

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

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



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**FEB 15 2011**

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Amendment

**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)

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Katz Government Affairs, LLC

Business Address 172 West State St.

City Trenton State NJ Zip Code 08608

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

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

1. Name Carol R. Katz

Registration Number 1319-1 Occupation or Business Governmental Affairs Agent

Business Address 172 West State St.

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number (609) 392-7070

2. Name Mark T. Connelly

Registration Number 1319-2 Occupation or Business Governmental Affairs Agent

Business Address 172 West State St.

City Trenton State NJ Zip Code 08608

\*(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 Bus Association of New Jersey, Inc.

Business Address 160 Route 17 North

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

City Paramus State NJ Zip Code 07657

Type of Business membership organization

2. Name of Represented Entity Conservation Services Group

Business Address 40 Washington St.

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

City Westborough State MA Zip Code 01581

Type of Business delivery of energy efficiency programs and services

3. Name of Represented Entity CVS Caremark Corporation

Business Address 1300 I St., NW  
Suite 525W

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

City Washington State DC Zip Code 20005

Type of Business retail pharmacy / pharmacy benefit manager

4. Name of Represented Entity eBay Inc.

Business Address 2145 Hamilton Ave.

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

City San Jose State CA Zip Code 95125

Type of Business internet-based marketplace

5. Name of Represented Entity Fibertech Networks

Business Address 300 Meridian Centre

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

City Rochester State NY Zip Code 14618

Type of Business builder and operator of fiber optic networks

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 Fraternal Order of Police, Lodge 91

Business Address PO Box 10292

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 FOP lodge / fraternal organization

2. Name of Represented Entity Golden Touch Transportation of NY, Inc.

Business Address 45-02 Ditmars Blvd., Suite 19

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

City Astoria State NY Zip Code 11105

Type of Business bus company

3. Name of Represented Entity Maritime Association of the Port of NY and NJ

Business Address 17 Battery Place  
Suite 913

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

City New York State NY Zip Code 10004

Type of Business membership organization

4. Name of Represented Entity National Association of Professional Employer Organizations

Business Address 707 North St. Asaph Street

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 membership organization

5. Name of Represented Entity New Jersey Municipal Management Association

Business Address 13 Walker Ave.

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

City Succasunna State NJ Zip Code 07876

Type of Business membership organization

**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 NO ENTRIES ON THIS PAGE

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 \_\_\_\_\_

**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entites.

1. Name of Represented Entity New Jersey Credit Union League

Business Address 299 Ward Street

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

City Hightstown State NJ Zip Code 08520

Type of Business state association for credit unions

2. Name of Represented Entity Ingenix

Business Address c/o United Healthcare Services, Inc.  
9900 Bren Road East

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

City Minnetonka State MN Zip Code 55343

Type of Business health care information technology

3. Name of Represented Entity sanofi pasteur

Business Address Discovery Drive

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

City Swiftwater State PA Zip Code 18370

Type of Business development and production of vaccines

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 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
Carol R. Katz	\$ 361,000.00
Mark T. Connelly	0.00
<b>SCHEDULE B TOTAL \$</b>	<b>361,000.00</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 \$** 0.00

**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	\$ 642.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	0.00
Postage	94.00
Telephone, Telegram, Facsimile	2,957.00
Pro Rata Overhead Costs of Specific Events Over \$100 <i>(please identify name and date of event)</i>	0.00
<b>Other <i>(please describe)</i>:</b>	
email	3,054.00
<b>SCHEDULE E TOTAL \$</b>	<b>6,747.00</b>

**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
Carol R. Katz and Mark T. Connelly	\$ 3,725.00
<i>(combined expense: some travel is joint, agents are married)</i>	
<b>SCHEDULE F TOTAL \$</b>	<b>3,725.00</b>



**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 George LeBlanc, Senate Democratic Office  
 Date 5/12/2010 Description E - Entertainment Amount \$ 139.00

Name and Address of Payee/Vendor  
 Name New Jersey Press Foundation  
 Address 840 Bear Tavern Road, Suite 305  
 City West Trenton State NJ Zip Code 08628-1019

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Description \_\_\_\_\_

Name of Benefit Recipient Christian Martin, aide to Senator Cunningham  
 Date 5/12/2010 Description E - Entertainment Amount \$ 139.00

Name and Address of Payee/Vendor  
 Name New Jersey Press Foundation  
 Address 840 Bear Tavern Road, Suite 305  
 City West Trenton State NJ Zip Code 08628-1019

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	\$ 278.00	+	\$ 0.00	=	\$ 278.00
Food and Beverage	_____	+	_____	=	_____
Travel	_____	+	_____	=	_____
Lodging	_____	+	_____	=	_____
Honoraria	_____	+	_____	=	_____
Loans	_____	+	_____	=	_____
Gifts	_____	+	_____	=	_____
Other (specify) _____	_____	+	_____	=	_____
<b>Total</b>	\$ 278.00	+	\$ 0.00	=	\$ 278.00

**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	\$	361,000.00
2. Support Personnel	Schedule C Total		0.00
3. Communication Expenses	Schedule E Total		6,747.00
4. Travel and Lodging	Schedule F Total		3,725.00
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total		278.00
<b>Total Lobbying Expenditures</b>		<b>\$</b>	<b>371,750.00</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. Bus Association of New Jersey, Inc.	\$ 78,000.00
2. Conservation Services Group	8,000.00
3. CVS Caremark Corporation	72,286.00
4. eBay Inc.	72,000.00
5. Fibertech Networks	3,000.00
6. Fraternal Order of Police, Lodge 91	3,500.00
7. Golden Touch Transportation of NY, Inc.	2,500.00
8. Ingenix	60,000.00
9. Maritime Association of the Port of New York and New Jersey	36,000.00
10. National Association of Professional Employer Organizations	36,000.00
11. New Jersey Credit Union League	54,000.00
12. New Jersey Municipal Management Association	36,000.00
13. sanofi pasteur	40,000.00
14.	
15.	
16.	
17.	
18.	
<b>TOTAL RECEIPTS</b>	<b>\$ 501,286.00</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, Carol R. Katz

*(print name)*

hereby certify that I am duly authorized by

Katz Government Affairs, 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

2/15/2011

Date