

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:

Business Sterns & Weinroth, P.C.
Address 50 W. State Street, Suite 1400, P. O. Box 1298
City Trenton State NJ Zip Code 08607-1298
*(Area Code) Telephone Number 609-392-2100

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

1. Name Joel H. Sterns
Registration Number 26 Occupation or Business Law Firm
Business Address 50 W. State Street, Suite 1400, P. O. Box 1298
City Trenton State NJ Zip Code 08607-1298
*(Area Code) Telephone Number 609-392-2100

2. Name Richard K. Weinroth
Registration Number 26 Occupation or Business Law Firm
Business Address 50 W. State Street, Suite 1400, P. O. Box 1298
City Trenton State NJ Zip Code 08607-1298
*(Area Code) Telephone Number 609-392-2100

3. Name Richard J. Van Wagner
Registration Number 26 Occupation or Business Law Firm
Business Address 50 W. State Street, Suite 1400, P. O. Box 1298
City Trenton State NJ Zip Code 08607-1298
*(Area Code) Telephone Number 609-392-2100

4. Name Grace Strom Power
Registration Number 26 Occupation or Business Law Firm
Business Address 50 W. State Street, Suite 1400, P. O. Box 1298
City Trenton State NJ Zip Code 08607-1298
*(Area Code) Telephone Number 609-392-2100

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 American Insurance Association

Business Address One Walnut Street

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

City Boston State MA Zip Code 02108

Type of Business Insurance

2. Name of Represented Entity Trump Entertainment Resorts, Inc.

Business Address 1000 Boardwalk at Virginia Avenue

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

City Atlantic City State NJ Zip Code 08401

Type of Business Gaming

3. Name of Represented Entity CAF USA

Business Address 1401 K Street, N.W., Suite 803

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

City Washington State DC Zip Code 20005

Type of Business International design, manufacture, maintenance and supply of equipment for railway systems

4. Name of Represented Entity Clear Channel

Business Address 110 E. 42nd Street, 7th Floor

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

City New York State NJ Zip Code 10017

Type of Business Promote entertainment events

5. Name of Represented Entity DeVry University

Business Address 630 U. S. Highway No. 1

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

City North Brunswick State NJ Zip Code 08902

Type of Business Education institution

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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 GTECH Corporation

Business Address 10 Memorial Blvd.

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

City Providence State RI Zip Code 02903

Type of Business Lottery

2. Name of Represented Entity United New Jersey Sandy Hook Pilots Benevolent Association

Business Address 201 Edgewater Street

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 Ship piloting

3. Name of Represented Entity International Fidelity Insurance Company

Business Address One Newark Center, 20th Floor

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 Issuance of surety bonds

4. Name of Represented Entity New England Financial Services Association

Business Address 45 Memorial Circle
P. O. Box 1058

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

City Augusta State ME Zip Code 04430

Type of Business Financial services

5. Name of Represented Entity New Jersey Animal Rights Alliance

Business Address P. O. Box 174

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

City Englishtown State NJ Zip Code 07726

Type of Business Statewide non-profit organization dedicated to ending animal exploitation

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

1. Name of Represented Entity New Jersey Association of Mutual Insurance Companies

Business Address 125 W. Broadway

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

City Salem State NJ Zip Code 08079-0263

Type of Business Insurance

2. Name of Represented Entity NORESCO

Business Address One Research Drive, Suite 400C

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

City Westborough State MA Zip Code 01581

Type of Business Implementing energy saving programs for government institutions

3. Name of Represented Entity Private Career School Association of New Jersey

Business Address P. O. Box 11795

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

City New Brunswick State NJ Zip Code 08906

Type of Business Education

4. Name of Represented Entity Pitney Bowes

Business Address 1 Elmcroft Road

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

City Stamford State CT Zip Code 06926-0700

Type of Business Provision of mail sorting and processing systems & equipment

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 _____

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 CSX Transportation

Business Address Two Commerce Square
2001 Market Street, Eighth Floor

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

City Philadelphia State PA Zip Code 19103

Type of Business Rail transportation

2. Name of Represented Entity Citigroup Management Corp.

Business Address 1101 Pennsylvania Avenue, N.W., Suite 1000

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 Financial services

3. Name of Represented Entity Horizon Blue Cross & Blue Shield

Business Address Three Penn Plaza

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

City Newark State NJ Zip Code 07105-2200

Type of Business Insurance

4. Name of Represented Entity The Pilots Association for Bay & River Delaware

Business Address 800 S. Columbus Blvd.

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

City Philadelphia State PA Zip Code 19147

Type of Business Ship piloting

5. Name of Represented Entity ING North America Insurance Corporation

Business Address One Orange Way, C15

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

City Hartford State CT Zip Code 06095-4774

Type of Business Insurance

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity Novartis Pharmaceuticals

Business Address 209 Winant Road

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 Pharmaceuticals

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 Richard J. Van Wagner

Name of Authority, Board, or Commission Ocean Township Zoning Board

Date When Term of Service Expires Continuous

Name of Governmental Affairs Agent Richard K. Weinroth

Name of Authority, Board, or Commission Trenton Downtown Association (Board member)

Date When Term of Service Expires Continuous

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
Joel H. Sterns	\$ 120,000.00
Richard K. Weinroth	60,000.00
Richard J. Van Wagner	140,000.00
Grace Strom Power	35,000.00
SCHEDULE B TOTAL \$	355,000.00

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 \$ 45,000.00

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	\$
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	
Postage	
Telephone, Telegram, Facsimile	
Pro Rata Overhead Costs of Specific Events Over \$100 <i>(please identify name and date of event)</i>	
	0.00
Other <i>(please describe):</i>	
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 \$ _____ 0.00

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 \$ _____ 0.00

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 \$ _____ 0.00

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 \$ _____ 0.00

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	\$ _____	355,000.00
2. Support Personnel	Schedule C Total	_____	45,000.00
3. Communication Expenses	Schedule E Total	_____	
4. Travel and Lodging	Schedule F Total	_____	
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____	
Total Lobbying Expenditures		\$ _____	400,000.00

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. American Insurance Association	\$ 115,000.00
2. Animal Protection League of NJ f/k/a New Jersey Animal Rights Alliance	30,071.09
3. CAF USA	105,745.83
4. CSX Transportation	72,412.00
5. Citigroup Management Corp.	84,243.79
6. Clear Channel	72,064.26
7. DeVry University	37,076.24
8. GTECH Corporation	84,707.86
9. Horizon Blue Cross & Blue Shield	60,180.39
10. ING North America Insurance Corporation	24,020.25
11. International Fidelity Insurance Company	36,097.00
12. New England Financial Services Association	33,999.96
13. New Jersey Association of Mutual Insurance Companies	18,118.80
14. NORESCO	30,018.42
15. Novartis Pharmaceuticals	15,000.00
16. Pitney Bowes	60,243.34
17. Private Career School Association of New Jersey	10,840.32
18. The Pilots Association for Bay & River Delaware	5,000.00

TOTAL RECEIPTS \$ Cont.

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. Trump Entertainment Resorts, Inc.	\$ 108,837.99
2. United New Jersey Sandy Hook Pilots Benevolent Association	34,633.49
3.	
4.	
5.	
6.	
7.	
8.	
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10.	
11.	
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17.	
18.	

TOTAL RECEIPTS \$ 1,038,311.03

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, Richard J. Van Wagner
(print name)

hereby certify that I am duly authorized by

Sterns & Weinroth, 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

2-15-10
Date