical Therapy Association of New Jersey

Business Address 1100 US Highway 130

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

City Robbinsville State NJ Zip Code 08961

Type of Business Professional Association

4. Name of Represented Entity Association of New Jersey Chiropractors

Business Address 3121 Route 22 East

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

City Branchburg State NJ Zip Code 08876

Type of Business Trade Organization

5. Name of Represented Entity Atlantic Imaging Group, LLC

Business Address 2 Ridgedale Ave., Suite A-10

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

City Cedar Knolls State NJ Zip Code 07927

Type of Business Corporation

**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 Betfair US/TVG

Business Address 6701 Center Drive West, Suite 160

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

City Los Angeles State CA Zip Code 90045

Type of Business Corporation

2. Name of Represented Entity CNA Financial Corporation

Business Address 94 New Kerner Road

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

City Albany State NY Zip Code 12203

Type of Business Corporation

3. Name of Represented Entity CNA Surety

Business Address c/o Multistate Associates, Inc.  
515 King Street, Suite 300

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

City Alexandria State VA Zip Code 22314

Type of Business Corporation

4. Name of Represented Entity DirectBuy Corporate

Business Address c/o MultiState Associates, Inc.  
515 King Street, Suite 300

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

City Alexandria State VA Zip Code 22314

Type of Business Corporation

5. Name of Represented Entity Elite Application Services

Business Address 102 Route 18 North

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

City Old Bridge State NJ Zip Code 08857

Type of Business Corporation

**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 Event Journal, Inc.

Business  
Address

700 Hicksville Rd., Suite 104

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

City Bethpage

State NY

Zip Code 11714

Type of Business Corporation

2. Name of Represented Entity Families Against Mandatory Minimums

Business  
Address

1612 K Street, N.W., Suite 700

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

City Washington

State DC

Zip Code 20006

Type of Business Non-Profit

3. Name of Represented Entity FINRA, Financial Industry Regulatory Authority

Business  
Address

c/o MultiState Associates, Inc.

515 King Street, Suite 300

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

City Alexandria

State VA

Zip Code 22314

Type of Business Independent securities regulator

4. Name of Represented Entity Harris Corporation

Business  
Address

91 Harper Terrace

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

City Cedar Grove

State NJ

Zip Code 07009

Type of Business Corporation

5. Name of Represented Entity Home Care Council of New Jersey

Business  
Address

2 Market Street

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

City Paterson

State NJ

Zip Code 07501

Type of Business Non-profit

**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 HSBC-GR Corp.

Business Address 30 South Pearl Street, 5th Floor

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

City Albany State NY Zip Code 12207

Type of Business Corporation

2. Name of Represented Entity IBM Global Government Industry

Business Address 1551 South Washington Avenue

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

City Piscataway State NJ Zip Code 08854

Type of Business Corporation

3. Name of Represented Entity Information Technology Industry Council

Business Address c/o MultiState Associates, Inc.  
515 King Street, Suite 300

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

City Alexandria State VA Zip Code 22314

Type of Business Professional association

4. Name of Represented Entity MasterCard International

Business Address 1401 Eye Street NW

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

City Washington State DC Zip Code 20005

Type of Business Corporation

5. Name of Represented Entity Meadowlink Commuter Services

Business Address 201 Route 17 North

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

City Rutherford State NJ Zip Code 07070

Type of Business Corporation

**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 New Jersey Council of County Colleges

Business Address 330 West State Street

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

City Trenton State NJ Zip Code 08618

Type of Business Non-Profit

2. Name of Represented Entity New Jersey Community College Consortium for Workforce & Economic Development

Business Address 330 West State Street

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

City Trenton State NJ Zip Code 08618

Type of Business Non-Profit

3. Name of Represented Entity New Jersey Society for Respiratory Care

Business Address c/o Chilton Memorial Hospital  
97 West Parkway

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

City Pompton Plains State NJ Zip Code 07444

Type of Business Professional Association

4. Name of Represented Entity New Jersey Speech-Language Hearing Association

Business Address 66 Witherspoon Street, Suite 337

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

City Princeton State NJ Zip Code 08542

Type of Business Professional Association

5. Name of Represented Entity New Jersey State Association of Fire Districts

Business Address 1145 Canal Road

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

City Princeton State NJ Zip Code 08540

Type of Business Professional Association



**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** Pinnacle Medical Solutions

Business Address 6856 Cobbleston Boulevard

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

City South Haven State MS Zip Code 38627

Type of Business Corporation

**2. Name of Represented Entity** Securitas, Inc.

Business Address c/o Multistate Associates, Inc.  
515 King Street, Suite 300

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

City Alexandria State VA Zip Code 22314

Type of Business Corporation

**3. Name of Represented Entity** Stavola Realty

Business Address 175 Drift Road

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 Supplier/Real Estate

**4. Name of Represented Entity** T4G

Business Address c/o Multistate Associates, Inc.  
515 King Street, Suite 300

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

City Alexandria State VA Zip Code 22314

Type of Business Corporation

**5. Name of Represented Entity** Talecris Biotherapeutics

Business Address c/o Multistate Associates, Inc.  
515 King Street, Suite 300

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

City Alexandria State VA Zip Code 22314

Type of Business Corporation

**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 Visiting Homemaker Services of Hudson County

Business Address 586 Newark Avenue

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

City Jersey City State NJ Zip Code 07306

Type of Business Home Health Care

2. Name of Represented Entity ASAH

Business Address Lexington Square  
2125 Route 33

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

City Hamilton Square State NJ Zip Code 08690

Type of Business Non-Profit

3. Name of Represented Entity Early Education and Child Care Association

Business Address 1047 Route 28

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

City Branchburg State NJ Zip Code 08876

Type of Business Non-profit

4. Name of Represented Entity Thoroughbred Breeders Association of New Jersey

Business Address 265 Highway 36, Suite 1R

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

City West Long Branch State NJ Zip Code 07764

Type of Business Professional Association

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 Entites.

1. Name of Represented Entity Capital Health System

Business Address 750 Brunswick Avenue

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

City Trenton State NJ Zip Code 08638

Type of Business Health Care System

2. Name of Represented Entity Comcast

Business Address 17th & Market Streets

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

City Philadelphia State PA Zip Code 19103

Type of Business Corporation

3. Name of Represented Entity Health Management Services (HMS)

Business Address c/o Multistate Associates, Inc.  
515 King Street, Suite 300

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

City Alexandria State VA Zip Code 22314

Type of Business Corporation

4. Name of Represented Entity Medco Health Solutions, Inc.

Business Address 100 Parsons Pond Drive

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

City Franklin Lakes State NJ Zip Code 07417

Type of Business Health Insurance Corporation

5. Name of Represented Entity Mental Health Association of New Jersey

Business Address 88 Pompton Avenue

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

City Verona State NJ Zip Code 07044

Type of Business Non-profit

**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity New Jersey Cable Telecommunications

Business Address 124 West State Street

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

City Trenton State NJ Zip Code 08608

Type of Business Trade Association

2. Name of Represented Entity The Arc of New Jersey

Business Address 985 Livingston Avenue

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

City North Brunswick State NJ Zip Code 08902

Type of Business Non-profit

3. Name of Represented Entity New Jersey Thoroughbred Horsemen's Association

Business Address 232A Norwood Avenue

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

City West Long Branch State NJ Zip Code 07764

Type of Business Professional association

4. Name of Represented Entity New Jersey State Nurses Association

Business Address 1479 Pennington Road

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

City Ewing State NJ Zip Code 08618

Type of Business Professional association

5. Name of Represented Entity MultiState Associates, Inc.

Business Address 515 King Street, Suite 300

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

City Alexandria State VA Zip Code 22314

Type of Business National Lobbying Association

**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      Dennis F. Marco

Name of Authority, Board, or Commission Passaic County Improvement Authority

Date When Term of Service Expires      March 2011

Name of Governmental Affairs Agent      Dennis F. Marco

Name of Authority, Board, or Commission New Brunswick Development Corporation

Date When Term of Service Expires      October 31, 2012

Name of Governmental Affairs Agent      Sal Anderton

Name of Authority, Board, or Commission Township Council of West Orange

Date When Term of Service Expires      July 1, 2012

Name of Governmental Affairs Agent      Sal Anderton

Name of Authority, Board, or Commission Joint Meeting of Essex & Union Counties (regional utilities authority)

Date When Term of Service Expires      July 1, 2010

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
Dennis F. Marco	\$ 135,546.00
Lynn Nowak	135,546.00
Barbara DeMarco	103,915.00
Sal Anderton	96,000.00
Lauren Ira	19,078.00
<b>SCHEDULE B TOTAL \$</b>	<b>490,085.00</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 \$** 35,144.00

**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.

<b>EXPENSE</b>	<b>AMOUNT</b>
Printed Materials	\$ 2,612.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	3,884.00
Postage	771.00
Telephone, Telegram, Facsimile	12,112.00
Pro Rata Overhead Costs of Specific Events Over \$100 ( <i>please identify name and date of event</i> )	
NJ State Chamber Walk to Washington	1,895.00
League of Municipalities	130.00
Legislative Correspondents Club Dinner	834.00
NJ Business & Industry Association	237.00
NJ Chamber of Commerce Open House	3,000.00
<i>Other (please describe):</i>	
Bill Tracking Service	4,997.00
<b>SCHEDULE E TOTAL \$</b>	<b>30,472.00</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.

<b>NAME OF GOVERNMENTAL AFFAIRS AGENT</b>	<b>AMOUNT</b>
Dennis F. Marco	\$ 978.00
Lynn Nowak	489.00
Christopher P. DePhillips, Esq.	254.00
Sal Anderton, Esq.	570.00
Barbara DeMarco	1,140.00
<b>SCHEDULE F TOTAL \$</b>	<b>0.00</b>

**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	\$
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	
Postage	
Telephone, Telegram, Facsimile	
Pro Rata Overhead Costs of Specific Events Over \$100 <i>(please identify name and date of event)</i>	
Other <i>(please describe)</i> :	

**SCHEDULE E TOTAL \$** \_\_\_\_\_

**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
(continued from prior page)	\$
Brian P. Sharkey, Esq.	65.00

**SCHEDULE F TOTAL \$** 3,496.00



**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>	\$ _____ 0.00	+	\$ _____ 0.00	=	\$ _____ 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	\$ _____ 490,085.00
2. Support Personnel	Schedule C Total	_____ 35,144.00
3. Communication Expenses	Schedule E Total	_____ 30,472.00
4. Travel and Lodging	Schedule F Total	_____ 3,496.00
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____ 0.00
<b>Total Lobbying Expenditures</b>		\$ _____ 559,197.00

### 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. American Civil Liberties Union of New Jersey	\$ 50,400.00
2. American Physical Therapy Association of NJ	54,681.00
3. ARC of New Jersey	15,000.00
4. ASAH	16,593.56
5. Association of New Jersey Chiropractors	24,478.39
6. Atlantic Imaging Group, LLC	24,000.00
7. Betfair US/TVG	82,308.10
8. Capital Health System	55,620.00
9. CNA Financial	50,400.00
10. CNA Surety Western	25,000.00
11. Comcast Cable Communications Management	18,000.00
12. NJ Cable Telecommunications Association	6,000.00
13. DirectBuy Corporate	18,000.00
14. New Jersey Child Care Association	27,579.06
15. Elite Application Services	12,190.00
16. Event Journal, Inc.	4,750.00
17. Families Against Mandatory Minimums	1,541.67
18. FINRA	8,000.00

**TOTAL RECEIPTS** \$ \_\_\_\_\_

**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.

<b>REPRESENTED ENTITY</b>	<b>AMOUNT</b>
1. Harris Corporation	\$ 72,058.90
2. Health Management Systems, Inc.	54,153.14
3. Home Care Council of New Jersey	10,000.00
4. American Honda	42,000.00
5. HSBC-GR Corp.	28,976.00
6. IBM Global Government Industry	12,000.00
7. Information Technology Industry Council	14,000.00
8. MasterCard International	65,000.00
9. Meadowlink Commuter Services	18,000.00
10. Medco Health Solutions, Inc.	15,000.00
11. Mental Health Association of NJ	10,000.00
12. NJ Council of Community Colleges	54,600.00
13. NJ Council of Community Colleges Consortium/Workforce	34,200.00
14. NJ Speech Language Hearing Association	32,412.19
15. NJ State Association of Fire Districts	24,730.15
16. NJ State Nurses Association	19,800.00
17. NJ Society of Respiratory Care	12,000.00
18. NJ Thoroughbred Horsemen's Association	39,540.23

**TOTAL RECEIPTS** \$ \_\_\_\_\_

### 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. Pinnacle Medical Solutions	\$ 15,000.00
2. Securitas Security Services, USA	21,221.50
3. Stavola Construction Materials	30,000.00
4. T4G	2,500.00
5. Talecris Biotherapeutics	28,000.00
6. Thoroughbred Breeder's Association of NJ	39,137.46
7. Visiting Homemaker Service of Hudson County	21,000.00
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**TOTAL RECEIPTS \$** \_\_\_\_\_

**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, Dennis F. Marco

(print name)

hereby certify that I am duly authorized by

FORZIO GOVERNMENTAL AFFAIRS, 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.

Dennis F. Marco

Signature

2-15-11

Date