

**FORM L1-A**  
**Reporting For Calendar Year 2010**

**ANNUAL REPORT**  
**OF**  
**GOVERNMENTAL AFFAIRS AGENT**



**ELEC RECEIVED**

**FEB 18 2011**

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

Amendment

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Civic Navigator, L.L.C.

Business Address 127 Mercer Avenue

City Manahawkin State NJ Zip Code 08050

\*(Area Code) Telephone Number (609) 618-2787

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

1. Name Douglas A. Placa

Registration Number 1775-1 Occupation or Business consultant

Business Address 127 Mercer Avenue

City Manahawkin State NJ Zip Code 08050

\*(Area Code) Telephone Number (609) 618-2787

2. Name \_\_\_\_\_

Registration Number \_\_\_\_\_ Occupation or Business \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*(Area Code) Telephone Number \_\_\_\_\_

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 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 Brunswick State NJ Zip Code 08901

Type of Business Labor Union

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 \_\_\_\_\_

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 \_\_\_\_\_

**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 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) _____ | _____           |   | + _____           |   | = _____           |
| <b>Total</b>          | <b>\$ _____</b> |   | <b>+ \$ _____</b> |   | <b>= \$ _____</b> |

**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                    | \$ _____                |
| 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 | _____                   |
| <b>Total Lobbying Expenditures</b> |                                     | <b>\$ <u>30,000</u></b> |



### 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.                |        |

N/A

**TOTAL RECEIPTS** \$ \_\_\_\_\_

**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, 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 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

February 15, 2011  
\_\_\_\_\_  
Date