

FORM L1-A
Reporting For Calendar Year 2010

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APR 18 2011

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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:

TTP GOVERNMENT RELATIONS, INC.

Business Address

108 W. STATE STREET

City

TRENTON

State

NJ

Zip Code

08608

*(Area Code) Telephone Number

609-883-7481

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

1. Name

PETER GUZZO

Registration Number

944-1

Occupation or Business

GOVT. AFFAIRS AGENT

Business Address

~~944-1~~ SAME AS ABOVE

City

State

Zip Code

*(Area Code) Telephone Number

SAME AS ABOVE

2. Name

CHRISTINE C SIMON

Registration Number

944-2

Occupation or Business

GOVT. AFFAIRS AGENT

Business Address

"

City

"

State

Zip Code

*(Area Code) Telephone Number

"

3. Name

AMY PAPI

Registration Number

944-3

Occupation or Business

GOVT. AFFAIRS AGENT

Business Address

"

City

"

State

Zip Code

*(Area Code) Telephone Number

"

4. Name

ALINE M. GUZZO

Registration Number

944-4

Occupation or Business

GOVT. AFFAIRS AGENT

Business Address

"

City

"

State

Zip Code

*(Area Code) Telephone Number

"

5. Name

Noel CLARK - 944-5

GOVT. AFFAIRS AGENT

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 CWA-1032

Business Address 67 SCOTCH ROAD Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City EWING State NJ Zip Code 08628

Type of Business GOVT. (PUBLIC) EMPLOYEES UNION

2. Name of Represented Entity CONSUMERS FOR CIVIL JUSTICE, INC

Business Address 108 W. STATE ST. Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City TRENTON NJ State NJ Zip Code 08608

Type of Business CONSUMER / VICTIM ADVOCATE

3. Name of Represented Entity ~~N.J. STATE YMCA STATE ALLIANCE, INC~~

Business Address ~~67 MAPLE STREET~~ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City ~~SUMMIT~~ State ~~NJ~~ Zip Code ~~07901~~

Type of Business ~~NON-PROFIT YMCA~~

4. Name of Represented Entity NJ ADVISORY COUNCIL ON SAFETY & HEALTH

Business Address 661 FRANKLIN AVE Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City NUTLEY State NJ Zip Code 07110

Type of Business WORKERS COMPENSATION

5. Name of Represented Entity HEALTH PROFESSIONALS & ALLIED EMPLOYEES (AFT)

Business Address 110 KINDERKAMACK RD Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City EMERSON State NJ Zip Code 07630

Type of Business HEALTH CARE WORKERS

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity NJ AMERKA ASSN OF UNIVERSITY PROFESSORS

Business Address 108 W. 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 HIGHER ED FACULTY

2. Name of Represented Entity COUNCIL OF STATE COLLEGE LOCALS (AFT)

Business Address 1435 MORRIS AVE

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

City UNION State NJ Zip Code 07083

Type of Business COLLEGE/UNIVERSITY FACULTY/STAFF

3. Name of Represented Entity AUTGERS U. AMERICAN ASSN OF U. PROFESSORS (AFT)

Business Address 11 STONE STREET

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

City NEW BRUNSWICK State NJ Zip Code 08901

Type of Business COLLEGE/UNIV. FACULTY/STAFF

4. Name of Represented Entity NJ STATE FEDERATION OF TEACHERS (AFT)

Business Address 629 AMBOY AVE

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

City EDISON State NJ Zip Code 08837

Type of Business PRE K-12 TEACHERS

5. Name of Represented Entity NJ STATE FRATERNAL ORDER OF POLICE

Business Address 108 W. 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 LAW ENFORCEMENT

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 INSERVO

Business Address 3150 BRUNSWICK PIKE Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City LAWRENCEVILLE State NJ Zip Code 08648

Type of Business TPA

2 Name of Represented Entity ~~TRENTON YACA~~

Business Address ~~421 PENNINGTON AVE~~ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City ~~TRENTON~~ State ~~NJ~~ Zip Code ~~08616~~

Type of Business ~~YACA~~

3 Name of Represented Entity PROFESSIONAL FIREFIGHTERS ASSN. OF NJ

Business Address 24 W LAFAYETTE AVE 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 FIREFIGHTERS

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 _____

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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 _____

N/A

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
CHRISTINE SIMON (GO COPLEY ASSOCIATES)	\$ 15,300. -
ALINE GUZZO	24,350 -
SCHEDULE B TOTAL \$	
	39,650 -

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 \$ NA

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	\$ 0
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 (please identify name and date of event)	
Other (please describe):	

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
	\$ 0

SCHEDULE F TOTAL \$ 0

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 _____ N/A

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	\$ _____		\$ _____		\$ _____

**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	\$ 39,650.-
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	_____
Total Lobbying Expenditures		\$ 39,650.-

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.	NJ STATE CONFERENCE, AMERICAN ASSN OF U. PROFESSORS	\$ 24,000. -
2.	CWA - 1032	21,912. -
3.	NJ ADVISORY COUNCIL ON SAFETY & HEALTH	25,200 -
4.	NJ STATE FRATERNAL ORDER OF POLICE	34,920. -
5.	PROFESSIONAL FIREFIGHTERS ASSN. OF NJ	9,000. -
6.	INSERVICO INSURANCE SERVICES	24,000
7.	AFT - New Jersey	87,996
8.	(a) Health Professionals & Allied Employees	
9.	(b) Council of State College Locals	
10.	(c) STATE FEDERATION of NJ	
11.	(d) Rutgers U. AAUP/AFT	
12.		
13.		
14.		
15.		
16.		
17.		
18.		

TOTAL RECEIPTS \$ 227,028. -

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.

1. PETER P. GUZZO
(print name)

hereby certify that I am duly authorized by

TTP GOVERNMENT RELATIONS INC
(print name of firm)

to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year _____
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.

Peter P. Guzzo
Signature

4/18/11
Date