

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

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



**ELEC RECEIVED**  
**FEB 18 2011**

**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

FOR STATE USE ONLY

Amendment

**RECEIVED**  
**VIA FAX**

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Inglesino, Pearlman, Wyciskala & Taylor, LLC

Business Address 600 Parsippany Road, Suite 204

City Parsippany

State NJ

Zip Code 07054

\*(Area Code) Telephone Number 973-947-7111

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

1. Name John P. Inglesino, Esq.

Registration Number 1901-2

Occupation or Business Attorney

Business Address 600 Parsippany Road, Suite 204

City Parsippany

State NJ

Zip Code 07054

\*(Area Code) Telephone Number 973-947-7131

2. Name Stephen B. Pearlman, Esq.

Registration Number 1901-1

Occupation or Business Attorney

Business Address 600 Parsippany Road, Suite 204

City Parsippany

State NJ

Zip Code 07054

\*(Area Code) Telephone Number 973-947-7133

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 Travelers Marketing

Business Address 47 Church Street, Suite 301

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

City Wellesley State MA Zip Code 02482

Type of Business 781-416-3737

2. 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

3. Name of Represented Entity I and of Make Believe

Business Address Post Office Box

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

City Hope State NJ Zip Code 07844

Type of Business Theme Park

4. Name of Represented Entity Grand LHN1 Urban Renewal

Business Address 520 US Highway 22 West

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

City Bridgewater State NJ Zip Code 08807

Type of Business Real Estate

5. Name of Represented Entity Reihl Golf Academy

Business Address 21 State Highway 10 East

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

City Whippany State NJ Zip Code 07981

Type of Business Golf Academy

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 Edison Properties, LLC

Business Address 100 Washington Street

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

City Newark

State NJ

Zip Code 07102

Type of Business Parking Operators, Redeveloper

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 John P. Inglesino

Name of Authority, Board, or Commission New Jersey Public Broadcasting Authority

Date When Term of Service Expires December 31, 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
John P. Inglesino, Esq.	\$ 15,000.00
Stephen B. Pearlman, Esq.	1,000.00
<b>SCHEDULE B TOTAL \$</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 \$**

**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

Telephone, Telegram, Facsimile

Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)

Other (please describe):

**SCHEDULE E TOTAL \$**

**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**

\$

**SCHEDULE F TOTAL \$**

**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>SCHEDULE G-1 AND SCHEDULE G-2 TOTAL</b>

\* 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	\$ _____	16,000.00
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>		\$ _____	16,000.00

**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. Travelers Marketing	\$ 3,500.00
2. Warren Hospital	6,500.00
3. Land of Make Believe	3,000.00
4. Grand LHN1 Urban Renewal	0.00
5. Reihl Golf Academy	2,000.00
6. Edison Properties, LLC	1,000.00
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
	<p style="text-align: right;"><b>TOTAL RECEIPTS</b>    \$    16,000.00</p>

### 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, John P. Inglesino

*(print name)*

hereby certify that I am duly authorized by

Inglesino, Pearlman, Wyciskala & Taylor, 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

February 15, 2011

\_\_\_\_\_  
Date