

DUPLICATE

**FORM L1-A**  
**Reporting For Calendar Year 2009**

**ELEC RECEIVED**  
**FEB 16 2010**

FOR STATE USE ONLY

**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](http://www.elec.state.nj.us)

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Pringle Quinn Anzano, P.C.

Business Address 202 West State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-393-8944

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

1. Name Paul Anzano

Registration Number 1192-1 Occupation or Business Attorney

Business Address 202 West State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-393-8944

2. Name Michael O'Connell

Registration Number 1192-3 Occupation or Business Attorney

Business Address 202 West State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-393-8944

3. Name Lisa Levine

Registration Number 1192-4 Occupation or Business Attorney

Business Address 202 West State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-393-8944

4. Name Kenneth Pringle

Registration Number 1192-5 Occupation or Business Attorney

Business Address 701 Seventh Avenue, PO Box 420

City Belmar State NJ Zip Code 07719

\*(Area Code) Telephone Number 732-280-2400

**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 ASAH

Business Address 2125 Route 33, Lexington Square

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 Special Education Issues

2. Name of Represented Entity Hertz Corporation

Business Address 225 Brae Blvd

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

City Park Ridge State NJ Zip Code 07650

Type of Business Rental Cars

3. Name of Represented Entity Express Scripts

Business Address 6625 West 78th Street

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

City Bloomington State MN Zip Code 55439

Type of Business Mail order pharmacy

4. Name of Represented Entity New Jersey Schools Interscholastic Athletic Association

Business Address 1161 Route 130 North

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

City Robbinsville State NJ Zip Code 08691

Type of Business School Athletics

5. Name of Represented Entity Mark IV IVHS

Business Address 25 Green Meadows Lane

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

City Loudonville State NY Zip Code 12211

Type of Business EZ Pass Transponders

**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** The Humane Society of the United States

Business Address 519 C Street

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

City Washington State DC Zip Code 20002

Type of Business Animals

**2. Name of Represented Entity** Pro-Select Insurance Company

Business Address 101 Arch Street

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

City Boston State MA Zip Code 02205

Type of Business Medical Malpractice Insurance

**3. Name of Represented Entity** New Jersey Personal Automobile Insurance Plan

Business Address 302 Central Avenue

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

City Johnston State RI Zip Code 02919

Type of Business Automobile Insurance

**4. Name of Represented Entity** Eastern Title Agency

Business Address Building B, Suite A One Industrial Way

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

City Eatontown State NJ Zip Code 07724

Type of Business Title Company

**5. Name of Represented Entity** Bank of America

Business Address 1155 Elm Street

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

City Manchester State NH Zip Code 03101

Type of Business Banking and Credit Cards

**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 Radiological Society PAC

Business Address 26 Eastmans Road

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 Medical

**2. Name of Represented Entity** Diageo North America

Business Address 94 Old Colony Road

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

City Monroe State CT Zip Code 06468

Type of Business Alcohol

**3. Name of Represented Entity** New Jersey Electrical Contractor's Association

Business Address 225 Old New Brunswick Road  
Suite S360

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

City Piscataway State NJ Zip Code 08554

Type of Business Electrical Contracting

**4. Name of Represented Entity** Stateside Associates

Business Address 2300 Clarendon Blvd, Floor 4

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

City Arlington State VA Zip Code 22201

Type of Business Building Company

**5. Name of Represented Entity** Realty Appraisal

Business Address 4912 Bergenline Avenue

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

City West New York State NJ Zip Code 07093

Type of Business Real Estate Appraisal

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

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

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 Amerigroup Corporation

Business Address 399 Thornall Street

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

City Edison State NJ Zip Code 08818

Type of Business HMO

2. Name of Represented Entity Meridian Health Systems

Business Address 1350 Campus Parkway

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

City Neptune State NJ Zip Code 07753

Type of Business Hospital System

3. Name of Represented Entity Verizon New Jersey

Business Address 540 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 Telecommunications

4. Name of Represented Entity American Diabetes Association

Business Address 330 Congress Street, 5th Floor

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

City Boston State MA Zip Code 02210

Type of Business Diabetes

5. Name of Represented Entity United Healthcare Corporation/ Oxford Health Plans

Business Address 48 Monroe Turnpike

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

City Trumbull State CT Zip Code 06611

Type of Business Healthcare

**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity Liberty Mutual Insurance Company

Business Address 175 Berkeley Street

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

City Boston State MA Zip Code 02117

Type of Business Insurance

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 Anzano, Esq.

Name of Authority, Board, or Commission Medical Care Availability Task Force

Date When Term of Service Expires October 2007

Name of Governmental Affairs Agent Kenneth Pringle, Esq.

Name of Authority, Board, or Commission New Jersey Transit Board

Date When Term of Service Expires December 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 \_\_\_\_\_

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
Paul Anzano	\$ 120,000.00
Michael O'Connell	60,000.00
Lisa Levine	45,800.00
Kenneth Pringle	5,000.00
<b>SCHEDULE B TOTAL \$</b>	
	230,800.00

**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 \$** 32,000.00

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

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
<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.**

\$ \_\_\_\_\_

**SUMMARY OF LOBBYING EXPENDITURES**

**EXPENDITURES**

1. Salary and Compensation	Schedule B Total	\$ _____	230,800.00
2. Support Personnel	Schedule C Total	_____	32,000.00
3. Communication Expenses	Schedule E Total	_____	16,466.00
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>279,266.00</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. New Jersey Personal Automobile Insurance Plan	\$ 241.00
2. ASAH	7,400.00
3. Amerigroup Corporation	27,000.00
4. American Diabetes Association	7,938.00
5. Bank of America	52,649.00
6. Diageo North America	23,760.00
7. New Jersey Electrical Contractors Association	18,000.00
8.	
9. Express Scripts	60,000.00
10. The Humane Society of the United States	15,000.00
11. Liberty Mutual Insurance Company	43,200.00
12. Mark IV IVHS	0.00
13. Meridian Health Systems	49,500.00
14. New Jersey Radiological Society PAC	18,000.00
15. New Jersey Schools Interscholastic Athletic Association	10,125.00
16. Pro-Select Insurance Company	43,875.00
17. Verizon New Jersey	60,000.00
18. Hertz Corporation	36,000.00

**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. Stateside Associates	\$ 0.00
2. United Healthcare	102,000.00
3. Realty Appraisal	0.00
4. Appraisal Systems	0.00
5. TIAA CREF	7,500.00
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	

**TOTAL RECEIPTS** \$ 582,192.00

**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, Paul Anzano

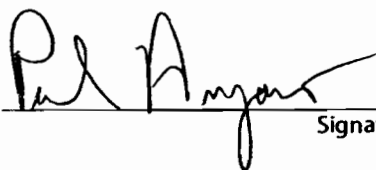
*(print name)*

hereby certify that I am duly authorized by

Pringle Quinn Anzano

*(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