

FORM L1-A
Reporting For Calendar Year 2009

DUPLICATE

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



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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

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Fox Rothschild LLP

Business Address 997 Lenox Dr., Bldg. 3

City Lawrenceville State NJ Zip Code 08648

*(Area Code) Telephone Number 609-896-3600

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

1. Name Steven Goldenberg, Esq.

Registration Number 1364-2 Occupation or Business Attorney

Business Address 997 Lenox Dr., Bldg. 3

City Lawrenceville State NJ Zip Code 08648

*(Area Code) Telephone Number 609-896-3600

2. Name Elizabeth Litten, Esq.

Registration Number 1364-1 Occupation or Business Attorney

Business Address 997 Lenox Dr., Bldg. 3

City Lawrenceville State NJ Zip Code 08648

*(Area Code) Telephone Number 609-896-3600

3. Name Nicholas Casiello, Jr., Esq.

Registration Number 774-8 Occupation or Business Attorney

Business Address 1301 Atlantic avenue, Midtown Building, Suite 400

City Atlantic City State NJ Zip Code 08401

*(Area Code) Telephone Number 609-348-4515

4. Name Marie Jiapello Jones, Esq.

Registration Number 774-9 Occupation or Business Attorney

Business Address 1301 Atlantic avenue, Midtown Building, Suite 400

City Atlantic City State NJ Zip Code 08401

*(Area Code) Telephone Number 609-348-4515

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 New Jersey Large Energy Users Coalition

Business Address C/o Paul F. Forshay, Esq.
1275 Pennsylvania Avenue, N.W.

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

City Washington State DC Zip Code 20004

Type of Business ad hoc coalition of large business energy users

2. Name of Represented Entity New Jersey Urology, LLC

Business Address 1515 Broad St., Suite B130

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

City Bloomfield State NJ Zip Code 07003

Type of Business Medical Practice

3. Name of Represented Entity Urology Group of New Jersey

Business Address 741 Northfield Avenue, Suite 206

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

City West Orange State NJ Zip Code 07830

Type of Business Medical Practice

4. Name of Represented Entity Delaware Valley Urology, L.L.C.

Business Address 2003 Lincoln Drive West, Suite B

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

City Marlton State NJ Zip Code 08053

Type of Business Medical Practice

5. Name of Represented Entity Ameresco, Inc.

Business Address 111 Speen Street, Suite 410

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

City Framingham State MA Zip Code 01701

Type of Business Energy savings

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity Veolia Energy North America Holdings, Inc.

Business Address 99 Summer Street, Suite 900

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

City Boston State MA Zip Code 02110

Type of Business Energy

2. Name of Represented Entity Aristocrat Technologies, Inc.

Business Address 7230 Amigo Street

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

City Las Vegas State NV Zip Code 89119

Type of Business Manufacturer of Gaming Equipment

3. Name of Represented Entity WMS Gaming Inc.

Business Address 800 South Northpoint Boulevard

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

City Waukegan State IL Zip Code 60085

Type of Business Manufacturer of Gaming Equipment

4. Name of Represented Entity Konami Gaming, Inc.

Business Address 585 Trade Center Drive

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

City Las Vegas State NV Zip Code 89119

Type of Business Manufacturer of Gaming Equipment

5. Name of Represented Entity Shuffle Master, Inc.

Business Address 1106 Palms Airport Dr.

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

City Las Vegas State NV Zip Code 89119

Type of Business Manufacturer of Gaming Equipment

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity Ivy Hill Apartments

Business
Address

Five Manor Drive

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

City Newark

State NJ

Zip Code 07106

Type of Business Apartment complex

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 _____

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 _____

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 _____

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 _____

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

Steven Goldenberg, Esq.	\$ 206,483.00
Elizabeth Litten, Esq.	8,068.94
Marie Jiapello Jones, Esq.	6,951.00
Nicholas Casiello, Jr., Esq.	0.00

SCHEDULE B TOTAL \$ 221,502.94

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 _____

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

**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	\$ _____ 221,502.94
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	_____
Total Lobbying Expenditures		\$ _____ 221,502.94

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

**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	\$ _____ 221,502.94
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	_____
Total Lobbying Expenditures		\$ _____

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. New Jersey Large Energy Users Coalition	\$ 194,269.00
2. Ameresco, Inc.	102,964.53
3. Ivy Hill Park Apartments	46,039.65
4. Veolia Energy North America Holdings, Inc.	43,024.00
5. Shuffle Master, Inc.	20,771.50
6. Delaware Valley Urology, L.L.C.	2,815.32
7. New Jersey Urology, LLC	2,815.32
8. Urology Group of New Jersey	2,815.32
9. Aristocrat Technologies, Inc.	53.60
10. Konami Gaming, Inc.	53.60
11. WMS Gaming, Inc.	53.60
12.	
13.	
14.	
15.	
16.	
17.	
18.	
TOTAL RECEIPTS	\$ 415,675.44

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, Phillip Griffin, Esq., Co-Chair

(print name)

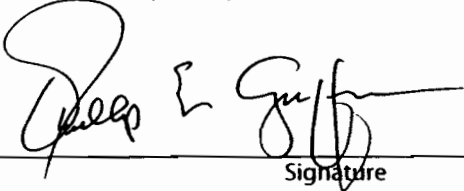
hereby certify that I am duly authorized by

Fox Rothschild LLP

(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

2/16/10

Date