

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:

Gibbons P.C.

Business Address 50 West State Street

Suite 1104

City Trenton State NJ Zip Code 08608-1220

*(Area Code) Telephone Number (609) 394-5300

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

1. Name David J. Pascrell

Registration Number 1287-01 Occupation or Business Lawyer-Lobbyist

Business Address 50 West State Street, Suite 1104

City Trenton State NJ Zip Code 08608-1220

*(Area Code) Telephone Number (609) 394-5300

2. Name Paul J. St. Onge

Registration Number 1287-02 Occupation or Business Lawyer-Lobbyist

Business Address 50 West State Street, Suite 1104

City Trenton State NJ Zip Code 08608-1220

*(Area Code) Telephone Number (609) 394-5300

3. Name David A. Filippelli

Registration Number 1287-04 Occupation or Business Lawyer-Lobbyist

Business Address 50 West State Street, Suite 1104

City Trenton State NJ Zip Code 08608-1220

*(Area Code) Telephone Number (609) 394-5300

4. Name Noreen M. Giblin

Registration Number 1287-06 Occupation or Business Lawyer-Lobbyist

Business Address 50 West State Street, Suite 1104

City Trenton State NJ Zip Code 08608-1220

*(Area Code) Telephone Number (609) 394-5300

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 America's Health Insurance Plans

Business Address 601 Pennsylvania Avenue, NW
South Building, 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 20004

Type of Business Trade Group

2. Name of Represented Entity American Council of Life Insurers

Business Address 101 Constitution Avenue, NW, Suite 700

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 Insurance

3. Name of Represented Entity Autism New Jersey, Inc.

Business Address 1450 Parkside Avenue, Suite 22

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

City Ewing State NJ Zip Code 08638

Type of Business Issue Advocacy

4. Name of Represented Entity AXA Equitable Life Insurance Company

Business Address 1290 Avenue of the Americas, 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 10104-0012

Type of Business Insurance

5. Name of Represented Entity Bergen County Improvement Authority

Business Address One Bergen County Plaza

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

City Hackensack State NJ Zip Code 07601

Type of Business Public Authority

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 Bergen County Utilities Authority

Business Address Foot of Merhof Road

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

City Little Ferry State NJ Zip Code 07643

Type of Business Public Authority

2. Name of Represented Entity Birdsall Services Group

Business Address 2100 Highway 35
Old Mill Plaza - Bldg. 28

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

City Sea Girt State NJ Zip Code 08750

Type of Business Engineering and planning services

3. Name of Represented Entity BPG Properties, Ltd.

Business Address 3000 Centre Square West
1500 Market Street

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

City Philadelphia State PA Zip Code 19102

Type of Business Real estate fund manager; property management

4. Name of Represented Entity Carbro Constructors Corp.

Business Address 605 Omni Drive

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

City Hillsborough State NJ Zip Code 08844

Type of Business Contractor

5. Name of Represented Entity Christ Hospital

Business Address 176 Palisade Avenue

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

City Jersey City State NJ Zip Code 07306

Type of Business Hospital

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 Coalition of Community Corrections Providers of New Jersey

Business Address c/o Volunteers of America, Delaware Valley
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 Coalition representing interests of community corrections providers

2. Name of Represented Entity Community Healthcare Associates, LLC

Business Address 2 Broad Street

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 Healthcare

3. Name of Represented Entity Community Loan Fund of New Jersey, Inc.

Business Address 16-18 West Lafayette 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 Non-Profit

4. Name of Represented Entity Cooper's Ferry Development Association

Business Address One Port Center
2 Riverside Drive, 5th Floor

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 Non-Profit

5. Name of Represented Entity County of Monmouth

Business Address Hall of Records Annex
1 East 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 County Government

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 East Orange General Hospital

Business Address 300 Central Avenue

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

City East Orange State NJ Zip Code 07019

Type of Business Hospital

2. Name of Represented Entity Home Care Association of NJ

Business Address 485D Rt. 1 South, Suite 10

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

City Iselin State NJ Zip Code 08830

Type of Business Healthcare and support services

3. Name of Represented Entity L-3 Communications Systems East

Business Address 1 Federal Street

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 Contractor/provider of technology products and systems

4. Name of Represented Entity Mercer County Improvement Authority

Business Address 640 South Broad Street
McDade Administration Building

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

City Trenton State NJ Zip Code 08650

Type of Business Public Authority

5. Name of Represented Entity New Jersey Adult Day Services Association

Business Address 7 Neshaminy Interplex, Suite 403

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

City Trevoze State PA Zip Code 19053

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 Sayreville Seaport Associates, LP

Business Address 2701 Renaissance Boulevard, Fourth Floor

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

City King of Prussia State PA Zip Code 19406

Type of Business Real Estate Development

2. Name of Represented Entity Senior Care Centers of America, Inc.

Business Address 7 Neshaminy Interplex
Suite 403

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

City Trevoze State PA Zip Code 19053

Type of Business Healthcare

3. Name of Represented Entity Uncommon Schools

Business Address c/o RHF
826 Broadway, 9th 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 10003

Type of Business Non-profit management of urban charter schools

4. Name of Represented Entity Visiting Nurse Association of Central Jersey Health Group, Inc.

Business Address 176 Riverside Avenue

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

City Red Bank State NJ Zip Code 07701-1095

Type of Business Healthcare

5. Name of Represented Entity Voorhees Pediatric Facility

Business Address 1304 Laurel Oak Road

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 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 Weisman Children's Rehabilitation Hospital

Business Address 92 Brick Road, Suite 100

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 Healthcare

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 _____

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity Greenman-Pedersen, Inc.

Business Address 100 Corporate Drive, Suite 205

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

City Lebanon State NJ Zip Code 08833

Type of Business Engineering

2. Name of Represented Entity Health Net , Inc. (and its subsidiaries)

Business Address One Far Mill Crossing
P.O. Box 904

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

City Shelton State CT Zip Code 06484-0944

Type of Business Managed health care company

3. Name of Represented Entity New Jerseyans for Alternatives to the Death Penalty

Business Address c/o NJ Association on Correction
986 South Broad Street

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

City Trenton State NJ Zip Code 08611

Type of Business Issue Advocacy

4. Name of Represented Entity New Jersey Cable Telecommunications Association

Business Address 124 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 Trade organization

5. Name of Represented Entity sanofi-aventis

Business Address Mail Stop 55A-525A
55 Corporate Drive

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

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity Virtua Health

Business Address 401 Route 73 North
50 Lake Center Drive, Suite 404

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 Hospital

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 Paul J. St. Onge

Name of Authority, Board, or Commission State Board of Social Work

Date When Term of Service Expires 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
David J. Pascrell	\$ 285,000.00
Paul J. St. Onge	190,000.00
David A. Filippelli	185,000.00
Noreen M. Giblin	170,000.00
SCHEDULE B TOTAL \$	830,000.00

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 \$ 110,200.00

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	\$ 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 <i>(please identify name and date of event)</i>	0.00

Other *(please describe)*:

SCHEDULE E TOTAL \$ 0.00

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
	\$ 0.00

SCHEDULE F TOTAL \$ 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 _____

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	\$ _____		+ \$ _____		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
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	\$	830,000.00
2. Support Personnel	Schedule C Total		110,200.00
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
Total Lobbying Expenditures		\$	940,200.00

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. America's Health Insurance Plans	\$ 49,998.47
2. American Council of Life Insurers	40,000.00
3. Autism New Jersey, Inc.	63,168.87
4. AXA Equitable Life Insurance Company	10,573.76
5. Bergen County Improvement Authority	60,486.76
6. Bergen County Utilities Authority	96,074.91
7. Birdsall Services Group	41,949.64
8. BPG Properties, Ltd.	60,000.00
9. Carbro Constructors Corp	36,049.02
10. Christ Hospital	45,667.11
11. Coalition of Community Corrections Providers	18,013.74
12. Community Healthcare Associates, LLC	11,307.00
13. Community Loan Fund of New Jersey, Inc.	30,702.56
14. Cooper's Ferry Development Association	60,000.00
15. County of Monmouth	59,400.00
16. East Orange General Hospital	134,680.10
17. Greenman-Pedersen, Inc.	18,000.00
18. Health Net, Inc. (and its subsidiaries)	40,063.04

TOTAL RECEIPTS \$ _____

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. Home Care Association of NJ	\$ 67,587.77
2. L-3 Communications Systems East	52,016.40
3. Mercer County Improvement Authority	72,061.80
4. New Jersey Adult Day Services Association	51,546.98
5. New Jerseyans for Alternatives to the Death Penalty	14,000.00
6. New Jersey Cable Telecommunications Association	72,000.00
7. Sayreville Seaport Associates, LP	192,740.00
8. sanofi-aventis	926.50
9. Senior Care Centers of America	64,999.55
10. Uncommon Schools	15,780.00
11. Virtua Health	120,644.93
12. Visiting Nurse Association of Central Jersey Health Group, Inc.	54,059.46
13. Voorhees Pediatric Facility	20,011.55
14. Weisman Children's Rehabilitation Hospital	40,023.10
15.	
16.	
17.	
18.	

TOTAL RECEIPTS \$ 1,714,533.02

CERTIFICATION

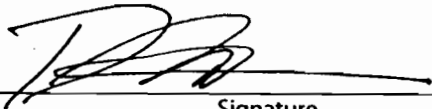
This certification shall be signed by either the Governmental Affairs Agent filing this Annual Report on his/her own behalf, or by the Managing or Principal Partner or Chief Executive Officer of the Governmental Affairs Agent Firm.

I, David A. Filippelli
(print name)

hereby certify that I am duly authorized by

Gibbons P.C.
(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 16, 2010
Date