

FORM L1-A
Reporting For Calendar Year 2010

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Amendment

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

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Bevan, Mosca, Giuditta & Zarillo

Business Address 222 Mount Airy Road
Suite 200

City Basking Ridge State NJ Zip Code 07920

*(Area Code) Telephone Number 908-753-8300

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

1. Name Murray E. Bevan

Registration Number 1767-1 Occupation or Business Attorney

Business Address 222 Mount Airy Road, Suite 200

City Basking Ridge State NJ Zip Code 07920

*(Area Code) Telephone Number 908-753-8300

2. Name Richard A. Giuditta

Registration Number 1767-2 Occupation or Business Attorney

Business Address 222 Mount Airy Road, Suite 200

City Basking Ridge State NJ Zip Code 07920

*(Area Code) Telephone Number 908-753-8300

3. Name Anthony J. Roselle

Registration Number 1767-5 (terminated) Occupation or Business Attorney

Business Address 222 Mount Airy Road, Suite 200

City Basking Ridge State NJ Zip Code 07920

*(Area Code) Telephone Number 908-753-8300

4. Name Amelia G. Baker

Registration Number 1767-6 Occupation or Business _____

Business Address 222 Mount Airy Road, Suite 200

City Basking Ridge State NJ Zip Code 07920

*(Area Code) Telephone Number 908-753-8300

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 Recreational Vehicle Industry Association

Business Address 1896 Preston White Road

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

City Reston State VA Zip Code 20191

Type of Business Recreational Vehicle Manufacturer

2. Name of Represented Entity Retail Energy Supply Association

Business Address 7159 Red Top Road

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

City Hummelstown State PA Zip Code 17036

Type of Business Energy Supplier

3. Name of Represented Entity Warren Hospital

Business Address 185 Roseberry Street

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

City Phillipsburg State NJ Zip Code 08865

Type of Business Hospital

4. Name of Represented Entity Bloom Energy

Business Address 1252 Orleans Drive

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

City Sunnyvale State CA Zip Code 94089

Type of Business Fuel Cell Energy Supplier

5. Name of Represented Entity Lincoln Renewable Energy, LLC

Business Address One North Wacker Drive
Suite 4800

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

City Chicago State IL Zip Code 60606

Type of Business Development of Renewable Energy Generation Projects

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity Constellation Energy Group, Inc.

Business Address

100 Constellation Way

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

City Baltimore

State MD

Zip Code 21202

Type of Business Supplier of Natural Gas and Electric Service

2. Name of Represented Entity Novo Nordisk, Inc.

Business Address

103 Briarwood Drive

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

City Holland

State PA

Zip Code 18966

Type of Business Pharmaceuticals

3. Name of Represented Entity LS Power Development, LLC

Business Address

2 Tower Center

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

City East Brunswick

State NJ

Zip Code 08816

Type of Business Development, Acquisition and Management of Electric Power Generation

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
Murray E. Bevan	\$ 51,000.00
Anthony J. Roselle	26,500.00
SCHEDULE B TOTAL \$	77,500.00

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 \$ 7,800.00

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	\$ _____	+	\$ _____	=	\$ _____

**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	\$ _____	77,500.00
2. Support Personnel	Schedule C Total	_____	7,800.00
3. Communication Expenses	Schedule E Total	_____	4,050.00
4. Travel and Lodging	Schedule F Total	_____	
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____	
Total Lobbying Expenditures		\$ _____	89,350.00

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. Recreational Vehicle Industry Association	\$ 20,000.00
2. Constellation Energy Group, Inc.	40,000.00
3. Retail Energy Supply Association	71,575.00
4. Warren Hospital	55,000.00
5. Novo Nordisk	6,720.00
6. LS Power	3,520.00
7. Bloom Energy	15,000.00
8. Lincoln Renewable Energy	25,000.00
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
	TOTAL RECEIPTS \$ 236,815.00

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, Murray E. Bevan

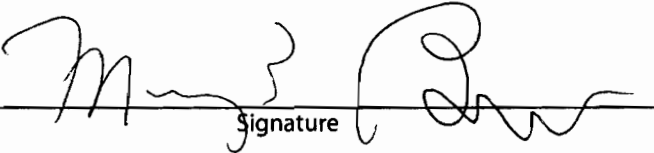
(print name)

hereby certify that I am duly authorized by

Bevan, Mosca, Giuditta & Zarillo, P.C.

(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



Date