

FORM L1-A
Reporting For Calendar Year 2009

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Amendment

DUPLICATE

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



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:

Issues Management LLC

Business Address 100 Overlook Center, 2nd floor

City Princeton State NJ Zip Code 08540

*(Area Code) Telephone Number 609-252-1300

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

1. Name Michael J. Faigen

Registration Number 463-1 Occupation or Business Public Affairs

Business Address 100 Overlook Center, 2nd floor

City Princeton State NJ Zip Code 08540

*(Area Code) Telephone Number 609-252-1300

2. Name Roger M. Schwarz

Registration Number 463-14 Occupation or Business Public Affairs

Business Address 100 Overlook Center, 2nd floor

City Princeton State NJ Zip Code 08540

*(Area Code) Telephone Number 609-252-1300

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 AES Corporation

Business Address 832 Red Oak Lane

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

City Sayreville State NJ Zip Code 08872

Type of Business energy

2. Name of Represented Entity SunEdison LLC

Business Address 12500 Baltimore Avenue

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

City Beltsville State MD Zip Code 20705

Type of Business energy

3. Name of Represented Entity Bayer HealthCare Pharmaceuticals Inc

Business Address P.O. Box 200

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

City Montville State NJ Zip Code 07045

Type of Business pharmaceuticals

4. Name of Represented Entity Durand Glass Manufacturing Company

Business Address 901 S. Wade Blvd.

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

City Millville State NJ Zip Code 08332

Type of Business manufacturing

5. Name of Represented Entity Gerdau Ameristeel

Business Address Sayreville Steel Mill
North Crossman Road

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

City Sayreville State NJ Zip Code 08872

Type of Business manufacturing

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 Global Tel Link Corporation

Business Address 12021 Sunset Hills Road, Suite 100

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

City Reston State VA Zip Code 20190

Type of Business telecommunications

2. Name of Represented Entity Group Five Inc.

Business Address One Airport Plaza, Suite 3

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

City Princeton State NJ Zip Code 08540

Type of Business consulting

3. Name of Represented Entity JIS Performing Party Group

Business Address 100 Park 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 environmental

4. Name of Represented Entity MedAssure Services LLC

Business Address P.O. Box 1354

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

City Lakewood State NJ Zip Code 08701

Type of Business environmental

5. Name of Represented Entity Mercer County Children's Medical Daycare

Business Address 56 Georgetown Road

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

City Bordentown State NJ Zip Code 08505

Type of Business child care

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 Microwave Inc

Business Address 621 West 254th Street

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

City Riverdale State NY Zip Code 10471

Type of Business healthcare

2. Name of Represented Entity Rolling Knolls Site Group/ Lowenstein Sandler

Business Address 65 Livingston Avenue

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

City Roseland State NJ Zip Code 07068

Type of Business environment

3. Name of Represented Entity Schindler Elevator Company

Business Address 20 Whippany Road

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

City Morristown State NJ Zip Code 07960

Type of Business manufacturing

4. Name of Represented Entity New Jersey State Electrical Workers Association aka NJ IBEW

Business Address 219 Franklin Street

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

City Hightstown State NJ Zip Code 08520

Type of Business association of labor unions

5. Name of Represented Entity SunChemical

Business Address 35 Waterview Boulevard

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

City Parsippany State NJ Zip Code 07054

Type of Business manufacturing

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 IBEW Local 94

Business Address 219 Franklin Street

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

City Hightstown State NJ Zip Code 08520

Type of Business labor union

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 Horizon Group of New England

Business Address 122 Old Karner Road

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

City Albany State NY Zip Code 12205

Type of Business education facilities

2. Name of Represented Entity Saint Barnabas Health Care System

Business Address Old Short Hills Road

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

City Livingston State NJ Zip Code 07039

Type of Business healthcare

3. Name of Represented Entity PSEG Services Corporation

Business Address 80 Park Plaza
P.O. 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

4. Name of Represented Entity MTF - Musculoskeletal Transplant Foundation

Business Address 125 May Street

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

City Edison State NJ Zip Code 08837

Type of Business healthcare

5. Name of Represented Entity Association of Medical Device Reprocessors (AMDR)

Business Address 1400 16th Street NW

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

City Washington State DC Zip Code 20036

Type of Business health

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity Retail Energy Supply Association

Business Address P.O. Box 6089

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

City Harrisburg State PA Zip Code 17112

Type of Business energy

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
Michael J. Faigen	\$ 100,000.00
Roger M. Schwarz	85,000.00
	0.00
SCHEDULE B TOTAL \$	185,000.00

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 \$ 25,000.00

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 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

**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	\$ _____ 185,000.00
2. Support Personnel	Schedule C Total	_____ 25,000.00
3. Communication Expenses	Schedule E Total	_____ 8,109.44
4. Travel and Lodging	Schedule F Total	_____ 695.90
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____ 0.00
Total Lobbying Expenditures		\$ _____ 218,805.34

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. AES Corporation	\$ 40,034.43
2. Association of Medical Device Reprocessors	6,057.90
3. Bayer Healthcare	4,000.00
4. Durand Glass Manufacturing/ARC International	65,692.50
5. Gerdau Ameristeel	130,558.88
6. JIS Performing Parties	68,839.00
7. Mercer County Medical Day Care	21,637.39
8. Rolling Knolls Site Group	42,918.50
9. Schindler Elevator Company	78,067.50
10. Medical Microwave	95,000.00
11. MedAssure Services LLC	65,415.97
12. SunEdison LLC	40,000.00
13. SunChemical	14,000.00
14. Global Tel	9,515.00
15. NJ IBEW	86,978.09
6. IBEW Local 94	2,415.60
7. PSEG Services Group	24,840.50
8. Saint Barnabas Health Care System	145,000.00

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. Group Five	\$ 23,563.09
2. MTF	63,847.16
3. Horizon Group of New England	91,801.36
4. Retail Energy Supply Association	3,071.50
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
	TOTAL RECEIPTS \$ 1,123,254.37

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, Cindy Gordon

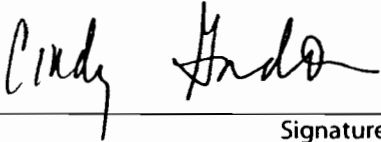
(print name)

hereby certify that I am duly authorized by

Issues Management 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 11, 2010

Date