

DUPLICATE

FORM L1-A
Reporting For Calendar Year 2009

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:

Capital Impact Group

Business Address 134 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-989-5885

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

1. Name Gene J. Mulroy

Registration Number 1781-1 Occupation or Business Consultant

Business Address 134 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number (609) 989-5885

2. Name Gerry Gibbs

Registration Number 1781-2 Occupation or Business Consultant

Business Address 134 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number (609) 989-5885

3. Name Christina Meo

Registration Number 1781-3 Occupation or Business Consultant

Business Address 134 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number (609) 989-5885

4. Name Ryan Peene

Registration Number 1781-4 Occupation or Business Consultant

Business Address 134 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number (609) 989-5885

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

1. Name Chrissy Buteas

Registration Number 1781-5 Occupation or Business Consultant

Business Address 134 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number (609) 989-5885

2. Name Elizabeth Meyers

Registration Number 1781-6 Occupation or Business Consultant

Business Address 134 West State Street

City Trenton State NJ Zip Code 08608

*(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 AAA CLUBS OF NEW JERSEY

Business Address 1 HANOVER AVENUE

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

City FLORHAM PARK State NJ Zip Code 07932

Type of Business MOTORIST ADVOCATES

2. Name of Represented Entity AUTISM SPEAKS

Business Address 1990 K STREET

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

City WASHINGTON State DC Zip Code 20006

Type of Business ADVOCACY

3. Name of Represented Entity CENTRASTATE HEALTH CARE SYSTEM

Business Address 901 WEST MAIN STREET

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

City FREEHOLD State NJ Zip Code 07728

Type of Business HEALTHCARE SYSTEM

4. Name of Represented Entity THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Business Address 34TH STREET & CIVIC BOULEVARD

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

City PHILADELPHIA State PA Zip Code 19104

Type of Business CHILDREN'S HOSPITAL

5. Name of Represented Entity CHRISTIAN HEALTH CARE

Business Address 301 SICOMAC AVENUE

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

City WYCKOFF State NJ Zip Code 07481

Type of Business HEALTHCARE

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 CGI

Business Address 4050 LEGATOR ROAD

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

City FAIRFAX State VA Zip Code 22033

Type of Business TECHNOLOGY SOLUTIONS

2. Name of Represented Entity CORIELL INSTITUTE OF MEDICAL RESEARCH

Business Address 403 HADDON AVENUE

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

City CAMDEN State NJ Zip Code 08103

Type of Business MEDICAL RESEARCH

3. Name of Represented Entity CORRECTIONAL DENTAL ASSOCIATES

Business Address 192 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

Type of Business DENTAL ASSOCIATION

4. Name of Represented Entity DORNOCH BERGEN SQUARE LLC

Business Address 1501 MAIN STREET

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

City RAHWAY State NJ Zip Code 07065

Type of Business REDEVELOPMENT

5. Name of Represented Entity DUPONT

Business Address 1007 Market Street

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

City Wilmington State DE Zip Code 19898

Type of Business ENVIRONMENTAL

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 FEDWAY ASSOCIATES, INC.

Business Address P.O. BOX 519

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

City KEARNY State NJ Zip Code 07302

Type of Business SPIRITS DISTRIBUTOR

2. Name of Represented Entity HEWLETT-PACKARD

Business Address 3000 HANOVER STREET
MS1035

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

City PALO ALTO State CA Zip Code 94304

Type of Business TECHNOLOGY COMPANY

3. Name of Represented Entity HERALD BANK

Business Address 623 FIFTH AVENUE, 11TH 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 10022

Type of Business BANKING

4. Name of Represented Entity HILLTOP PUBLIC SOLUTIONS FOR COALITION FOR FINANCIAL SECURITY

Business Address 1000 POTOMAC STREET
SUITE 500

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

City WASHINGTON State DC Zip Code 20007

Type of Business FINANCIAL SECURITY ADVOCATES

5. Name of Represented Entity ASTRA ZENECA

Business Address PO BOX 15250

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

City WILMINGTON State DE Zip Code 19850

Type of Business PHARMACEUTICAL

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 CATHOLIC HEALTHCARE PARTNERSHIP

Business Address 760 ALEXANDER ROAD

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

City PRINCETON State NJ Zip Code 08543

Type of Business HEALTHCARE

2. Name of Represented Entity HOME HEALTH SERVICES ASSOCIATION

Business Address P.O. BOX 64

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

City RIVERDALE State NJ Zip Code 07457

Type of Business HOME CARE INDUSTRY

3. Name of Represented Entity K2 PURE SOLUTIONS

Business Address 260 QUEEN STREET WEST
4TH FLOOR

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

City TORONTO, ON State _____ Zip Code M5V1Z8

Type of Business CHEMICAL COMPANY

4. Name of Represented Entity MARLBORO TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

Business Address PO Box 280

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

City Wickatunk State NJ Zip Code 07765

Type of Business UTILITIES

5. Name of Represented Entity MOTOROLA

Business Address 1301 EAST ALGONQUIN ROAD - IL02

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

City SCHAUMBURG State IL Zip Code 60196

Type of Business TECHNOLOGY/COMMUNICATIONS

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 MEDICAL TRANSPORTATION ASSOCIATION

Business
Address

P.O. BOX 509

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

City BRICK

State NJ

Zip Code 08723

Type of Business ASSOCIATION FOR MEDICAL TRANSPORT

2. Name of Represented Entity MULTISTATES FOR AMERICAN MEDICAL RESPONSE

Business
Address

515 KING STREET
SUITE 300

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

City ALEXANDRIA

State VA

Zip Code 22314

Type of Business MEDICAL TRANSPORTATION

3. Name of Represented Entity NEW JERSEY GIRL SCOUT COUNCILS

Business
Address

1579 SUSSEX TURNPIKE

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

City RANDOLPH

State NJ

Zip Code 07869

Type of Business GIRL SCOUTS

4. Name of Represented Entity NEW JERSEY HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY

Business
Address

4 QUAKERBRIDGE PLAZA
P.O. BOX 540

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

City TRENTON

State NJ

Zip Code 08625

Type of Business FINANCIAL ASSISTANCE

5. Name of Represented Entity NEW JERSEY PETROL

Business
Address

213 WOODLAND AVENUE

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

City MADISON

State NJ

Zip Code 07940

Type of Business PETROL HOLDING COMPANY

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 ORGANIZATION OF NURSE EXECUTIVES OF NEW JERSEY

Business Address 760 ALEXANDER ROAD
P.O. BOX 1

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

City PRINCETON State NJ Zip Code 08543

Type of Business ASSOCIATION OF NURSE LEADERS

2. Name of Represented Entity PROBATION ASSOCIATION OF NEW JERSEY

Business Address UNITED PROFESSIONAL CENTER
617 UNION AVENUE, UNIT 2-20

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

City BRIELLE State NJ Zip Code 08730

Type of Business ASSOCIATION OF PROBATION OFFICERS

3. Name of Represented Entity READS

Business Address 317 MAIN STREET

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

City METUCHEN State NJ Zip Code 08840

Type of Business DEVELOPMENT

4. Name of Represented Entity RENAISSANCE BROADCASTING COPORATION

Business Address 154 CRYSTAL RUN DRIVE

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

City MIDDLETOWN State DE Zip Code 19709

Type of Business COMMUNICATIONS

5. Name of Represented Entity STURDIVANT & COMPANY

Business Address PLAZA 1000 AT MAIN STREET
SUITE 200

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 INVESTMENT

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 TORAIN CONSTRUCTION

Business Address 46 WILLOW POND COURT

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

City SWEDESBORO State NJ Zip Code 08085

Type of Business DEVELOPMENT

2. Name of Represented Entity TOUSSAINT CAPITAL PARTNERS

Business Address 110 WALL STREET - 2ND 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 10005

Type of Business FINANCIAL

3. Name of Represented Entity EXELON GENERATION

Business Address 200 EXELON WAY
SUITE 340

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

City KENNETT SQUARE State PA Zip Code 19348

Type of Business ENERGY

4. Name of Represented Entity HONEYWELL

Business Address 101 COLUMBIA ROAD

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

City MORRISTOWN State NJ Zip Code 07962

Type of Business ENVIRONMENTAL

5. Name of Represented Entity DEWEY SQUARE GROUP

Business Address 1001 G STREET, NW
SUITE 400 EAST

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

City WASHINGTON State DC Zip Code 20001

Type of Business BEVERAGE

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 GENE J. MULROY

Name of Authority, Board, or Commission BOARD OF TRUSTEES, BROOKDALE COMMUNITY COLLEGE

Date When Term of Service Expires OCTOBER, 2011

Name of Governmental Affairs Agent RYAN PEENE

Name of Authority, Board, or Commission NJ COUNCIL ON LOCAL MANDATES

Date When Term of Service Expires 2011

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
Gene Mulroy	\$ 200,000.00
Gerry Gibbs	150,000.00
Christina Meo	88,000.00
Elizabeth Meyers	80,000.00
Chrissy Buteas	75,000.00
Ryan Peene	25,000.00
SCHEDULE B TOTAL \$ 618,000.00	

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 \$ 40,000.00

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	\$ 2,754.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	5,700.00
Postage	2,555.00
Telephone, Telegram, Facsimile	14,690.00
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	
<i>Other (please describe):</i>	
SCHEDULE E TOTAL \$	25,699.00

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
Gene Mulroy	\$ 8,555.00
Gerry Gibbs	8,555.00
Christina Meo	967.00
Chrissy Buteas	275.00
Elizabeth Meyers	1,250.00
SCHEDULE F TOTAL \$	19,602.00

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 None

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		+ \$ 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	\$	618,000.00
2. Support Personnel	Schedule C Total		40,000.00
3. Communication Expenses	Schedule E Total		25,699.00
4. Travel and Lodging	Schedule F Total		19,602.00
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total		0.00
Total Lobbying Expenditures		\$	703,301.00

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. AAA Clubs of New Jersey	\$ 50,400.00
2. AstraZeneca	45,000.00
3. Autism Speaks	48,090.46
4. CentraState Health System	30,000.00
5. The Children's Hospital of Philadelphia	27,000.00
6. Christian Healthcare of New Jersey	21,000.00
7. CGI Technologies	12,000.00
8. Catholic Healthcare Partnership of New Jersey	30,000.00
9. Coriell Institute for Medical Research	30,000.00
10. Correctional Dental Associates	8,000.00
11. Exelon Generation	60,022.81
12. Dupont	85,000.00
13. Fedway Associates	30,000.00
14. Hewlett Packard	48,000.00
15. Herald Bank	20,000.00
16. Home Health Services Association of New Jersey	28,064.68
17. HESSA	49,992.00
18. Hilltop Public Solutions – CFS	43,500.00
TOTAL RECEIPTS	\$ 666,069.95

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. K2 Pure Solutions	\$ 60,321.00
2. MTMUA	15,000.00
3. Motorola	48,000.00
4. Honeywell	120,000.00
5. MultiStates for AMR	18,651.00
6. Medical Transportation Association of New Jersey	39,000.00
7. New Jersey Girl Scouts	30,064.08
8. American Beverage Association	51,421.71
9. Alliance for Quality Nursing Home Care	34,500.00
10. Knowles Hall Consulting	4,000.00
11. DSG-- CRNI	22,500.00
12. Organization of Nurse Executives of New Jersey	24,000.00
13. Probation Association of New Jersey	36,146.54
14. Real Estate Advisory & Development Services	17,596.67
15. Renaissance Broadcasting	9,000.00
16. Sturdivant and Company	37,200.00
17. Toussaint Capital Partners	22,500.00
18. The Inroads Group	9,887.40
TOTAL RECEIPTS	\$ 599,788.40

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. Verizon	\$ 60,000.00
2. Jnet Communications	25,909.14
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	

TOTAL RECEIPTS \$ 1,351,767.40

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, Gene J. Mulroy
(print name)

hereby certify that I am duly authorized by

Capital Impact Group, LLC
(print name of firm)

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.

Gene J. Mulroy
Signature

2/12/10
Date