

DUPLICATE

FORM L1-A  
Reporting For Calendar Year 2008

ANNUAL REPORT  
OF  
GOVERNMENTAL AFFAIRS AGENT



ELEC RECEIVED  
FEB 16 2010

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 STATE USE ONLY

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Donald Sico

Business Address PO Box 147

City Riverton State NJ Zip Code 08077-0147

\*(Area Code) Telephone Number 856-314-8066

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

1. Name Donald Sico

Registration Number 1292-1 Occupation or Business Consultant/government relations

Business Address PO Box 147

City Riverton State NJ Zip Code 08077-0147

\*(Area Code) Telephone Number 856-314-8066

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

**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** N/A

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 \_\_\_\_\_

**2. Name of Represented Entity** NA/

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 \_\_\_\_\_

**3. Name of Represented Entity** N/A

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** N/A

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** N/A

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** Bluewater Wind

Business Address 22 Hudson Place, 3rd Floor

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

City Hoboken State NJ Zip Code 07030

Type of Business Wind energy

**2. Name of Represented Entity** HealthCare Institute of New Jersey

Business Address 400 Somerset Corporate Blvd. , Suite 700

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

City Bridgewater State NJ Zip Code 08807

Type of Business Pharmaceutical and medical technology industries

**3. Name of Represented Entity** J. Seward Johnson

Business Address P.O. Box 369

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

City Hopewell State NJ Zip Code 08525

Type of Business Sculptor

**4. Name of Represented Entity** Lourdes Health System

Business Address 1600 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 Hospital

**5. Name of Represented Entity** Horizon Blue Cross Blue Shield of NJ

Business Address Three Penn Plaza East, PP-16H

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

City Newark State NJ Zip Code 07105-2200

Type of Business Insurance company

**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entities.

**1. Name of Represented Entity** New Jersey State Nurses Association

Business Address 1479 Pennington Rd.

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

City Trenton State NJ Zip Code 08618

Type of Business Nursing advocacy

**2. 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 \_\_\_\_\_

**3. Name of Represented Entity** PSEG Services Corporation

Business Address 80 Park Plaza  
PO Box 570

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

City Newark State NJ Zip Code 07101

Type of Business Energy and energy services

**4. Name of Represented Entity** Volunteers of America Delaware Valley

Business Address 235 White Horse Pike

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

City Collingswood State NJ Zip Code 08107

Type of Business Nonprofit providing local human services programs

**5. Name of Represented Entity** Mid-Atlantic Solar Energy Industry Association

Business Address PO Box 280

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

City Princeton State NJ Zip Code 08542-0280

Type of Business Solar Energy Advocacy

**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entites.

1. Name of Represented Entity National Organization for Marriage

Business Address 20 Nassau Street, Suite 242

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

City Princeton State NJ Zip Code 08542

Type of Business Mission is to protect marriage

2. Name of Represented Entity Solar Alliance

Business Address PO Box 534

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

City North Scituate State MA Zip Code 02060

Type of Business Solar Energy Advocacy

3. Name of Represented Entity Bordentown Waterfront Community, LLC

Business Address 2 Kings Highway West, Suite 204

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

City Haddonfield State NJ Zip Code 08033-2117

Type of Business \_\_\_\_\_

4. Name of Represented Entity Rosewood Real Estate Enterprises

Business Address 811 Church Rd., Suite 105

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

City Cherry Hill State NJ Zip Code 08034

Type of Business Real estate development

5. Name of Represented Entity New Jersey Council of Teaching Hospitals

Business Address 154 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 \_\_\_\_\_

**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      Donald Sico

Name of Authority, Board, or Commission      Horizon Blue Cross Blue Shield Conversion Board

Date When Term of Service Expires      Commission inactive / Resigned from Commission 7/27/2009

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**

NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
Donald Sico	\$ 293,500.00

**SCHEDULE B TOTAL \$ 293,500.00**

**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 \$ 0.00**

**NO SCHEDULE D FOR GOVERNMENTAL AFFAIRS AGENTS**





**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 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 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 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 \_\_\_\_\_

**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
Food and Beverage	_____		+ _____		_____ 0.00
Travel	_____		+ _____		_____ 0.00
Lodging	_____		+ _____		_____ 0.00
Honoraria	_____		+ _____		_____ 0.00
Loans	_____		+ _____		_____ 0.00
Gifts	_____		+ _____		_____ 0.00
Other (specify) _____	_____		+ _____		_____ 0.00
<b>Total</b>	\$ _____		+ \$ _____		\$ _____ 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	\$ _____	293,500.00
2. Support Personnel	Schedule C Total	_____	0.00
3. Communication Expenses	Schedule E Total	_____	0.00
4. Travel and Lodging	Schedule F Total	_____	0.00
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____	0.00
<b>Total Lobbying Expenditures</b>	<b>\$ _____</b>	<b>293,500.00</b>	

### 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. Bluewater Wind	\$ 16,250.00
2. HealthCare Institute of New Jersey	20,000.00
3. J. Seward Johnson	6,000.00
4. Lourdes Health System	60,000.00
5. Horizon Blue Cross Blue Shield of NJ	8,100.00
6. New Jersey State Nurses Association	7,500.00
7. PSEG Services Corporation	110,000.00
8. Volunteers of America Delaware Valley	27,000.00
9. Mid-Atlantic Solar Energy Industry Association	10,500.00
10. National Organization for Marriage	3,750.00
11. The Solar Alliance	9,000.00
12. Bordentown Waterfront Community, LLC	6,150.00
13. Rosewood Real Estate Enterprises	6,250.00
14. New Jersey Council of Teaching Hospitals	3,000.00
15.	
16.	
17.	
18.	
<b>TOTAL RECEIPTS</b>	<b>\$ 293,500.00</b>

**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, Donald Sico

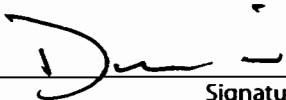
*(print name)*

hereby certify that I am duly authorized by

Donald Sico & Co. LLC / Capital City Solutions, 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.



Signature

February 15, 2009

Date