FORM L1-A Reporting For Calendar Year 2010

ANNUAL REPORT OF GOVERNMENTAL AFFAIRS AGENT



ELEC RECEIVED

FEB 1 8 2011

Amendment

FOR STATE USE ONLY

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 G	overnmental Affairs Agent or Governmental	Affairs Agent Firm:		
Civic Nav	rigator, L.L.C.			
Business	127 Mercer Avenue			
Address				
City	Manahawkin		State NJ	Zip Code 08050
*(Area Coo	da) Talanhana Number (609) 618-2787			
1. Provide	the following information regarding the Gov			
1. Name	Douglas A. Placa			
Registra		Occupation or Business COnsu		
Business	Address 127 Mercer Avenue			
City Ma	anahawkin		State NJ	Zip Code 08050
*(Area C	ode) Telephone Number (609) 618-2787			
2. Name				
	tion Number			
	Address			
			State	Zip Code
l	ode) Telephone Number			
١				
	tion Number			
	Address			
City			State	Zip Code
	ode) Telephone Number			
4. Name				
Registrat	tion Number	Occupation or Business		
Business	Address			
City			State	Zip Code
*(Area Co	ode) Telephone Number			

	D ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY following information concerning those Represented Entities who have d	lesignat	ed tl	his report to include their activity.
Note: For each	ch Represented Entity, Form L-2 must be filed.			
1. Name of Repr	resented Entity JNESO, District Council 1 IUOE, AFL-CIO			
Business Address	146 Livingston Avenue			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City New Brur	nswick	State	NJ	Zip Code 08901
Type of Business	Labor Union			
2. Name of Repr	resented 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 Repr	esented 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 Repr	esented 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 Repr	esented Entity			
Business Address				Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City	<u> </u>	State		Zip Code
Type of Business				_

Name of Represented Entity	
BusinessAddress	Check if communication with the
City	State Zip Code
Type of Business	
2. Name of Represented Entity	
	Check if communication with the general public ("Grassroots")
Address	Lobbying") was the only lobbying activity for this entity.
City	State Zip Code
Type of Business	
Name of Represented Entity	
BusinessAddress	Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City	
Type of Business	
4. Name of Represented Entity	
Business	Check if communication with the
Address	Lobbying") was the only lobbying activity for this entity.
City	State Zip Code
Type of Business	
5. Name of Represented Entity	
Business	Check if communication with th
Address	Lobbying") was the only lobbying activity for this entity.
City	State Zip Code
Type of Business	

SCHEDULE A
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
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
·
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
Douglas A. Placa	\$	30,000.00
SCHEDULE B	TOTAL \$	30,000.00

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 \$

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	*264
Telephone, Telegram, Facsimile	1050
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	
Other (please describe):	
	_
SCHEDULE E TOTA	ALS /3/4
COURDING F. TRAVEL // ODGING	
SCHEDULE F - TRAVEL/LODGING PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents on whose behalf the	nis report is filed related to
influencing legislation, regulations, governmental processes, or communicating with the ger	
NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
	\$
SCHEDULE F TOTA	\
SCHEDOLE F TOTA	<u> </u>

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				ount \$
Name and Address of Payee.	/Vendor			
			Zip Code	
If benefit was reimbursed, pl Date	lease report the date, the description, ar Amount \$		the reimbursement.	
Description				
Name of Benefit Recipient				
Date				ount \$
Name and Address of Payee, Name	Nendor			
Address				
City	\ \\	State	Zip Code	
If benefit was reimbursed, pl Date	lease report the date, the description, an Amount \$	d the amount of	the reimbursement.	
Description				
Name of Benefit Recipient	D /			
Date	Description		Amo	unt \$
Name and Address of Payee/ Name	Vendor	_		
City			Zip Code	
If benefit was reimbursed, pl Date	ease report the date, the description, an Amount \$		the reimbursement.	
Description				
Name of Benefit Recipient				
Date	Description		Amo	unt \$
Name and Address of Payee/ Name	Vendor			
4.1.1				
City		State	Zip Code	
If benefit was reimbursed, ple Date	ease report the date, the description, an Amount \$	d the amount of		

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	~	OI DEITE		,,,,,,

PURPOSE: To report the total amount of providing benefits to State officials covered by the Act and their immediate family members.

	SCHEDU	LE G-1* SCHED	ULE G-2**	MOUNT
Entertainment	\$	+\$	=\$	
ood and Beverage		+	=	
ravel		+	=	
odging		+	=	
onoraria		+	=	
pans		+	=	
ifts		+	=	
ther (specify)		+	=	
otal	\$	+ \$	=\$	
	10			LE G-1 AN LE G-2 TO

ENTER THE TOTAL AMOUNT OF REIMBURSED B DO NOT DEDUCT THIS AMOUNT FROM BENEFIT	NEFITS	IF AN
DO NOT DEDUCT THIS AMOUNT FROM BENEFIT	ALSIN	AMOUNT

\$

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

1. Salary and Compensation	Schedule B Total \$	
2. Support Personnel	Schedule C Total	
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 \$ 30,000

^{**} Enter, by category, the value of benefit passing where the expenditure did NOT exceed the \$25/day or \$200/calendar year thresholds.

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,	\$
2.	
3.	_
4.	_
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
TOTAL RECEIPTS \$	
New Jarray Flortion Law Enforcement Commission Page 9 of 10	Form L1 A Povised Sept 2010

CERTIFICATION	
This certification shall be signed by either the Governmental Affairs Agent fi Managing or Principal Partner or Chief Executive Officer of the Government	
ı, Douglas A. Placa	
(print name)	
hereby certify that I am duly authorized by	
Civic Navigator, L.L.C.	
(print name of firm)	
to file and certify the accuracy and correctness of this Annual Report of Lobl I certify that the statements made herein are true and accurate. I am aware t false, I may be subject to punishment.	
Signature	Date