

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:

Tonio Burgos & Associates of New Jersey, LLC

Business Address 200 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-278-2630

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

1. Name Tonio Burgos

Registration Number 1284-1 Occupation or Business Government Affairs

Business Address 115 Broadway

City New York State NY Zip Code 10006

*(Area Code) Telephone Number 212-566-5600

2. Name Joseph Fiordaliso, Jr.

Registration Number 1284-3 Occupation or Business Government Affairs

Business Address 200 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-278-2630

3. Name Matthew Greller

Registration Number 1284-4 Occupation or Business Government Affairs

Business Address 200 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-278-2630

4. Name Arthur Maurice

Registration Number 1554-2 Occupation or Business Government Affairs

Business Address 200 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-278-2630

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

1. Name Jemine Burgos

Registration Number 1554-3 Occupation or Business Government Affairs

Business Address 200 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-278-2630

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 Airlines

Business Address 4333 Amon Carter Boulevard

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

City Fort Worth State TX Zip Code 76155

Type of Business Airline/Transportation

2. Name of Represented Entity NRG Energy, Inc.

Business Address PO Box 1001
1866 River Road

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

City Middletown State CT Zip Code 06457

Type of Business Wholesale Power Generation

3. Name of Represented Entity RC Cape May Holdings LLC

Business Address 24 Waterway Avenue
Suite 800

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

City Woodlands State TX Zip Code 77380

Type of Business Electrical Apparatus, wiring supplies & construction materials

4. Name of Represented Entity Greater New York Hospital Association

Business Address 555 West 57th Street
15th Floor

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

City New York State NY Zip Code 10019

Type of Business Hospital advocacy & membership organization

5. Name of Represented Entity New York Water Taxi

Business Address 655 Third Avenue, Suite 1404

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

City New York State NY Zip Code 10017

Type of Business Transportation

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 ADP Public Sector Services

Business Address 2 Huntington Quadrangle

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

City Melville State NY Zip Code 11747

Type of Business Payroll, Human Resources, Benefits outsourcing

2. Name of Represented Entity Martin Resnick Realty

Business Address 151 Route 31

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

City Flemington State NJ Zip Code 08822

Type of Business Real Estate

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 T-Mobile USA, Inc.Business
Address4 Sylvan Way☐ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.City ParsippanyState NJZip Code 07054Type of Business Communications2. Name of Represented Entity Federal Express, Inc.Business
Address1 Century Drive☐ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.City ParsippanyState NJZip Code 07054Type of Business Shipping; Logistics Management3. Name of Represented Entity MedcoBusiness
Address100 Parsons Pond Drive☐ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.City Franklin LakesState NJZip Code 07417Type of Business Pharmacy Benefits Management4. Name of Represented Entity American International GroupBusiness
Address70 Pine Street6th Floor☐ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.City New YorkState NYZip Code 10270Type of Business Insurance5. Name of Represented Entity CoventryBusiness
Address7111 Valley Green Road☐ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.City Fort WashingtonState PAZip Code 19034Type of Business Secondary life insurance

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
Tonio Burgos	\$ 60,000.00
Matthew Geller	65,017.59
Joseph Fiordaliso	21,760.77
Arthur Maurice	0.00
Jemine Burgos	4,850.00
SCHEDULE B TOTAL \$ 151,628.36	

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 \$ 0.00

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	
Telephone, Telegram, Facsimile	
Pro Rata Overhead Costs of Specific Events Over \$100 (<i>please identify name and date of event</i>)	
Newark Regional Business Partnership 2/24/10, Sponsor Transportation Symposium	1,500.00
Committee for Hispanic Children & Families 3/17/10, Gala 2010	1,000.00
Hall Institute of Public Policy, Achievement Awards 03/17/10	600.00
Newark Regional Business Partnership, Transportation Awards Breakfast Sponsor 05/17/10	2,500.00
NJ Alliance for Action, Meet with Players Commissioner Simpson 05/06/10	500.00
NJ Alliance for Action Golf Classic 10/26/10	500.00
NJ Business & Industry Association, Meet the Energy Policy Players 06/22/10	237.00
Other (<i>please describe</i>):	
NJ Technology Council, 01/20, 09/23	110.00
NJ Alliance for Action events 05/03, 12/21	145.00
NJ Chamber of Commerce events 09/10, 10/14	110.00
Newark Regional Business Partnership, 11/15/10 event	50.00
SCHEDULE E TOTAL \$	31,088.00

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
Tonio Burgos	\$ 8,867.44
Matthew Greller	936.07
Jemine Burgos	29.00
SCHEDULE F TOTAL \$	9,832.51

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>)	
Garden State Equity, Legends Dinner 06/26/10	2,500.00
Teamsters Hispanic Caucus - NJ Chapter 09/24/10 Annual Gala	200.00
NJ Alliance for Action, 2010 Annual Eagle Awards	12,700.00
NY League of Conservation Voters, Annual Spring Gala 05/17/10	7,500.00
NJ Business & Industry events 03/24, 04/09, 9/22, 10/1, 10/6 & 10/8	711.00
New York Building Congress, 10/26/10	225.00
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
	\$
SCHEDULE F TOTAL \$	

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 N/A

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	\$ 0.00	+	\$ 0.00	=	\$ 0.00
Food and Beverage	0.00	+	0.00	=	0.00
Travel	0.00	+	0.00	=	0.00
Lodging	0.00	+	0.00	=	0.00
Honoraria	0.00	+	0.00	=	0.00
Loans	0.00	+	0.00	=	0.00
Gifts	0.00	+	0.00	=	0.00
Other (specify) _____	0.00	+	0.00	=	0.00
Total	\$ 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	\$ 151,628.36
2. Support Personnel	Schedule C Total	0.00
3. Communication Expenses	Schedule E Total	31,088.00
4. Travel and Lodging	Schedule F Total	9,832.51
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	0.00
Total Lobbying Expenditures		\$ 192,548.87

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 Airlines	\$ 12,351.97
2. Coventry	64,081.85
3. New York Hospital Association	13,045.90
4. Medco Health	10,550.00
5. NRG Energy, Inc.	115,204.07
6. RC Cape May Holdings, LLC	94,128.40
7. T-Mobile USA, Inc.	5,000.00
8. American International Group	71,638.55
9. New York Water Taxi	35,000.00
10. Federal Express, Inc.	35,000.00
11. ADP Public Sector Services	0.00
12. Martin Resnick Realty	8,333.00
13.	
14.	
15.	
16.	
17.	
18.	

TOTAL RECEIPTS \$ 464,333.74

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, Ellen Conovitz

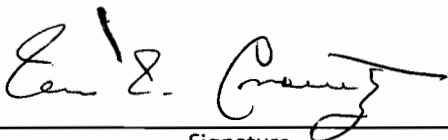
(print name)

hereby certify that I am duly authorized by

Tonio Burgos Associates of New Jersey, 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 18, 2011

Date