

FORM L1-A
Reporting For Calendar Year 2010

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



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Amendment

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:

Alman Group, LLC

Business Address 53 Cardinal Drive

City Westfield State NJ Zip Code 07090

*(Area Code) Telephone Number _____

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

1. Name Christopher L. Daul

Registration Number 800-1 Occupation or Business Government Affairs Agent

Business Address 53 Cardinal Drive

City Westfield State NJ Zip Code 07090

*(Area Code) Telephone Number 908-232-0220

2. Name George J. Albanese

Registration Number 800-6 Occupation or Business Government Affairs Agent

Business Address 53 Cardinal Drive

City Westfield State NJ Zip Code 07090

*(Area Code) Telephone Number 908-232-0220

3. Name Catherine Chin

Registration Number 800-4 Occupation or Business Government Affairs Agent

Business Address 53 Cardinal Drive

City Westfield State NJ Zip Code 07090

*(Area Code) Telephone Number 908-232-0220

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 Nurse-Family Partnership

Business Address 1900 Grant Street
Suite 400

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

City Denver State CO Zip Code 80203

Type of Business Health Care

2. Name of Represented Entity NJ Association of Long Term Care Pharmacy Providers

Business Address 53 Cardinal Drive

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

City Westfield State NJ Zip Code 07090

Type of Business Health Care

3. Name of Represented Entity VisionQuest

Business Address 600 North Swan Road

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

City Tucson State AZ Zip Code 85711

Type of Business Children's Services

4. Name of Represented Entity Pharma-Care, Inc

Business Address 136 Central Avenue

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

City Clark State NJ Zip Code 07066

Type of Business Health Care

5. Name of Represented Entity Babyland Family Services, Inc.

Business Address 755 South Orange Avenue

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

City Newark State NJ Zip Code 07106

Type of Business Children's Services

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity Gentle Care

Business Address 1180 Stelton Road

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

City Piscataway State NJ Zip Code 08854

Type of Business Health Care

2. Name of Represented Entity Select Medical

Business Address 4714 Gettysburg Road

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

City Mechanicsburg State PA Zip Code 17055

Type of Business Health Care

3. Name of Represented Entity The Rasa Group

Business Address 55 Skyline Drive
Suite 209

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

City Ringwood State NJ Zip Code 07456

Type of Business Pharmaceuticals

4. Name of Represented Entity Rx Recommendations

Business Address 16 Blossom Court

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 Pharmaceuticals

5. Name of Represented Entity Certified Consultants

Business Address 16 Myrtle Avenue

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

City Chatham State NJ Zip Code 07928

Type of Business Pharmaceuticals

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity CRS Pharmacy Consultants

Business Address 994 Mountain Avenue

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

City Berkeley Heights State NJ Zip Code 07922

Type of Business Pharmaceuticals

2. Name of Represented Entity Prescriptive Consultants

Business Address 3 Coolidge Avenue

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

City West Orange State NJ Zip Code 07052

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
Christopher L. Daul	\$ 0.00
George J. Albanese	58,500.00
Catherine Chin	90,000.00
SCHEDULE B TOTAL \$ <u>148,500.00</u>	

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 \$ 0.00

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	\$ 1,850.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	0.00
Postage	1,350.00
Telephone, Telegram, Facsimile	3,000.00
Pro Rata Overhead Costs of Specific Events Over \$100 (<i>please identify name and date of event</i>)	0.00
<i>Other (please describe):</i>	
SCHEDULE E TOTAL \$	6,200.00

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 \$ _____

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	\$ _____	148,500.00
2. Support Personnel	Schedule C Total	_____	0.00
3. Communication Expenses	Schedule E Total	_____	6,200.00
4. Travel and Lodging	Schedule F Total	_____	0.00
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____	0.00
Total Lobbying Expenditures		\$ _____	154,700.00

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. VisionQuest	\$ 28,000.00
2. Babyland Family Services	20,000.00
3. NJ Association of Long Term Pharmacy Care Providers	60,000.00
4. Pharma-Care, Inc.	60,000.00
5. Gentle Care, Inc.	15,000.00
6. Nurse-Family Partnership	18,000.00
7. Select Medical Group	90,000.00
8. The Rasa Group	5,775.00
9. Rx Recommendations	5,775.00
10. Certified Consultant Pharmacies	5,550.00
11. Prescriptive Consultants	0.00
12. CRS Pharmacy Consultants	4,125.00
13.	
14.	
15.	
16.	
17.	
18.	
TOTAL RECEIPTS	\$ 312,225.00

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, George J. Albanese

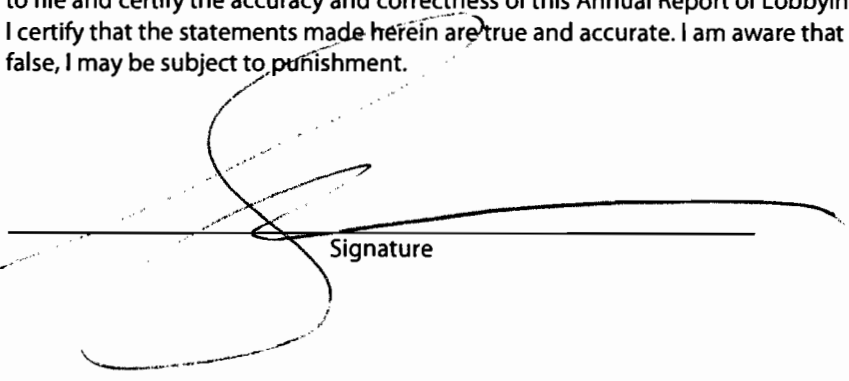
(print name)

hereby certify that I am duly authorized by

Alman Group, LLC

(print name of firm)

to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year 2010.
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

1/21/11

Date