

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:

Smith Pizzutillo LLC

Business Address 791 Alexander Rd.

City Princeton State NJ Zip Code 08540

*(Area Code) Telephone Number _____

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

1. Name Mark O. Smith

Registration Number 1607-1 Occupation or Business Government Affairs Agent

Business Address 791 Alexander Rd.

City Princeton State NJ Zip Code 08540

*(Area Code) Telephone Number 609-452-1500

2. Name Anthony E. Pizzutillo

Registration Number 1607-2 Occupation or Business Government Affairs Agent

Business Address 791 Alexander Rd.

City Princeton State NJ Zip Code 08540

*(Area Code) Telephone Number 609-452-1500

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 New York Shipping Association

Business Address 333 Thornal Street
Suite 3A

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 Port Operations and Labor Relations

2. Name of Represented Entity NuStar Energy

Business Address 2330 North Loop 1604 West

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

City San Antonio State TX Zip Code 78278

Type of Business Asphalt Refining, Crude Oil Storage

3. Name of Represented Entity Shopping Centers Anonymous

Business Address C/O Forsgate Industrial Partners
400 Hollister Road

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

City Teterboro State NJ Zip Code 07608

Type of Business Commercial Real Estate

4. Name of Represented Entity North Side Superstructures

Business Address 1250 Hyland Blvd., Suite 7B

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

City Staten Island State NY Zip Code 10305

Type of Business Construction

5. Name of Represented Entity Keansburg Boro

Business Address 29 Church Street

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

City Keansburg Boro State NJ Zip Code 07734-1497

Type of Business Municipal

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 NIRMA

Business Address 332 West State St

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

City TRENTON State NJ Zip Code 08618

Type of Business Retail business trade association

2. Name of Represented Entity NJ Neurosurgical Society

Business Address PO Box 97

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

City CONVENT Station State NJ Zip Code 07961

Type of Business professional society

3. Name of Represented Entity NJOTSN

Business Address 691 Central Ave

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

City New Providence State NJ Zip Code 07974

Type of Business _____

4. Name of Represented Entity Sills Cummins + Gross P.C.

Business Address The Legal Center
ONE RIVERFRONT PLAZA

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 LAW FIRM

5. Name of Represented Entity Sky Pointe LLC / Highland Development

Business Address 800 Third Ave

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

City NYC, NY State NY Zip Code 10022

Type of Business DEVELOPMENT

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity LCOR

Business Address ONE PENN PLAZA
Suite 3310

City NYC, NY State NY Zip Code 10119

Type of Business Development

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

2. Name of Represented Entity MILC SQUARE TAX ASSOCIATION

Business Address 1 HARMON PLAZA # 2

City Secaucus State NJ Zip Code 07094

Type of Business Multi family

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

3. Name of Represented Entity MUSCULOSKELETAL TRANSPLANT FOUNDATION

Business Address 125 May St.

City Edison State NJ Zip Code 08837

Type of Business Biotech

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

4. Name of Represented Entity NAIOP

Business Address 317 George St

City New Brunswick State NJ Zip Code 08901

Type of Business TRADE ASSOCIATION - REAL ESTATE

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

5. Name of Represented Entity NI GOLF COURSE OWNERS ASSOCIATION

Business Address 375 Forsgate Dr

City Monroe State NJ Zip Code 08831

Type of Business GOLF COURSE OWNERS ASSOCIATION

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

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
Mark O. Smirh	\$ 200,000.00
Anthony E. Pizzutillo	200,000.00
SCHEDULE B TOTAL \$ 400,000.00	

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 \$ 7,200.00

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.**

\$ _____

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

1. Salary and Compensation	Schedule B Total	\$	400,000.00
2. Support Personnel	Schedule C Total		7,200.00
3. Communication Expenses	Schedule E Total		9,075.00
4. Travel and Lodging	Schedule F Total		1,300.00
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total		0.00
Total Lobbying Expenditures		\$	417,575.00

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. New York Shipping Association	\$ 25,689.00
2. NuStar Energy	41,304.00
3. Shopping Centers Anonymous	12,150.00
4. North Side Superstructures	1,400.00
5. Keansburg Boro	5,000.00
6. L COR	43,738.08
7. MSTA	4,500.00
8. MTF	1,441.05
9. NAIOP	120,402.18
10. NJCCOA	10,000.00
11. NJRMA	19,295.10
12. NJNS	61,067.87
13. NJOTSI	84,000.00
14. Sills Cummis	4,500.00
15. Sky Pointe	45,284.09
16.	
17.	
18.	

TOTAL RECEIPTS \$ 418,765.17

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.

1. Anthony E. Pizzutillo
(print name)

hereby certify that I am duly authorized by

Smith Pizzutillo, LLC
(print name of firm)

to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year _____.
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.

Anthony E. Pizzutillo
Signature

2-15-10
Date