

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

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



**ELEC RECEIVED**  
**FEB 15 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](http://www.elec.state.nj.us)

Amendment

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Gibbons P.C.

Business Address 50 West State Street

Suite 1104

City Trenton

State NJ

Zip Code 08608

\*(Area Code) Telephone Number (609) 394-5300

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

1. Name David J. Pascrell

Registration Number 1287-01

Occupation or Business Lawyer-Lobbyist

Business Address 50 West State Street, Suite 1104

City Trenton

State NJ

Zip Code 08608-1220

\*(Area Code) Telephone Number (609) 394-5300

2. Name Paul J. St. Onge

Registration Number 1287-02

Occupation or Business Lawyer-Lobbyist

Business Address 50 West State Street, Suite 1104

City Trenton

State NJ

Zip Code 08608-1220

\*(Area Code) Telephone Number (609) 394-5300

3. Name David A. Filippelli

Registration Number 1287-04

Occupation or Business Lawyer-Lobbyist

Business Address 50 West State Street, Suite 1104

City Trenton

State NJ

Zip Code 08608-1220

\*(Area Code) Telephone Number (609) 394-5300

4. Name Noreen M. Giblin

Registration Number 1287-06

Occupation or Business Lawyer-Lobbyist

Business Address 50 West State Street, Suite 1104

City Trenton

State NJ

Zip Code 08608-1220

\*(Area Code) Telephone Number (609) 394-5300

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 America's Health Insurance Plans

Business Address 601 Pennsylvania Avenue, NW  
South Building, Suite 500

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 Health Insurance Trade Association

2. Name of Represented Entity American Council of Life Insurers

Business Address 101 Constitution Avenue, NW, Suite 700

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

City Washington State DC Zip Code 20001

Type of Business Trade association of life insurance companies

3. Name of Represented Entity Autism New Jersey, Inc.

Business Address 500 Horizon Drive  
Suite 530

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

City Robbinsville State NJ Zip Code 08691

Type of Business Issue Advocacy

4. Name of Represented Entity AXA Equitable Life Insurance Company

Business Address 1290 Avenue of the Americas, 11th Floor

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

City New York State NY Zip Code 10104-0012

Type of Business Insurance

5. Name of Represented Entity Bergen County Improvement Authority

Business Address One Bergen County Plaza

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

City Hackensack State NJ Zip Code 07601

Type of Business Public Authority

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 Bergen County Utilities Authority

Business Address Foot of Mehrhof Road

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

City Little Ferry State NJ Zip Code 07643

Type of Business Public Authority

2. Name of Represented Entity Birdsall Services Group

Business Address 2100 Highway 35  
Old Mill Plaza - Bldg. 28

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

City Sea Girt State NJ Zip Code 08750

Type of Business Engineering and planning services

3. Name of Represented Entity BPG Properties, Ltd.

Business Address 3000 Centre Square West  
1500 Market Street

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

City Philadelphia State PA Zip Code 19102

Type of Business Real estate fund manager; property management

4. Name of Represented Entity Carbro Constructors Corp.

Business Address 605 Omni Drive

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

City Hillsborough State NJ Zip Code 08844

Type of Business Contractor

5. Name of Represented Entity Christ Hospital

Business Address 176 Palisade Avenue

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

City Jersey City State NJ Zip Code 07306

Type of Business Hospital

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 Coalition of Community Corrections Providers of New Jersey

Business Address c/o Volunteers of America, Delaware Valley  
235 White Horse Pike

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

City Collingswood State NJ Zip Code 08107

Type of Business Coalition representing interests of community corrections providers

2. Name of Represented Entity Coalition for Plaintiff's Rights

Business Address 41 Bayard Street  
2nd Floor

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 Advocacy organization

3. Name of Represented Entity Community Loan Fund of New Jersey, Inc.

Business Address 16-18 West Lafayette Street

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

City Trenton State NJ Zip Code 08608

Type of Business Non-Profit

4. Name of Represented Entity Cooper's Ferry Development Association

Business Address One Port Center  
2 Riverside Drive, 5th Floor

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

City Camden State NJ Zip Code 08103

Type of Business Non-Profit

5. Name of Represented Entity County of Monmouth

Business Address Hall of Records Annex  
1 East Main Street

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

City Freehold State NJ Zip Code 07728

Type of Business County Government

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 East Orange General Hospital

Business Address 300 Central Avenue

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

City East Orange State NJ Zip Code 07019

Type of Business Hospital

2. Name of Represented Entity Healthy Choice Healthcare, LLC

Business Address 69-71 New Hook Road

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

City Bayonne State NJ Zip Code 07002

Type of Business Third party administrator

3. Name of Represented Entity Home Care Association of NJ

Business Address 485D Rt. 1 South, Suite 10

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

City Iselin State NJ Zip Code 08830

Type of Business Healthcare and support services

4. Name of Represented Entity Hudson Energy Services

Business Address c/o Just Energy  
7 Cedar Terrace

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

City Ramsey State NJ Zip Code 07746

Type of Business Retail provider of electricity and natural gas

5. Name of Represented Entity L-3 Communication Systems East

Business Address 1 Federal Street

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

City Camden State NJ Zip Code 08103

Type of Business Contractor/provider of technology products and systems

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 Mercer County Improvement Authority

Business Address 640 South Broad Street  
McDade Administration Building

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

City Trenton State NJ Zip Code 08650

Type of Business Public Authority

2. Name of Represented Entity New Jersey Association of Paramedic Programs

Business Address c/o Virtua EMS  
523 Fellowship Road, Suite 270

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

City Mount Laurel State NJ Zip Code 08054

Type of Business Trade Association

3. Name of Represented Entity Philadelphia Eagles

Business Address One NovaCare Way

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

City Philadelphia State PA Zip Code 19145

Type of Business Professional football team

4. Name of Represented Entity Squiretown Properties, LLC

Business Address 34 Woodland Road

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

City Roseland State NJ Zip Code 07068

Type of Business Real estate developer

5. Name of Represented Entity Trade Web Group, LLC

Business Address Harborside Financial Center  
2200 Plaza Five

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

City Jersey City State NJ Zip Code 07311

Type of Business Online trading services

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 Visa Inc.

Business Address

1300 Connecticut Avenue, NW  
Suite 900

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

City Washington

State DC

Zip Code 20036

Type of Business Global payments technology company

2. Name of Represented Entity Visiting Nurse Association of Central Jersey Health Group, Inc.

Business Address

176 Riverside Avenue

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

City Red Bank

State NJ

Zip Code 07701-1095

Type of Business Healthcare

3. Name of Represented Entity Voorhees Pediatric Facility

Business Address

1304 Laurel Oak Road

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

City Voorhees

State NJ

Zip Code 08043

Type of Business Healthcare

4. Name of Represented Entity Weisman Children's Rehabilitation Hospital

Business Address

92 Broad Road, Suite 100

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

City Marlton

State NJ

Zip Code 08053

Type of Business Healthcare

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 _____ _____	<input type="checkbox"/> Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

2. Name of Represented Entity \_\_\_\_\_

Business Address _____ _____	<input type="checkbox"/> Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

3. Name of Represented Entity \_\_\_\_\_

Business Address _____ _____	<input type="checkbox"/> Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

4. Name of Represented Entity \_\_\_\_\_

Business Address _____ _____	<input type="checkbox"/> Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

5. Name of Represented Entity \_\_\_\_\_

Business Address _____ _____	<input type="checkbox"/> Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_



**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity CSC Holdings, Inc. d/b/a/ Cablevision Systems Corporation

Business Address 683 Route 10 East  
Third Floor

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

City Randolph State NJ Zip Code 07869

Type of Business Telecommunications, media and entertainment company

2. Name of Represented Entity Comcast Cable Communications Management, LLC

Business Address c/o NJCTA  
124 West State Street

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

City Trenton State NJ Zip Code 08608

Type of Business Telecommunications, media and entertainment company

3. Name of Represented Entity Greenman-Pedersen, Inc.

Business Address 100 Corporate Drive  
Suite 205

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

City Lebanon State NJ Zip Code 08833

Type of Business Engineering and planning

4. Name of Represented Entity New Jerseyans for Alternatives to the Death Penalty

Business Address c/o NJ Association on Correction  
986 South Broad Street

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

City Trenton State NJ Zip Code 08611-2095

Type of Business Issue Advocacy

5. Name of Represented Entity Virtua Health

Business Address 401 Route 73 North  
50 Lake Center Drive, Suite 404

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

City Marlton State NJ Zip Code 08053

Type of Business Hospital

**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity Sayreville Seaport Associates, LP

Business Address

2701 Renaissance Boulevard, 4th Floor

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

City King of Prussia

State PA

Zip Code 19406

Type of Business Real Estate Development

2. Name of Represented Entity New Jersey Cable Telecommunications Association

Business Address

124 West State Street

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

City Trenton

State NJ

Zip Code 08608

Type of Business Trade organization

3. Name of Represented Entity Medical Transportation Association of New Jersey

Business Address

P.O. Box 509

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

City Brick

State NJ

Zip Code 08723

Type of Business Trade Association

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      Paul J. St. Onge

Name of Authority, Board, or Commission      State Board of Social Work Examiners

Date When Term of Service Expires      2012

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
David A. Filippelli	\$ 185,000.00
David J. Pascrell	285,000.00
Paul J. St. Onge	190,000.00
Noreen M. Giblin	170,000.00
<b>SCHEDULE B TOTAL \$</b>	<b>830,000.00</b>

**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 \$ 110,200.00**

**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**	=	\$	
Entertainment	\$ _____	+	\$ _____	=	\$	0.00
Food and Beverage	_____	+	_____	=		0.00
Travel	_____	+	_____	=		0.00
Lodging	_____	+	_____	=		0.00
Honoraria	_____	+	_____	=		0.00
Loans	_____	+	_____	=		0.00
Gifts	_____	+	_____	=		0.00
Other (specify) _____	_____	+	_____	=		0.00
<b>Total</b>	\$ _____	+	\$ _____	=	\$	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	\$	830,000.00
2. Support Personnel	Schedule C Total		110,200.00
3. Communication Expenses	Schedule E Total		0.00
4. Travel and Lodging	Schedule F Total		0.00
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total		0.00
<b>Total Lobbying Expenditures</b>		<b>\$</b>	<b>940,200.00</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. America's Health Insurance Plans	\$ 49,992.00
2. American Council of Life Insurers	39,999.90
3. Autism New Jersey, Inc.	66,032.85
4. AXA Equitable Life Insurance Company	17,501.58
5. Bergen County Improvement Authority	60,038.43
6. Bergen County Utilities Authority	88,054.59
7. Birdsall Services Group	42,107.59
8. BPG Properties, Ltd.	60,018.08
9. CSC Holdings, Inc. d/b/a Cablevision Systems Corporation	42,072.17
10. Carbro Constructors Corp.	36,040.99
11. Christ Hospital	51,097.08
12. Coalition of Community Corrections Providers of NJ	14,018.08
13. Coalition for Plaintiff's Rights	5,180.08
14. Comcast Cable Communications Management, LLC	36,056.17
15. Community Loan Fund of New Jersey, Inc.	21,526.76
16. Cooper's Ferry Development Association	60,737.59
17. County of Monmouth	60,000.00
18. East Orange General Hospital	123,627.80
<b>TOTAL RECEIPTS</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. Greenman-Pedersen, Inc.	\$ 24,019.90
2. Healthy Choice Healthcare, LLC	60,000.00
3. Home Care Association of NJ	66,644.09
4. Hudson Energy	12,114.50
5. L-3 Communication Systems East	61,010.25
6. Medical Transportation Association of New Jersey	8,117.16
7. Mercer County Improvement Authority	72,440.83
8. New Jersey Association of Paramedic Programs	12,000.00
9. New Jerseyans for Alternatives to the Death Penalty	4,018.08
10. New Jersey Cable Telecommunications Association	9,056.17
11. Philadelphia Eagles	45,000.00
12. Sayreville Seaport Associates, LP	177,450.00
13. Squiretown Properties, LLC	33,400.50
14. Trade Web Group LLC	7,229.50
15. Virtua Health	121,084.17
16. Visa, Inc.	53,138.32
17. Visiting Nurse Association of Central Jersey Health Group, Inc.	48,207.29
18. Voorhees Pediatric Facility	36,702.77

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

### 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. Weisman Children's Rehabilitation Hospital	\$ 18,351.39
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	

**TOTAL RECEIPTS** \$ 1,744,086.66

**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, David A. Filippelli  
*(print name)*

hereby certify that I am duly authorized by

Gibbons 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

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

Date