

FORM L1-A
Reporting For Calendar Year 2010

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



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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

Amendment

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Salmon Ventures Limited

Business Address 207 Bogden Blvd., Suite D

City Millville State NJ Zip Code 08332

*(Area Code) Telephone Number 856-825-0500

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

1. Name Edward H. Salmon

Registration Number 1534-1 Occupation or Business consulting/government relations

Business Address 207 Bogden Blvd., Suite D

City Millville State NJ Zip Code 08332

*(Area Code) Telephone Number 856-825-0500

2. Name Kimberly Schalek Downes

Registration Number 1534-2 Occupation or Business consulting/government relations

Business Address 207 Bogden Blvd., Suite D

City Millville State NJ Zip Code 08332

*(Area Code) Telephone Number 856-825-0500

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 Millville 1350

Business Address 1 Airport Road
PO Box 2043

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

City Lakewood State NJ Zip Code 08701

Type of Business developer

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 American Water

Business Address 1025 Laurel Oak Road

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

City Voorhees State NJ Zip Code 08043

Type of Business water utility

2. Name of Represented Entity AGL Resources / Elizabethtown Gas

Business Address 300 Connell Drive
Suite 3000

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

City Berkeley Heights State NJ Zip Code 07922

Type of Business gas utility

3. Name of Represented Entity Bancroft NeuroHealth

Business Address 425 Hopkins Lane
PO Box 20

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

City Haddonfield State NJ Zip Code 08033

Type of Business residential & educational institute for developmentally disabled

4. Name of Represented Entity TD Associates, LLC

Business Address 680 Bay Avenue

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

City Somers Point State NJ Zip Code 08244

Type of Business retail business in sales & distribution of fishing equipment

5. Name of Represented Entity New Jersey American Water Company

Business Address 1025 Laurel Oak Road

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

City Voorhees State NJ Zip Code 08043

Type of Business water utility

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity New Jersey Coalition for Affordable Clean Reliable Energy

Business
Address

c/o Airport Executive Complex

207 Bogden Blvd., Suite D

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

City Millville

State NJ

Zip Code 08332

Type of Business coalition for grass roots issues regarding energy

2. Name of Represented Entity New Jersey Conference of Mayors

Business
Address

150 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 08608-1105

Type of Business trade association

3. Name of Represented Entity Verizon New Jersey

Business
Address

540 Broad Street

17th Floor

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 telecommunications utility

4. Name of Represented Entity Power Survey Co., LLC

Business
Address

25 Campus Drive

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

City Kearny

State NJ

Zip Code 07032

Type of Business electrical & energy leakage detection services

5. Name of Represented Entity McGraw Hill

Business
Address

Two Penn Plaza

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

City New York

State NY

Zip Code 10121

Type of Business educational resources

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity Exelon

Business Address 200 Exelon Way
Kennett Square

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

City Philadelphia State PA Zip Code 19348

Type of Business utility

2. Name of Represented Entity The Mentor Network

Business Address 313 Congress Street
5th Floor

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

City Boston State MA Zip Code 02210

Type of Business mental health & rehab services

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 Edward H. Salmon

Name of Authority, Board, or Commission Aviation Research & Technology Park

Date When Term of Service Expires undetermined

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
Edward H. Salmon	\$ 150,000.00
Kimberly Schalek Downes	50,000.00
SCHEDULE B TOTAL \$	200,000.00

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 \$ 26,625.00

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.

EXPENSE	AMOUNT
Printed Materials	\$
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	
Postage	900.00
Telephone, Telegram, Facsimile	3,500.00
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 \$	4,400.00

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
Edward H. Salmon	\$ 5,500.00
Kimberly S. Downes	2,000.00
SCHEDULE F TOTAL \$	7,500.00

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) _____	_____	+	_____	=	_____
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	\$ _____	200,000.00
2. Support Personnel	Schedule C Total	_____	26,625.00
3. Communication Expenses	Schedule E Total	_____	4,400.00
4. Travel and Lodging	Schedule F Total	_____	7,500.00
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____	0.00
Total Lobbying Expenditures			\$ _____ 238,525.00

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 Water	\$ 58,000.00
2. AGL/Elizabethtown Gas	39,693.00
3. Bancroft NeuroHealth	9,252.00
4. New Jersey American Water	42,000.00
5. New Jersey Coalition for Affordable Clean Reliable Energy	78,739.02
6. Power Survey Co	15,185.00
7. Verizon New Jersey	42,000.00
8. TD Associates, LLC	3,453.00
9. New Jersey Conference of Mayors	9,250.00
10. Millville 1350	2,629.00
11. The Mentor Network	50,000.00
12. Exelon	32,048.80
13. McGraw-Hill	3,000.00
14.	
15.	
16.	
17.	
18.	
TOTAL RECEIPTS	\$ 385,249.82

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, Kimberly Schalek Downes
(print name)

hereby certify that I am duly authorized by

Salmon Ventures Limited
(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

2.8.11
Date