



Address

ANNUAL REPORT REPRESENTED ENTITY

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

Reporting For Calendar Year 2009

ELEC DECENTED

FOR STATE USE ONLY

ELEC P	Τ Ε		FIVEL
FEB	1	6	2010

P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Tolf Free Within NJ 1-888-313-ELEC (3532) Website: www.elec.state.nj.us Business 1111 Stewart Ave

City Bethpage

1. Name Kevin Drennan

State NY Zip Code 11714

Amendment

П

*(Area Code) Telephone Number (516) 803-2387

- 1. Provide the following information regarding the Governmental Affairs Agent(s) employed by the Represented Entity named above.
- Registration Number 1801-1

Job Title Area Director, Governmental Affairs - NJ

Business Address 124 West State St., 3rd Floor

City Trenton

State NJ Zip Code 08608

*(Area Code) Telephone Number 609-571-9041

2. Name Adam Falk

Registration Number 1446-1

Job Title Vice President, Government & Regulatory Affairs

Business Address 683 Route 10 East

City Randolph

State NJ Zip Code 07869

*(Area Code) Telephone Number 973-659-2464

3. Name Mary Tassini

Registration Number 1463-1 Job Title Consultant, Government Affairs

Business Address 683 Route 10 East

City Randolph

State NJ Zip Code 07869

*(Area Code) Telephone Number 973-659-2464

4. Name Registration Number Job Title

Business Address ______

_____ 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.

	(Circhard) and a sharing an angel by the Department
Provide the following information regarding the Governmental Af Entity.	
1. Name of Agent or Firm Florio Perrucci Steinhardt & Fade	er
Business Address 218 Rt. 17 North, Suite 300	
0 1 11 0 1	See NJ 75 Code 07662
	State NJ Zip Code 07662
*(Area Code) Telephone Number 201-843-5858	Occupation/Business Consulting
2. Name of Agent or Firm Fox & Schuffler	
Business Address 102 West 38th Street, 4th Floor	
City New York	State NY Zip Code 10018
*(Area Code) Telephone Number <u>646-213-7240</u>	Occupation/Business Consulting
SCHED	DULE A
Did any Governmental Affairs Agent named on page 1, question 1	, 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	•
any board or commission established by statute or resolution. Legislature, or by any Agency, Department or other instrur	
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	<u> </u>
Name of Governmental Affairs Agent	·
Name of Australia, Board on Commission	
Date When Term of Service Expires	
Name of Governmental Affairs Agent	<u> </u>
Name of Authority, Board, or Commission	
Date When Term of Service Expires	· · · · · · · · · · · · · · · · · · ·
•	
Did the Governmental Affairs Agent(s) named on page 1, question during the calendar year covered by this Annual Report?	1 file all Notices of Representation and Quarterly Reports required
Yes If "yes," continue on to Schedule B.	No if "no," please file the necessary reports immediately.
	, , , , , , , , , , , , , , , , , , , ,
If you this field blank if your talenhous number is unlisted fluorisant to M ICA 47/14.11 xxx	n unlitted talankana number is not a nublic second and must not be provided on this form

2. Provide the following information regarding the Governmenta Entity.	Affairs Agent(s) retained or otherwise engaged by the Represented
Name of Agent or Firm Princeton Public Affairs	
Business 160 West State St.	
Address 100 West state st.	
City Trenton	State NJ Zip Code 08608
*(Area Code) Telephone Number 609-396-8838	Occupation/Business Consulting
2. Name of Agent or Firm Rosemont Associates	
Business Address 49 Bridge St, Suite II	
City Lambertville	State NJ Zip Code 08530
*(Area Code) Telephone Number 609-773-0335	Occupation/Business Consulting
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SCH	EDULE A
Did any Governmental Affairs Agent named on page 1, question	n 1, 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 N	lew Jersey; or,
any board or commission established by statute or reso Legislature, or by any Agency, Department or other inst	
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	·
Date When Torre of Consider Eurises	
Name of Governmental Affairs Agent	
Name of Authority, Board, or Commission	
Date When Term of Service Expires	
2. Did the Governmental Affairs Agent(s) named on page 1, questi- during the calendar year covered by this Annual Report?	on 1 file all Notices of Representation and Quarterly Reports required
	No If "no," please file the necessary reports immediately.
*Leave this field blank if your telephone number is unlisted. Pursuant to N.I.S.A. 47:1A-1.	i, an unlisted telephone number is not a public record and must not be provided on this form.

SCHEDULE B - SALARY & COMPENSATION

PURPOSE: To report the salary and compensation paid by the Represented Entity to its Governmental Affairs Agent(s). Include the reimbursement of an Agent's expenses in amounts reported.

 For the Governmental Affairs Agents who are employees of the Represented Entity named on page 1, question 1, please report the salary and other compensation paid. NOTE: Only the pro rata share of each employee's salary and compensation need be included if the employee spends only a portion of his/her time lobbying.

36,050.00

2. For the Governmental Affairs Agents named on page 2, question 2, who are retained or otherwise engaged by the Represented Entity, please provide the following information:

NAME OF PAYEE	LOBBYING PURPOSE	COMPENSATION
Florio Perrucci Steinhardt & Fader	Governmental Affairs	\$ 68,970.75
2. Fox & Schuffler	Governmental Affairs	120,000.00
3. Princeton Public Affairs	Governmental Affairs	120,641.66
4. Rosemont Associates	Governmental Affairs	180,000.00
5.		
6.		
7.		
	Total \$	489,612.41
í	SCHEDULE B TOTAL \$	525,662.41

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 Represented Entity or 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 Represented Entity or Governmental Affairs Agent(s) in Influencing legislation, regulations, governmental processes, or communicating with the general public.

SCHEDULE C TOTAL \$	0.00

SCHEDULES D-1 & D-2 - ASSESSMENTS, MEMBERSHIP FEES, OR DUES

Schedule D-1 - Specific Intent

PURPOSE: To report the amount of assessments, membership fees, or dues paid by the Represented Entity. If the assessments, membership fees, or dues were paid by the Represented Entity with the specific intent to influence legislation, regulations, governmental

processes, or to communicate with the general public, please provide the information below:

PART I - For assessments, membership fees, or dues exceeding \$100 for the calendar year:

DATE	PAYEE	DESCRIPTION (A,M, or D)	AMOUNT
1/15/2009	New Jersey Cable Telecommunications Association	D	\$ 27,867.87
5/26/2009	New Jersey Cable Telecommunications Association	D	27,867.86
7/29/2009	New Jersey Cable Telecommunications Association	D	27,867.86
11/17/2009	New Jersey Cable Telecommunications Association	D	27,867.86
			-
		Part I TOTAL \$	111,471.45

PART II - For assessments, membership fees, or dues \$100 or less for the calendar year:

Part II TOTAL \$ 0.00

(Part I AND Part II) Schedule D-1 TOTAL \$

111,471.45

Schedule D-2 - Major Purpose

PURPOSE: To report the pro rata amount of assessments, membership fees, or dues paid by the Represented Entity. If the assessments, membership fees, or dues were paid by the Represented Entity to an entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, and, was not reported on Schedule D-1, "Specific Intent," please provide the information below:

PART I - For assessments, membership fees, or dues exceeding \$100 for the calendar year:

DATE	PAYEE	DESCRIPTION (A,M, or D)	AMOUNT
			\$
			-
		Part I TOTAL \$	0.00

Part II TOTAL \$ _____ PART II - For assessments, membership fees, or dues \$100 or less for the calendar year:

0.00 (Part I and Part II) Schedule D-2 TOTAL \$

Schedule D-1 AND Schedule D-2 TOTAL \$ 111,471.45

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	\$	0.0
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet		0.0
Postage		50.00
Telephone, Telegram, Facsimile		500.00
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)		0.00
		·
Other feltures described		-
Other (please describe)		
,		
SCHEDULE E TOTAL	\$	550.00
SCHEDULE F - TRAVEL/LODGING PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents who are employees named on page 1, question 1, related to influencing legislation, regulations, governmental prowith the general public.		
NAME OF GOVERNMENTAL AFFAIRS AGENT	A	MOUNT
Kevin Drennan	\$	150.00
Adam Falk		300.00
	1	

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			<u> </u>		
Date				Amount \$	
Name and Address of Payee Name	e/Vendor				
City			Zip Code		
	olease report the date, the description, an Amount \$		the reimbursemer	nt.	
Description					
					·
Date				Amount \$	
Name and Address of Payee				_	
City		State	Zip Code		
	olease report the date, the description, and Amount \$		the reimbursemer	nt.	
Description					
Name of Benefit Recipient			·		
Date				Amount \$	
Name and Address of Payee,					
Address					
City		State			
If benefit was reimbursed, pl Date	lease report the date, the description, and Amount \$	d the amount of t	the reimbursemen	it.	
Description					
Name of Benefit Recipient	<i>i</i>				
Date	Description			Amount \$ _	
Name and Address of Payee/ Name	Vendor				
Address					
City		State	Zip Code		
If benefit was reimbursed, ple Date	lease report the date, the description, and Amount \$	d the amount of t	the reimbursemen	ıt.	
Description					
·					

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		SCHEDULE G-1*		SCHEDULE G-2**		AMOUNT
Entertainment	\$		+\$_	· .	=\$_	
ood and Beverage			_ + .		= .	
ravel			_ + .		= .	
odging			_ + -	· · · · · ·	= -	
onoraria			_ + .		= .	· · ·
oans			_ + -		= _	
ifts			_ + -		= -	
Other(specify)			_ + .		. = .	
	\$	0.0	00 ⊥¢	0.00	= \$	0.0
After completing all e	ntries on Schedule G-1, prove e value of benefit passing w	vide totals by catego vhere the expenditu	ory.		S	
After completing all er Enter, by category, the	ntries on Schedule G-1, prov	vide totals by catego where the expenditure————————————————————————————————————	ory. re did NOT	exceed the \$25/day or	S	lendar year thresholds
After completing all er the factor of the fa	ntries on Schedule G-1, prove e value of benefit passing w DUNT OF REIMBURSED BE AMOUNT FROM BENEFIT I	vide totals by catego where the expenditure————————————————————————————————————	ory. re did NOT	exceed the \$25/day or	\$200/ca	lendar year thresholds
After completing all enter, by category, the NTER THE TOTAL AMO	ntries on Schedule G-1, prove e value of benefit passing w DUNT OF REIMBURSED BE AMOUNT FROM BENEFIT I	vide totals by catego where the expenditure NEFITS, IF ANY. PASSING AMOUNTS	ory. re did NOT	exceed the \$25/day or \$	\$200/ca	lendar year thresholds.
After completing all er Enter, by category, the NTER THE TOTAL AMO NOT DEDUCT THIS EXPENDITURES	ntries on Schedule G-1, prove value of benefit passing word of the	vide totals by catego where the expenditure NEFITS, IF ANY. PASSING AMOUNTS	ory. re did NOT	exceed the \$25/day or \$	\$200/ca	lendar year thresholds .00
After completing all enters, by category, the NTER THE TOTAL AMO NOT DEDUCT THIS EXPENDITURES 1. 9	ntries on Schedule G-1, prove value of benefit passing we could be provided by the country of th	vide totals by catego where the expenditure NEFITS, IF ANY. PASSING AMOUNTS RY OF LOBBYING Add the total from q	G EXPEN	exceed the \$25/day or \$ DITURES & 2) Schedule B T	\$200/ca	Jendar year thresholds .00 .00 .00
After completing all er Enter, by category, the Enter THE TOTAL AMONOT DEDUCT THIS EXPENDITURES 1. 9 2. 9 3. 7	ntries on Schedule G-1, prove value of benefit passing we could be provided by the country of REIMBURSED BE AMOUNT FROM BENEFIT I SUMMA Salary and Compensation (A Support Personnel	vide totals by catego where the expenditure NEFITS, IF ANY. PASSING AMOUNTS RY OF LOBBYING Add the total from q	G EXPEN	exceed the \$25/day or \$ DITURES & 2) Schedule B T Schedule C	\$200/ca \$200/ca Total _ Total _	.00 .00 .00 .00 .00 .00 .00 .00 .00
After completing all end Enter, by category, the NTER THE TOTAL AMO NOT DEDUCT THIS EXPENDITURES 1. 9 3. 7 4. 0	ntries on Schedule G-1, prove value of benefit passing we could be provided by the country of th	vide totals by catego where the expenditure NEFITS, IF ANY. PASSING AMOUNTS RY OF LOBBYING Add the total from q	G EXPEN	exceed the \$25/day or \$ DITURES & 2) Schedule B T Schedule C D-1 and Schedule D-2	\$200/ca \$200/ca Total _ Total _ Total _	525,662.41 0.00 111,471.45
Enter, by category, the NTER THE TOTAL AMO NOT DEDUCT THIS SEXPENDITURES 1. 9 2. 9 3. /	ntries on Schedule G-1, prove value of benefit passing we could be provided by the country of th	vide totals by catego where the expenditure NEFITS, IF ANY. PASSING AMOUNTS RY OF LOBBYING Add the total from q	G EXPEN uestions 1	exceed the \$25/day or \$	\$200/ca \$200/ca Total _ Total _ Total _ Total _	lendar year thresholds.

RECEIPTS TABLES 1 AND 2

Receipts Table 1 - Specific Intent

PURPOSE: To report the amount of contributions, loans, membership fees, dues, or assessments <u>received by the Represented Entity</u>.

If the contributions, loans, membership fees, dues, or assessments were received by the Represented Entity with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information

DATE	SOURCE	ADDRESS		AMOUNT
	none			\$ 0.0
		-		
			Part Total \$	0.0
PART II - For co	ntributions, loans, membership fees, du	ues, or assessments \$100 or	Part II Total \$	0.0
ess for the care	nuai yeai.	Receipts Table 1 To	otal (Part I and II) \$	0.0
URPOSE: To re		ons, loans, membership fees, dues, or asse		
PURPOSE: To re intity. Note: If a Major Purpose" egulations, gov	eport the pro rata amount of contribution receipt was already reported on Receipt receipt. If the receipts were received by rernmental processes, or to communicate	ons, loans, membership fees, dues, or asse pts Table 1 as a "Specific Intent" receipt, Do by the Represented Entity whose major pur ate with the general public, please provide bobbying (this figure must be more than 50	O NOT report again rpose is to influence the information be	as a legislation,
PURPOSE: To re intity. Note: If a Major Purpose" egulations, gov Provide the pere for each receipt	eport the pro rata amount of contribution receipt was already reported on Receipt receipt. If the receipts were received be remmental processes, or to communicate centage of activity which constituted to	pts Table 1 as a "Specific Intent" receipt, Do by the Represented Entity whose major purate with the general public, please provide obbying (this figure must be more than 50 the amount of the receipt to arrive at a neggregate total.	O NOT report again rpose is to influence the information be %):	as a legislation, low:
PURPOSE: To reintity. Note: If a Major Purpose egulations, goverovide the perfor each receipt add together all Review each net	eport the pro rata amount of contribution receipt was already reported on Receipt receipt. If the receipts were received by ternmental processes, or to communicate centage of activity which constituted by a multiply the percentage indicated by a net receipt amounts to arrive at the agoint receipt amount. Any net receipt in except amounts.	pts Table 1 as a "Specific Intent" receipt, Doy the Represented Entity whose major pure the with the general public, please provide obbying (this figure must be more than 50 the amount of the receipt to arrive at a neggregate total. Receiptess of \$100 should be listed below:	O NOT report again rpose is to influence the information be %): t receipt amount.	as a legislation, low: 0 %
CURPOSE: To re ntity. Note: If a Major Purpose " egulations, gov Provide the per- or each receipt dd together all	eport the pro rata amount of contribution receipt was already reported on Receipt receipt. If the receipts were received by the receipt processes, or to communicate the contribution of activity which constituted for multiply the percentage indicated by a net receipt amounts to arrive at the agents.	pts Table 1 as a "Specific Intent" receipt, Do by the Represented Entity whose major purate with the general public, please provide obbying (this figure must be more than 50 the amount of the receipt to arrive at a neggregate total. Receip	O NOT report again rpose is to influence the information be %): t receipt amount.	as a legislation, low:
PURPOSE: To reintity. Note: If a Major Purpose egulations, goverovide the percor each receipt add together all Review each necessions.	eport the pro rata amount of contribution receipt was already reported on Receipt receipt. If the receipts were received by ternmental processes, or to communicate centage of activity which constituted by a multiply the percentage indicated by a net receipt amounts to arrive at the agoint receipt amount. Any net receipt in except and the second source.	pts Table 1 as a "Specific Intent" receipt, Doy the Represented Entity whose major pure the with the general public, please provide obbying (this figure must be more than 50 the amount of the receipt to arrive at a neggregate total. Receiptess of \$100 should be listed below:	O NOT report again rpose is to influence the information be %): t receipt amount.	as a legislation, low: 0 % 0.00 AMOUNT
PURPOSE: To reintity. Note: If a Major Purpose egulations, goverovide the perfor each receipt add together all Review each net	eport the pro rata amount of contribution receipt was already reported on Receipt receipt. If the receipts were received by ternmental processes, or to communicate centage of activity which constituted by a multiply the percentage indicated by a net receipt amounts to arrive at the agoint receipt amount. Any net receipt in except and the second source.	pts Table 1 as a "Specific Intent" receipt, Doy the Represented Entity whose major pure the with the general public, please provide obbying (this figure must be more than 50 the amount of the receipt to arrive at a neggregate total. Receiptess of \$100 should be listed below:	O NOT report again rpose is to influence the information be %): t receipt amount.	as a legislation, low: 0 % 0.00 AMOUNT

This certification shall be signed by a Governmental Affairs Agent employed by the Represented Entity or a responsible Financial
This certification show be signed by a dovernmentary mains right employed by the hepresented bitting of a responsible rinding and
or Governmental Affairs Officer of the Represented Entity.
of governmental Analis Officer of the nepresented entity.

(print name)

hereby certify that I am duly authorized by

CERTIFICATION

CSC Holdings Inc

(print name of Represented Entity)

to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year 2009

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

Date