



ANNUAL REPORT OF REPRESENTED ENTITY

FORM L1-L Reporting For Calendar Year <u>2009</u>

FEB 162010

Amendment

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

FOR	CTA	TEI	ICE	v

Name of Represented Entity Dailchi Sankyo, Inc.					140
Business Two Hilton Court					
Address		-		-	
- Davelinnany			a NI		07054
Parsippany 270 111 200			State NJ	_ Zip Code	0/054
*(Area Code) Telephone Number 973-944-2034	· · · _ · ·		,		· · · ·
. Provide the following information regarding the Gove	ernmental Affa	airs Agent(s) employed	by the Represen	ted Entity n	amed above.
. Name Craig A. Nowacki			95.57 y		·
Registration Number 1466-1	Job Title A	Associate Director, S	tate Governm	ent Affair	rs _
Business Address 39 Salem Way					
		_	State PA	Zip Code	.19355
		<u> </u>	State 171	_ Zip Cout	12,555
*(Area Code) Telephone Number 614-571-8593					
. Name		· <u>.</u>	<u></u>	·	
Registration Number	_ Job Title _				
Business Address					
City			State	Zip Code	
•					17 m
3. Name					A CONTRACTOR
Registration Number		•	11-24		er to set and
			• The state of the		1:00-16:1
Business Address		_			
City			State	Zip Code	N 11 (1986)
*(Area Code) Telephone Number					
Name					41 / 18 11 14 1 1 1977
Registration Number	_ Job Title _				
Business Address	, _e , š. <u>.</u> .	and the second second	· , · . : · · · · · · · · · · · · · · · · · ·	War to the contract	18
City		11 (5.1.5) (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	State	Zip Code	er with the

Entity. Name of Agent or Firm N/A				
·· Name of Agent of Firm 1975	· ·	32		
Business				
Address				To water
City		State _	Zip Code _	
*(Area Code) Telephone Number	Occupation/Busin	ess	Barangan Ja	÷ ,3
			`	
2. Name of Agent or Firm	× 2			-
Business Address		-		
City	·	State _	Zip Code: _	
*(Area Code) Telephone Number	Occupation/Busin	ess		,
	SCHEDULE A		-	
Did any Governmental Affairs Agent named on page 1,	question 1, serve as a member of		:	* 2
any independent State authority;		₹		
 any county improvement authority; any municipal utilities authority; 				
 any municipal utilities autiliority; any inter-State or bi-State authority as a membe 	r from New Jersey: or			
any board or commission established by statute	· •	rder of the G	overnor or by the	•
Legislature, or by any Agency, Department or ot No If "no," continue on to the next question.	_		lowing information	
Name of Covernmental Affairs Agent		-		•
				• 7
Name of Authority, Board, or Commission			·	• 7
Name of Authority, Board, or Commission Date When Term of Service Expires				• 17
Date When Term of Service Expires				• 17
Date When Term of Service Expires Name of Governmental Affairs Agent				• 7
Name of Authority, Board, or Commission				* 17
Name of Governmental Affairs Agent Name of Authority, Board, or Commission Date When Term of Service Expires				• 7
Name of Governmental Affairs Agent Name of Authority, Board, or Commission Date When Term of Service Expires Name of Governmental Affairs Agent				• 7
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				• 17
Name of Governmental Affairs Agent Name of Authority, Board, or Commission Date When Term of Service Expires Name of Governmental Affairs Agent				2 Sec. 25
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				A STATE OF THE STA
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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 Governmental Affairs Agent Date When Term of Service Expires Date When Term of Service Expires Date When Term of Service Expires	, question 1 file all Notices of Re	presentation file the neces	and Quarterly Repo	orts required
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 Governmental Affairs Agent Name of Authority, Board, or Commission Date When Term of Service Expires Did the Governmental Affairs Agent(s) named on page 1 during the calendar year covered by this Annual Report?	, question 1 file all Notices of Re	presentation file the neces	and Quarterly Repo	orts required
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 Governmental Affairs Agent Name of Authority, Board, or Commission Date When Term of Service Expires Did the Governmental Affairs Agent(s) named on page 1 during the calendar year covered by this Annual Report?	, question 1 file all Notices of Re	presentation file the neces	and Quarterly Repo	orts requires

SCHEDULE B - SALARY & COMPENSATION

PURPOSE:	To report the salary and compensation paid by the Represente	ed Entity to its (Sovernmental Affairs Ag	gent(s). Include the
	reimbursement of an Agent's expenses in amounts reported.	• / .		\$1.3
		73.1	w	n, 1
	For the Governmental Affairs Agents who are employees of the report the salary and other compensation paid MOTE Columbia	•		• •

compensation need be included if the employee spends only a portion of his/her time lobbying.

.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
1. N/A		\$ 0.00
2.		
3.		t
4.		
5.		
6.		
7.		- 1
	Total \$	0.00
	SCHEDULE B TOTAL \$	0.00

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 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.

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REAL TRANSPORT STARTED BOOKS

SCHEDULE C TOTAL \$	0.00

New Jersey Election Law Enforcement Commission

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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 <u>paid by the Represented Entity</u>. If the assessments, membership fees, or dues were <u>paid by the Represented Entity</u> with the specific intent to influence legislation, regulations, governmental

DATE	PAYEE	DESCRIPTION (A,M, or D)	AMOUNT
N/A	·		\$
r Santana ara	Constitution of the second sec		
•			
		Part I TOTAL \$	0.
	·		
PART II – For assessr	ments, membership fees, or dues \$100 or less for the calendar year:	Part II TOTAL \$	0.
Schedule D-2 - Ma	(Part I AND Part) ajor Purpose port the pro rata amount of assessments, membership fees, or due	II) Schedule D-1 TOTAL \$	O. Entity. If the assessment
Schedule D-2 - Ma PURPOSE: To remember regular	(Part I AND Part)	es paid by the Represented entity whose major purpose public, and, was not reported	O. Entity. If the assessment is to influence legislation
Schedule D-2 - Ma PURPOSE: To regular regular intent	(Part I AND Part I appropriate processes, or due to the processes, or due to the processes, or dues were paid by the Represented Entity to an entions, governmental processes, or to communicate with the general purposes provide the information below:	es paid by the Represented entity whose major purpose public, and, was not reported	O. Entity. If the assessment is to influence legislatio
Schedule D-2 - Mai PURPOSE: To re- memb regula Intent PART I – For assessin	(Part I AND Part I ajor Purpose port the pro rata amount of assessments, membership fees, or due pership fees, or dues were paid by the Represented Entity to an extions, governmental processes, or to communicate with the general purposes provide the information below: ments, membership fees, or dues exceeding \$100 for the calendar year:	es paid by the Represented entity whose major purpose public, and, was not reported to DESCRIPTION	Entity. If the assessment is to influence legislatio on Schedule D-1, "Specif
Schedule D-2 - Mai PURPOSE: To re- member regula intent PART I – For assessin	(Part I AND Part I ajor Purpose port the pro rata amount of assessments, membership fees, or due pership fees, or dues were paid by the Represented Entity to an extions, governmental processes, or to communicate with the general purposes provide the information below: ments, membership fees, or dues exceeding \$100 for the calendar year:	es paid by the Represented entity whose major purpose public, and, was not reported to DESCRIPTION	Entity. If the assessment is to influence legislatio on Schedule D-1, "Specif
Schedule D-2 - Mai PURPOSE: To re- member regula intent PART I – For assessin	(Part I AND Part I ajor Purpose port the pro rata amount of assessments, membership fees, or due pership fees, or dues were paid by the Represented Entity to an entions, governmental processes, or to communicate with the general purposes provide the information below: nents, membership fees, or dues exceeding \$100 for the calendar year: PAYEE	es paid by the Represented entity whose major purpose public, and, was not reported to DESCRIPTION	Entity. If the assessment is to influence legislatio on Schedule D-1, "Specif
Schedule D-2 - Mai PURPOSE: To re- membaregula Intent PART I – For assessin	(Part I AND Part I ajor Purpose port the pro rata amount of assessments, membership fees, or due pership fees, or dues were paid by the Represented Entity to an extions, governmental processes, or to communicate with the general purposes provide the information below: ments, membership fees, or dues exceeding \$100 for the calendar year:	es paid by the Represented entity whose major purpose public, and, was not reported: DESCRIPTION (A,M, or D)	Entity. If the assessment is to influence legislatio on Schedule D-1, "Specif

3.1A.1000000 (1903年) 1932

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

Schedule D-1 AND Schedule D-2 TOTAL \$

0.00

0.00

	4FF												

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	AN	MOUNT
Printed Materials .	\$	0.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet		0.00
Postage		0.00
Telephone, Telegram, Facsimile		0.00
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)		0.00
-		
;		
		_
Other (please describe)		-
N/A		,
		_
		•
		,
SCHEDULE E TOT	AL \$	
SCHEDULE F - TRAVEL/LODGING PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents who are employ named on page 1, question 1, related to influencing legislation, regulations, governmental with the general public.	ees of the Repre processes, or co	sented Entity mmunicating
NAME OF GOVERNMENTAL AFFAIRS AGENT	AN	TNUON
Craig A. Nowacki	\$	0.00
	· , : : : : : : : : : : : : : : : : : :	ter and
	,	
SCHEDULE F TOT	AL\$	0.00

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	N/A			_	
Date	Description			Amount \$ _	
Name and Address of Payee Name	/Vendor				
					,
City			Zip Code		
If benefit was reimbursed, po Date	lease report the date, the description, a Amount \$	nd the amount of _	the reimburseme	ent.	
Description					:
Name of Benefit Recipient					
Date				Amount \$	·
Name and Address of Payee	/Vendor				
Address	·				
City			_ Zip Code		
If benefit was reimbursed, po Date	lease report the date, the description, a Amount \$	nd the amount of	the reimburseme	ent.	•
Description	<u> </u>	•			
Name of Benefit Recipient					٠.
Date	Description			Amount \$	•
Name and Address of Payee.	/Vendor				
	· · · · · · · · · · · · · · · · · · ·				
City					
If benefit was reimbursed, pl Date	lease report the date, the description, an Amount \$	nd the amount of -	the reimburseme	ent.	
Description	·				
Name of Benefit Recipient			4 7 9	 	
Date	Description			Amount \$	49-4-5-5
Name and Address of Payee,					
Address					
City		State	Zip Code		
	lease report the date, the description, ar Amount \$		- ·	nt.	
		-			
· ·					

SUMMARY OF BENEFIT PASSING
To report the total amount of providing benefits to State officials governd by

PURPOSE: To report the total amount of providing benefits to State officials covered by the Act and their immediate family members.

		SCHEDU		SCHEDULE G-2**		AMOUNT
ntertainment		\$	+\$.		=\$.	
ood and Bevera	ge	_ •	+ .		= .	
ravel			+		= .	
odging			 + .		= -	
onoraria			+ _		= _	
oans	•		+ .		= .	
ifts			+ .		= _	
Other(specify) _			+ .		= .	<u> </u>
		\$	0.00 +\$	0.00	=\$_	0.0
After completin	g all entries on Schedule G- ory, the value of benefit pas	sing where the exp	penditure did NOT	exceed the \$25/day or	S	
After completin Enter, by categ		sing where the exp	penditure did NOT	exceed the \$25/day or	\$200/ca	SCHEDULE G-2 TOTAL
After completing Enter, by catego NTER THE TOTAL ON NOT DEDUCT	Ory, the value of benefit pas LL AMOUNT OF REIMBURS THIS AMOUNT FROM BEN	sing where the exp	NY. NOUNTS.	_ \$ _	\$200/ca	SCHEDULE G-2 TOTAL
After completin Enter, by categ	Ory, the value of benefit pas LL AMOUNT OF REIMBURS THIS AMOUNT FROM BEN	ED BENEFITS, IF A SEFIT PASSING AN	NY. NOUNTS. BBYING EXPEN	\$ _	\$200/ca	schedule G-2 TOTAL
After completin Enter, by categ NTER THE TOTA O <u>NOT</u> DEDUCT	Ory, the value of benefit pas LL AMOUNT OF REIMBURS THIS AMOUNT FROM BEN SUI	ED BENEFITS, IF A SEFIT PASSING AN	NY. NOUNTS. BBYING EXPEN	\$ _	\$200/ca	elendar year thresholds
After completin Enter, by categ NTER THE TOTA O <u>NOT</u> DEDUCT	SUI 1. Salary and Compensa	ED BENEFITS, IF A JEFIT PASSING AN MMARY OF LOI ation (Add the tota	NY. NOUNTS. BBYING EXPEN	\$	\$200/ca	o.0
After completing the state of t	SUI 1. Salary and Compense 2. Support Personnel	ED BENEFITS, IF A SEFIT PASSING AN MMARY OF LOS ation (Add the tota	NY. NOUNTS. BBYING EXPEN	\$ DITURES & 2) Schedule B T Schedule C	\$200/ca Stal \$ _ Total _ Total _	0.0
After completin Enter, by categ NTER THE TOTA O <u>NOT</u> DEDUCT	SUI Salary and Compense 2. Support Personnel 3. Assessments, Membe	ED BENEFITS, IF A SEFIT PASSING AN MMARY OF LOS ation (Add the tota	NY. NOUNTS. BBYING EXPEN	\$	stal \$ _ Total _ Total _ Total _	O.O O.O O.O
* Enter, by categ NTER THE TOTA O <u>NOT</u> DEDUCT	SUI Salary and Compense Support Personnel Assessments, Membe 4. Communication Expe	ED BENEFITS, IF A SEFIT PASSING AN MMARY OF LOS ation (Add the tota	NY. NOUNTS. BBYING EXPEN I from questions 1	\$ DITURES & 2) Schedule B T Schedule C D-1 and Schedule D-2 Schedule E	stal \$ _ Total _ Total _ Total _ Total _	O.00 O.00 O.00 O.00

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 below:

DATE	SOURCE	ADDRESS	5	AMOUNT
N/A				\$
				÷
			•	
			Part Total \$	0.0
ART II - For cont	tributions, loans, membership fees, di dar year:	ues, or assessments \$100 or	Part II Total \$	0.0
	. *	Receipts Table 1	Total (Part I and II) \$	0.0
eceipts Table 2	- Major Purpose			
URPOSE: To reponding.	ort the pro rata amount of contributi eceipt was already reported on Recei	ons, loans, membership fees, dues, or as pts Table 1 as a "Specific Intent" receipt, by the Represented Entity whose major p	, DO NOT report again	as a
URPOSE: To repondity. Note: If a repondity. Note: If a repondity of the repose of the	ort the pro rata amount of contributi eceipt was already reported on Receip eceipt. If the receipts were received b rnmental processes, or to communica	pts Table 1 as a "Specific Intent" receipt, by the Represented Entity whose major pate with the general public, please provi	, DO NOT report again purpose is to influence ide the information be	as a legislation,
URPOSE: To repondity. Note: If a repondity. Note: If a repondity of the perces or each receipt, in	ort the pro rata amount of contributi eceipt was already reported on Receip eceipt. If the receipts were received b rnmental processes, or to communica entage of activity which constituted lo	pts Table 1 as a "Specific Intent" receipt, by the Represented Entity whose major pate with the general public, please proviouslying (this figure must be more than the amount of the receipt to arrive at a ggregate total.	, DO NOT report again purpose is to influence ide the information be 50%): net receipt amount.	as a e legislation, elow: %
URPOSE: To repontity. Note: If a repondity. Note: If a repondity. Note: If a repondity of the perces or each receipt, indicate the defendent of the perces o	ort the pro rata amount of contribution of contribution on the provided on Receipt was already reported on Receipt ceipt. If the receipts were received by the processes, or to communicate the processes of the constituted of the processes of activity which constituted by the percentage indicated by	pts Table 1 as a "Specific Intent" receipt, by the Represented Entity whose major pate with the general public, please proviouslying (this figure must be more than the amount of the receipt to arrive at a aggregate total. Rece	, DO NOT report again purpose is to influence ide the information be 50%):	as a e legislation, elow: %
URPOSE: To repontity. Note: If a reponding. Note: If a reponding Purpose" regulations, governovide the percent or each receipt, indicated together all in	ort the pro rata amount of contribution of contribution of contribution on the ceipt was already reported on Receipt ceipt. If the receipts were received by the processes, or to communicate of activity which constituted is multiply the percentage indicated by the receipt amounts to arrive at the activity and contributed is activity.	pts Table 1 as a "Specific Intent" receipt, by the Represented Entity whose major pate with the general public, please proviouslying (this figure must be more than the amount of the receipt to arrive at a aggregate total. Rece	, DO NOT report again purpose is to influence ide the information be 50%): net receipt amount. sipts Table 2 Total \$	as a · legislation, ·low:
URPOSE: To repontity. Note: If a repondity. Note: If a repondity of the perces or each receipt, indicate the perces of the together all indicates and the perces of the together all indicates and the perces of the together all indicates and the toge	ort the pro rata amount of contribution of communication of contribution of co	pts Table 1 as a "Specific Intent" receipt, by the Represented Entity whose major pate with the general public, please proviouslying (this figure must be more than the amount of the receipt to arrive at a ggregate total. Rece	, DO NOT report again purpose is to influence ide the information be 50%): net receipt amount. sipts Table 2 Total \$	as a e legislation, elow: %
URPOSE: To repondity. Note: If a repondity. Note: If a repondity. Note: If a repondity of the percent of each receipt, indicate the perceipt of the perceipt o	ort the pro rata amount of contribution of communication of contribution of co	pts Table 1 as a "Specific Intent" receipt, by the Represented Entity whose major pate with the general public, please proviouslying (this figure must be more than the amount of the receipt to arrive at a ggregate total. Rece	, DO NOT report again purpose is to influence ide the information be 50%): net receipt amount. sipts Table 2 Total \$	as a e legislation, elow: %
URPOSE: To repontity. Note: If a remain proper regulations, governovide the perces or each receipt, indicate the detection of the perces of th	ort the pro rata amount of contribution of communication of contribution of co	pts Table 1 as a "Specific Intent" receipt, by the Represented Entity whose major pate with the general public, please proviouslying (this figure must be more than the amount of the receipt to arrive at a ggregate total. Rece	, DO NOT report again purpose is to influence ide the information be 50%): net receipt amount. sipts Table 2 Total \$	as a e legislation, elow: % 0.00

CERTIFICATION
This certification shall be signed by a Governmental Affairs Agent employed by the Represented Entity or a responsible Financial or Governmental Affairs Officer of the Represented Entity.
I, Mike Draine
(print name)
hereby certify that I am duly authorized by
Daiichi Sankyo, 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. J-J-D Signature Date