

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

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



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**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:

Insight Consutling Services, LLC

Business Address 118 South Warren Street  
3rd Floor

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-396-9000

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

1. Name Peter J. Lillo

Registration Number 1540-1 Occupation or Business Government Affairs Consultant

Business Address Same as above

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

\*(Area Code) Telephone Number Same as above

2. Name Dorthea Chrupcala

Registration Number 1540-2 Occupation or Business Government Affairs Consultant

Business Address Same as above

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

\*(Area Code) Telephone Number Same as above

3. Name Darrick C. Lykins

Registration Number 1540-4 Occupation or Business Government Affairs Consultant

Business Address Same as above

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

\*(Area Code) Telephone Number Same as above

4. Name Richard Levesque

Registration Number 1540-5 Occupation or Business Government Affairs Consultant

Business Address Same as above

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

\*(Area Code) Telephone Number Same as above

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

1. Name Kevin DeSimone

Registration Number 1540-6 Occupation or Business Government Affairs Consultant

Business Address Same as above

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

\*(Area Code) Telephone Number Same as above

2. Name Deana L. Lykins

Registration Number 1540-3 Occupation or Business Government Affairs Consultant

Business Address Same as above

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

\*(Area Code) Telephone Number Same as above

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 \_\_\_\_\_

\*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

**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 American Association of Adapted Sports

Business Address PO Box 451047

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

City Atlanta State GA Zip Code 31145

Type of Business Education

2. Name of Represented Entity Carlisle and Associates

Business Address 1103 Laurel Oak Road  
Suite 160

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

3. Name of Represented Entity Chilton Memorial Hospital

Business Address 97 West Parkway

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

City Pompton Plains State NJ Zip Code 07444-1696

Type of Business Healthcare

4. Name of Represented Entity Christian Health Care Center

Business Address 301 Sicomac Avenue

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

City Wyckoff State NJ Zip Code 07481

Type of Business Healthcare

5. Name of Represented Entity HDR Engineering

Business Address One Blue Hill Plaza  
Floor 12

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

City Pearl River State NY Zip Code 10965-3104

Type of Business Engineering

**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 Hoagland, Long, Moran, Dunst & Doukas, LLP

Business Address PO Box 480  
40 Paterson Street

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 Legal

2. Name of Represented Entity Horizon Pediatric Systems, Inc.

Business Address 56 Georgetown Road

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

City Bordentown State NJ Zip Code 08505

Type of Business Healthcare

3. Name of Represented Entity Camden Shipping, Inc.

Business Address 56 Georgetown Road

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

City Bordentown State NJ Zip Code 08505

Type of Business Shipping

4. Name of Represented Entity Hunterdon Medical Center

Business Address 2100 Wescott Drive

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

City Flemington State NJ Zip Code 08822

Type of Business Healthcare

5. Name of Represented Entity Interlock Device of New Jersey, Inc.

Business Address 424 Commerce Lane  
Suite 3

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

City Berlin State NJ Zip Code 08901

Type of Business Motor Vehicles

**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** JP Morgan Chase

Business Address 103 College Road East

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

City Princeton State NJ Zip Code 08540

Type of Business Banking

**2. Name of Represented Entity** Kronos

Business Address 515 King Street  
Suite 300

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

City Alexandria State VA Zip Code 22314

Type of Business Office Systems

**3. Name of Represented Entity** McMahon Associates

Business Address 4573 South Broad Street  
Suite 200

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

City Yardville State NJ Zip Code 08620

Type of Business Engineering

**4. Name of Represented Entity** MediVault

Business Address 1800 Route 34  
Suite 209

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

City Wall State NJ Zip Code 07719

Type of Business Healthcare

**5. Name of Represented Entity** Memorial Hospital of Salem County

Business Address 310 Woodstown Road

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

City Salem State NJ Zip Code 08079

Type of Business Healthcare

**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 MONOC

Business Address 4806 Megill Road  
Wall Township

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

City Neptune State NJ Zip Code 07753

Type of Business Healthcare

2. Name of Represented Entity National Coalition of Alcohol and Drug Dependence

Business Address 360 Corporate Boulevard

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 Healthcare

3. Name of Represented Entity National Home Service Contract Association

Business Address 12710 Pflumm Road  
Suite 200

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

City Olathe State KS Zip Code 66062

Type of Business Consumer Affairs

4. Name of Represented Entity The National Chapter of the American College of Midwives

Business Address 4 Roberts Court

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

City Tenafly State NJ Zip Code 07670

Type of Business Healthcare

5. Name of Represented Entity NJ Council of Teaching Hospitals

Business Address 154 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 Healthcare

**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** NJ Council of Children's Hospitals

Business Address 154 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 Healthcare

**2. Name of Represented Entity** NJ Food Council

Business Address 30 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 Retail

**3. Name of Represented Entity** NJ Off Highway Vehicle Association

Business Address 26 Brentwood Drive

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

City Burlington State NJ Zip Code 08106

Type of Business Motor Vehicles

**4. Name of Represented Entity** NJ Sanitary Supply Association

Business Address 170 Kinnelon Road

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

City Kinnelon State NJ Zip Code 07405

Type of Business Environmental

**5. Name of Represented Entity** Palisades Medical Center

Business Address 7600 River Road

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

City North Bergen State NJ Zip Code 07047

Type of Business Healthcare

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 Partners In Care

Business Address 2 Tower Center Boulevard  
12th Floor

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 Healthcare

2. Name of Represented Entity Save Ellis Island Foundation

Business Address 500 International Drive  
Suite 350

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

City Mt. Olive State NJ Zip Code 07828

Type of Business National Park

3. Name of Represented Entity Save Latin America, Inc.

Business Address 3510 Bergenline Avenue

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

City Union City State NJ Zip Code 07087

Type of Business Healthcare

4. Name of Represented Entity Walden University

Business Address 600 South Exeter Street

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 Education

5. Name of Represented Entity Wegman's Food Markets

Business Address PO Box 30844  
1500 Brooks Avenue

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

City Rochester State NY Zip Code 14603-0844

Type of Business Retail



**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** Property Casualty Insurance

Business Address 2600 River Road

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

City Des Plaines State IL Zip Code 60018

Type of Business Insurance

**2. Name of Represented Entity** Whole Foods Market Group, Inc.

Business Address 550 Bowie Street

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

City Austin State TX Zip Code 78703

Type of Business Retail

**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** Community Association Institute of New Jersey

Business Address 1675 Whitehorse-Mercerville Road  
Suite 206

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

City Mercerville State NJ Zip Code 08619

Type of Business Association Management

**5. Name of Represented Entity** Weber Merrit

Business Address 414 North Washington Street  
Suite 301

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

City Alexandria State VA Zip Code 22314

Type of Business Advocacy

**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 Peter J. Lillo

Name of Authority, Board, or Commission Abraham Lincoln Bicentennial Commission

Date When Term of Service Expires Commission terminated

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            |
|------------------------------------|-------------------|
| Deana L. Lykins                    | \$ 40,000.00      |
| Dorthea Chrupcala                  | 28,000.00         |
| Darrick C. Lykins                  | 50,000.00         |
| Richard Levesque                   | 50,000.00         |
| Kevin DeSimone                     | 60,000.00         |
|                                    |                   |
|                                    |                   |
|                                    |                   |
|                                    |                   |
| <b>SCHEDULE B TOTAL \$</b>         | <b>228,000.00</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 \$** \_\_\_\_\_

**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) _____ | _____         | + | _____          | = | _____    |
| <b>Total</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                    | \$ 228,000.00     |
| 2. Support Personnel               | Schedule C Total                    | _____             |
| 3. Communication Expenses          | Schedule E Total                    | 15,332.00         |
| 4. Travel and Lodging              | Schedule F Total                    | 11,000.00         |
| 5. Benefit Passing                 | Schedule G-1 and Schedule G-2 Total | _____             |
| <b>Total Lobbying Expenditures</b> | <b>\$</b>                           | <b>254,332.00</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. American Association of Adapted Sports             | \$ 0.00   |
| 2. Carlisle and Associates                            | 30,000.00 |
| 3. Chilton Memorial Hospital                          | 25,000.00 |
| 4. Christian Health Care Center                       | 24,000.00 |
| 5. HDR Engineering                                    | 5,000.00  |
| 6. Hoagland, Longo, Moran, Dunst & Doukas, LLP        | 11,000.00 |
| 7. Horizon Pediatric Systems, Inc.                    | 30,000.00 |
| 8. Camden Shipping, Inc.                              | 24,000.00 |
| 9. Hunterdon Medical Center                           | 27,500.00 |
| 10. Interlock Device of New Jersey, Inc.              | 21,600.00 |
| 11. JP Morgan Chase                                   | 60,000.00 |
| 12. Multi-State - Kronos                              | 30,277.50 |
| 13. McMahon Associates                                | 24,000.00 |
| 14. MediVault   | 5,394.18  |
| 15. Memorial Hospital of Salem County                 | 7,500.00  |
| 16. MONOC   | 29,307.02 |
| 17. National Coalition of Alcohol and Drug Dependence | 23,000.00 |
| 18. National Home Service Contract Association        | 5,000.00  |

**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. The National Chapter of the American College of Midwives                           | \$ 9,000.00          |
| 2. New Jersey Council of Teaching Hospital/New Jersey Council of Children's Hospitals | 161,616.14           |
| 3. New Jersey Food Council  | 36,000.00            |
| 4. New Jersey Off Highway Vehicle Association   | 21,000.00            |
| 5. New Jersey Sanitary Supply Association   | 5,250.00             |
| 6. Palisades Medical Center   | 24,000.00            |
| 7. Partners In Care   | 15,000.00            |
| 8. Save Ellis Island Foundation   | 22,500.00            |
| 9. Save Latin America, Inc.   | 21,999.96            |
| 10. Walden University   | 4,000.00             |
| 11. Wegman's Food Markets   | 50,000.00            |
| 12. Property Casualty Insurance   | 30,000.00            |
| 13. Whole Foods Market Group, Inc.  | 20,800.00            |
| 14. Community Association Institute of New Jersey                                     | 400.00               |
| 15. Weber Merritt   | 20,000.00            |
| 16.   |                      |
| 17.   |                      |
| 18.   |                      |
| <b>TOTAL RECEIPTS</b>   | <b>\$ 824,144.80</b> |

**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, Peter J. Lillo

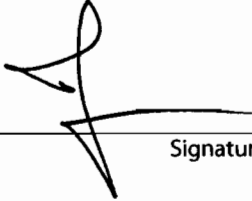
*(print name)*

hereby certify that I am duly authorized by

Insight Consulting Services, 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 3, 2011

\_\_\_\_\_  
Date