

FORM L1-A
Reporting For Calendar Year 2009

ELEC RECEIVED
FEB 19 2010
 FOR STATE USE ONLY

Amendment

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT

DUPLICATE

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
 P.O. Box 185, Trenton, NJ 08626-0185
 (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:

Business Address KAUFMAN ZITA GROUP, LLC
12 ROSZEL ROAD, SUITE C 104
 City PRINCETON State NJ Zip Code 08540
 *(Area Code) Telephone Number 609-452-9800

RECEIVED
VIA FAX

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

1. Name ADAM KAUFMAN
 Registration Number 1720-1 Occupation or Business PRINCIPAL
 Business Address 12 ROSZEL ROAD, SUITE C 104
 City PRINCETON State NJ Zip Code 08540
 *(Area Code) Telephone Number 609-452-9800

2. Name PATRIZIA A. ZITA
 Registration Number 1720-3 Occupation or Business PRINCIPAL
 Business Address 12 ROSZEL ROAD, SUITE C 104
 City PRINCETON State NJ Zip Code 08540
 *(Area Code) Telephone Number 609-452-9800

3. Name BETH DOHM
 Registration Number 1720-4 Occupation or Business SR. VICE PRESIDENT
 Business Address 12 ROSZEL ROAD, SUITE C 104
 City PRINCETON State NJ Zip Code 08540
 *(Area Code) Telephone Number 609-452-9800

4. Name ERIC J. ORLANDO
 Registration Number 1720-2 Occupation or Business LEGISLATIVE REPRESENTATIVE
 Business Address 12 ROSZEL ROAD, SUITE C 104
 City PRINCETON State NJ Zip Code 08540
 *(Area Code) Telephone Number 609-452-9800

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 ATHLETIC TRAINERS SOCIETY OF NEW JERSEY

Business Address 47 EAST RIDGEWOOD AVENUE, STE. 4

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

City RIDGEWOOD State NJ Zip Code 07450

Type of Business SPORTS MEDICINE

2. Name of Represented Entity BERGEN MUNICIPAL EMPLOYEE BENEFIT FUND

Business Address PARK 80 WEST, PLAZA ONE

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

City SADDLE BROOK State NJ Zip Code 07063

Type of Business INSURANCE

3. Name of Represented Entity BORAIE DEVELOPMENT CORPORATION

Business Address 120 ALBANY STREET, SUITE 305

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

City NEW BRUNSWICK State NJ Zip Code 08901

Type of Business REAL ESTATE

4. Name of Represented Entity CENTER FOR FAMILY GUIDANCE

Business Address 765 EAST ROUTE 70, BLDG. 1A

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 MENTAL HEALTH

5. Name of Represented Entity CIGAR ASSOCIATION OF AMERICA

Business Address 818 CONNECTICUT AVENUE, SUITE 200

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 TOBACCO

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 COMMUNICATION WORKERS OF AMERICA AFL-CIO DISTRICT 1

Business Address 80 PINE STREET

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

City NEW YORK State NY Zip Code 08540

Type of Business UNION

2. Name of Represented Entity DRIVING SCHOOL ASSOCIATION OF NEW JERSEY (DSANJ)

Business Address 2561 YARDVILLE HAMILTON SQUARE ROAD

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

City HAMILTON SQUARE State NJ Zip Code 08690

Type of Business EDUCATION

3. Name of Represented Entity DIVERSIFIED INVESTMENTS SERVICES

Business Address 1285 HIGH STREET, STE. B

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

City AUBURN State CA Zip Code 95603

Type of Business REAL ESTATE

4. Name of Represented Entity GARDEN STATE CRAFT BREWERS' GUILD

Business Address 1940 OLNEY AVENUE

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

City CHERRY HILL State NJ Zip Code 08003

Type of Business BREWERY

5. Name of Represented Entity IDT CORPORATION

Business Address 550 BROAD STREET

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

City NEWARK State NJ Zip Code 07102

Type of Business REAL ESTATE

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 INTERNATIONAL MATEX TANK TERMINAL (IMTT)Business Address 250 EAST 22ND STREET
 Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.
City BAYONNEState NJZip Code 07002Type of Business FUEL STORAGE**2. Name of Represented Entity** JOHN WILEY & SONS, INC.Business Address 111 RIVER STREET
 Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.
City HOBOKENState NJZip Code 07030Type of Business PUBLISHING**3. Name of Represented Entity** MERCARDIEN, P.C., CERTIFIED PUBLIC ACCOUNTANTSBusiness Address 3625 QUAKERBRIDGE ROAD
 Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.
City HAMILTONState NJZip Code 08619Type of Business ACCOUNTANTS**4. Name of Represented Entity** MYLAN, INC.Business Address 1500 CORPORATE DRIVE, STE. 400
 Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.
City CANONSBURGState PAZip Code 05317Type of Business PHARMACEUTICAL**5. Name of Represented Entity** NATIONAL STRENGTH & CONDITIONING ASSOCIATIONBusiness Address 1885 BOB JOHNSON DRIVE
 Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.
City COLORADO SPRINGSState COZip Code 80906Type of Business SPORTS MEDICINE

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 HEALTH OFFICERS' ASSOCIATIONBusiness Address PO BOX 1226 Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.City SPARTA State NJ Zip Code 07871Type of Business PUBLIC HEALTH**2. Name of Represented Entity** NEW JERSEY LABOR MANAGEMENT COMMITTEEBusiness Address 3281 ROUTE 206 Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.City BORDENTOWN State NJ Zip Code 08505Type of Business UNION**3. Name of Represented Entity** NEW JERSEY SOCIETY OF OPTOMETRIC PHYSICIANSBusiness Address 4 AAA DRIVE, SUITE 204 Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.City HAMILTON State NJ Zip Code 08691Type of Business HEALTH**4. Name of Represented Entity** REED ELSEVIER, INC.Business Address 1150 18TH STREET NW, SUITE 600 Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.City WASHINGTON State DC Zip Code 20036Type of Business TECHNOLOGY**5. Name of Represented Entity** SOMERSET MEDICAL CENTERBusiness Address 110 REHILL AVENUE Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.City SOMERVILLE State NJ Zip Code 08876-2598Type 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 SHORE MEMORIAL HOSPITALBusiness Address ONE EAST NEW YORK AVENUE Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.City SOMERS POINT State NJ Zip Code 08244Type of Business HOSPITAL**2. Name of Represented Entity** SOUTH JERSEY HEALTH SYSTEMBusiness Address 2950 COLLEGE DRIVE, STE. 1E Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.City VINELAND State NJ Zip Code 08302-2100Type of Business HOSPITAL**3. Name of Represented Entity** TEST BORING ASSOCIATIONBusiness Address PO BOX 413 Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.City JERSEY CITY State NJ Zip Code 07303Type of Business WELL BORING**4. Name of Represented Entity** TOY INDUSTRY ASSOCIATIONBusiness Address 1115 BROADWAY, SUITE 400 Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.City NEW YORK State NY Zip Code 10010Type of Business TRADE ASSOCIATION**5. Name of Represented Entity** ZIP REALTY, INC.Business Address 2000 POWELL STREET, SUITE 300 Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.City EMERYVILLE State CA Zip Code 07303Type of Business REAL ESTATE

2. REPRESENTED ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY

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Note: For each Represented Entity, Form L-2 must be filed.

1. Name of Represented Entity ROSELAND PROPERTY COMPANY

Business Address 233 Canoe Brook Road

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

City SHORT HILLS State NJ Zip Code 07078

Type of Business CONSTRUCTION

2. Name of Represented Entity NATIONAL MULTIPLE SCLEROSIS SOCIETY

Business Address ONE KALISA WAY, STE. 205

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

City PARAMUS State NJ Zip Code 07652

Type of Business HEALTH

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 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 ASSEMBLYMAN PETER BIONDI

Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC COAST RESTAURANT

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date FEB 6, 2009 Amount \$ 150.00

Description F - Food & Beverage

Name of Benefit Recipient WILLIAM CARUSO (Assembly Democratic Office)

Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC COAST RESTAURANT

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient CHRISTOPHER EILERT (Office of Sen. Sarlo)

Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC COAST RESTAURANT

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient SHERRY FERRERA (Office of Asm. Biondi)

Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC COAST RESTAURANT

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date FEB 6, 2009 Amount \$ 150.00

Description F - Food & Beverage

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 DEBRA FRANCICA (Office of Sen. Weinberg)

Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC COAST RESTAURANT

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient GISELLE CONZALEZ (Office of Asw. Pou)

Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC COAST RESTAURANT

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient ASSEMBLYMAN GORDON JOHNSON

Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC COAST RESTAURANT

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient IAN LEONARD (Office of Asm. Roberts)

Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC COAST RESTAURANT

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

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 DAVID PARANO (Office of Sen. Weinberg)

Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC COAST RESTAURANT

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient ROBERT PIMIENTA (Member of the NJ Real Estate Commission)

Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC COAST RESTAURANT

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement

Date FEB 29, 2009 Amount \$ 150.00

Description F - Food & Beverage

Name of Benefit Recipient ASSEMBLYWOMAN NELLIE POU

Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC COAST RESTAURANT

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient MATT REILLY (Senate Majority Office)

Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC COAST RESTAURANT

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

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 ASSEMBLYMAN JOSEPH J. ROBERTS
 Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC Coast Restaurant

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient SENATOR PAUL SARLO
 Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC Coast Restaurant

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient ASSEMBLYMAN GARY SCHAER
 Date JAN 28, 2009 Description F - Food & Beverage Amount \$ 50.00

Name and Address of Payee/Vendor

Name DC Coast Restaurant

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient SENATOR LORETTA WEINBERG
 Date JAN 29, 2009 Description F - Food & Beverage Amount \$ 150.00

Name and Address of Payee/Vendor

Name DC COAST RESTAURANT

Address 1401 K STREET

City WASHINGTON State DC Zip Code 20005

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

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, PATRIZIA A. ZITA

(print name)


hereby certify that I am duly authorized by

KAUFMAN ZITA 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.


Signature

February 18, 2010

Date