

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

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



FEB 10 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:

Business KAUFMAN ZITA GROUP, LLC  
Address FIVE VAUGHN DRIVE, SUITE 101  
City PRINCETON State NJ Zip Code 08540  
\*(Area Code) Telephone Number \_\_\_\_\_

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

1. Name ADAM KAUFMAN  
Registration Number 1720-1 Occupation or Business PRINCIPAL  
Business Address FIVE VAUGHN DRIVE, SUITE 101  
City PRINCETON State NJ Zip Code 08540  
\*(Area Code) Telephone Number 609-452-9800

2. Name PATRIZIA A. ZITA  
Registration Number 1720-3 Occupation or Business PRINCIPAL  
Business Address FIVE VAUGHN DRIVE, SUITE 101  
City PRINCETON State NJ Zip Code 08540  
\*(Area Code) Telephone Number 609-452-9800

3. Name THOMAS R. WILSON  
Registration Number 1720-5 Occupation or Business PARTNER  
Business Address FIVE VAUGHN DRIVE, SUITE 101  
City PRINCETON State NJ Zip Code 0840  
\*(Area Code) Telephone Number 609-452-9800

4. Name BETH DOHM  
Registration Number 1720-4 Occupation or Business SENIOR VICE PRESIDENT  
Business Address FIVE VAUGHN DRIVE, SUITE 101  
City PRINCETON State NJ Zip Code 08540  
\*(Area Code) Telephone Number 609-452-9800

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

1. Name ERIC J. ORLANDO

Registration Number 1720-2 Occupation or Business VICE PRESIDENT

Business Address FIVE VAUGHN DRIVE, SUITE 101

City PRINCETON State NJ Zip Code 08540

\*(Area Code) Telephone Number 609-452-9800

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 \_\_\_\_\_

\*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 ASSOCIATION OF SURGICAL TECHNOLOGISTS (AST)

Business Address SIX WEST DRY CREEK CIRCLE

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

City LITTLETON State CO Zip Code 80120

Type of Business MEIDCAL

2. Name of Represented Entity ATHLETIC TRAINERS SOCIETY OF NEW JERSEY (ATSNJ)

Business Address 576 VALLEY ROAD

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

City WAYNE State NJ Zip Code 07470

Type of Business SPORTS MEDICINE

3. Name of Represented Entity BERGEN MUNICIPAL EMPLOYEE BENEFIT FUND

Business Address PARK 80 WEST, PLAZA ONE

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

City SADDLE BROOK State NJ Zip Code 07063

Type of Business INSURANCE

4. Name of Represented Entity CENTER FOR FAMILY GUIDANCE / CFG HEALTH SYSTEMS, LLC

Business Address 765 EAST ROUTE 70, BLDG. 1A

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 MENTAL HEALTH

5. Name of Represented Entity CIGAR ASSOCIATION OF AMERICA

Business Address 818 CONNECTICUT AVENUE, SUITE 200

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

City WASHINGTON State DC Zip Code 2006

Type of Business TOBACCO

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 CPV SHORE, LLC

Business Address 50 BRAINTREE HILL OFFICE PARK, STE. 300

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

City BRAINTREE State MA Zip Code 02184

Type of Business ENERGY

2. Name of Represented Entity COMMUNICATIONS WORKERS OF AMERICA AFL-CIO DISTRICT 1

Business Address 80 PINE STREET

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

City NEW YORK State NY Zip Code 10005

Type of Business UNION

3. Name of Represented Entity DRIVING SCHOOL ASSOCIATION OF NEW JERSEY (DSANJ)

Business Address 2561 YARDVILLE HAMILTON SQUARE ROAD

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

City HAMILTON State NJ Zip Code 08690

Type of Business EDUCATION

4. Name of Represented Entity ENVIROSULTIONS, INC.

Business Address 11220 ASSETT LOOP, SUITE 201

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

City MANASSAS State VA Zip Code 20109

Type of Business WASTE MANAGEMENT

5. Name of Represented Entity GARDEN STATE CRAFT BREWER'S GUILD

Business Address 1940 OLNEY AVENUE

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

City CHERRY HILL State NJ Zip Code 08803

Type of Business BREWERY

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 INTERNATIONAL MATEX TANK TERMINAL

Business Address 250 EAST 22ND STREET

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 FUEL STORAGE

2. Name of Represented Entity MERADIEN P.C. CERTIFIED PUBLIC ACCOUNTANTS

Business Address 3625 QUAKERBRIDGE ROAD

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

City HAMILTON State NJ Zip Code 08619

Type of Business ACCOUNTANTS

3. Name of Represented Entity MUNICIPAL REINSURANCE HEALTH INSURANCE FUND (MRHIF)

Business Address PARK 80 WEST, PLAZA ONE

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

City SADDLEBROOK State NJ Zip Code 07063

Type of Business INSURANCE

4. Name of Represented Entity MYLAN, INC.

Business Address 1500 CORPORATE DRIVE, SUITE 400

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

City CANONSBURG State PA Zip Code 05317

Type of Business PHARMACEUTICAL

5. Name of Represented Entity NEW JERSEY HEALTH OFFICERS ASSOCIATION (NJHOA)

Business Address PO BOX 1226

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

City SPARTA State NJ Zip Code 07871

Type of Business PUBLIC HEALTH

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 NEW JERSEY LABOR MANAGEMENT COMMITTEE (NJLMC)

Business Address 3281 ROUTE 206

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 UNION

2. Name of Represented Entity NEW JERSEY SOCIETY OF OPTOMETRIC PHYSICIANS

Business Address FOUR AAA DRIVE, SUITE 204

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

City HAMILTON State NJ Zip Code 08691

Type of Business HEALTH

3. Name of Represented Entity REED ELSEVIER, INC.

Business Address 1150 18TH STREET, NW, SUITE 600

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 TECHNOLOGY

4. Name of Represented Entity SHORE MEMORIAL HOSPITAL

Business Address ONE EAST NEW YORK AVENUE

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

City SOMERS POINT State NJ Zip Code 08244

Type of Business HOSPITAL

5. Name of Represented Entity SOMERSET MEDICAL CENTER

Business Address 110 REHILL AVENUE

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

City SOMERVILLE State NJ Zip Code 08876-2598

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 SOUTH JERSEY HEALTH SYSTEM

Business Address 2950 COLLEGE DRIVE, SUITE 1E

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

City VINELAND State NJ Zip Code 08360-6933

Type of Business HOSPITAL

2. Name of Represented Entity TEST BORING ASSOCIATION (TBA)

Business Address PO BOX 413

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

City JERSEY CITY State NJ Zip Code 07303

Type of Business WELL BORING

3. Name of Represented Entity TOY INDUSTRY ASSOCIATION (TIA)

Business Address 1115 BROADWAY, SUITE 400

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

City NEW YOERK State NY Zip Code 10010

Type of Business TRADE ASSOCIATION

4. Name of Represented Entity UNITED PARCEL SERVICE (UPS)

Business Address 316 PENNSYLVANIA AVENUE, SE

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

City WASHINGTON State DC Zip Code 20003

Type of Business PACKAGE DELIVERY

5. Name of Represented Entity BORAIE DEVELOPMENT CORPORATION

Business Address 120 ALBANY STREET, SUITE 305

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 REAL ESTATE

**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 KDC SOLAR, LLC

Business Address 1545 ROUTE 206, STE. 100

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

City BEDMINSTER State NJ Zip Code 07921

Type of Business RENEWABLE ENERGY

2. Name of Represented Entity ROSELAND PROPERTY COMPANY

Business Address 233 CANOE BROOK ROAD

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

City SHORT HILLS State NJ Zip Code 07078

Type of Business REAL ESTATE

3. Name of Represented Entity TRANSIT REAL ESTATE OPTIMIZATION, INC.

Business Address FORSGATE DRIVE, CN4000

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

City CRANBURY State NJ Zip Code 08512

Type of Business REAL ESTATE

4. Name of Represented Entity NATIONAL MULTIPLE SCLEROSIS SOCIETY

Business Address ONE KALISA WAY, Ste. 205

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

City PARAMUS State NJ Zip Code 07652

Type of Business TRADE ASSOCIATION

5. Name of Represented Entity SOMERSET PATRIOTS

Business Address COMMERCE BANK BALLPARK, ONE PATRIOT PARK

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

City BRIDGEWATER State NJ Zip Code \_\_\_\_\_

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



**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity ACCENTURE, LLP

Business Address 800 CONNECTICUT AVENUE, NW, SUITE 600

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

City WASHINGTON State DC Zip Code 20006

Type of Business TECHNOLOGY

2. Name of Represented Entity AETNA

Business Address 99 PARK AVENUE, 3RD 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 10016

Type of Business INSURANCE

3. Name of Represented Entity ALLIED BEVERGE GROUP

Business Address 600 WASHINGTON AVENUE

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

City CARLSTADT State NJ Zip Code 07072

Type of Business TRADE ASSOCIATION

4. Name of Represented Entity BAYER HEALTHCARE

Business Address 555 WHITE PLAINS ROAD, 2ND FLOOR

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

City TARRYTOWN State NY Zip Code 10591

Type of Business PHARMACEUTICAL

5. Name of Represented Entity BEST TRANSPORTATION

Business Address 263D DISTRIBUTION STREET

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

City PORT NEWARK State NJ Zip Code 07114

Type of Business TRUCKING

**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity COMMUNITY ASSOCIATION INSTITUTE (CAI)

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 CONDO MANAGEMENT

2. Name of Represented Entity DEBORAH HEART AND LUNG CENTER (DH&LC)

Business Address 200 TRENTON ROAD

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

City BROWNS MILLS State NJ Zip Code 08515

Type of Business HOSPITAL

3. Name of Represented Entity INDEPENDENT ENERGY PRODUCERS OF NEW JERSEY (IEPNJ)

Business Address FIVE VAUGHN DRIVE, SUITE 101

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 TRADE ASSOCIATION

4. Name of Represented Entity NEW JERSEY RETAIL MERCHANTS ASSOCIATION (NJRMA)

Business Address 332 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 08618

Type of Business TRADE ASSOCIATION

5. Name of Represented Entity NJ STATE CHAMBER OF COMMERCE (NJCOB)

Business Address 216 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 \_\_\_\_\_

**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity OCEAN COUNTY LANDFILL (OCL)

Business Address PO BOX 207

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

City BELFORD State NJ Zip Code 07718

Type of Business WASTE MANAGEMENT

2. Name of Represented Entity PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA (PCI)

Business Address 2600 SOUTH RIVER ROAD

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

City DES PLAINS State IL Zip Code 60018

Type of Business INSURANCE

3. Name of Represented Entity SANOFI AVENTIS

Business Address 55 CORPORATE DRIVE

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

City BRID State NJ Zip Code 08807

Type of Business PHARMACEUTICAL

4. Name of Represented Entity T-MOBILE, USA

Business Address FOUR CAMPUS DRIVE

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

City PARSIPPANY State NJ Zip Code 07054

Type of Business TELECOMMUNICATIONS

5. Name of Represented Entity VERIZON-NJ, INC

Business Address 172 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

**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity BUILDING CONTRACTORS ASSOCIATION OF NEW JERSEY (BCANJ)

Business Address RARITAN PLAZA II, FIELDCREST AVENUE

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

City EDISON State NJ Zip Code 08837

Type of Business CONSTRUCTION

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      ADAM KAUFMAN

Name of Authority, Board, or Commission NJ STATE MUSEUM BOARD OF TRUSTEES

Date When Term of Service Expires      JANUARY 7, 2008

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**

ADAM KAUFMAN	\$ 175,000.00
PATRIZIA A. ZITA	175,000.00
THOMAS R. WILSON	100,000.00
BETH DOHM	69,000.00
ERIC J. ORLANDO	50,213.00

**SCHEDULE B TOTAL \$ 569,213.00**

**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 \$ 31,600.00**

**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	\$ 294.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	0.00
Postage	475.00
Telephone, Telegram, Facsimile	7,123.00
Pro Rata Overhead Costs of Specific Events Over \$100 <i>(please identify name and date of event)</i>	
Other <i>(please describe)</i> :	
<b>SCHEDULE E TOTAL \$</b>	<b>7,892.00</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
ADAM KAUFMAN	\$ 10,010.00
PATRIZIA A. ZITA	7,150.00
THOMAS R. WILSON	8,580.00
BETH DOHM	3,380.00
ERIC J. ORLANDO	3,380.00
<b>SCHEDULE F TOTAL \$</b>	<b>32,500.00</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 NICHOLAS FIXMER (ASM. WISNIEWSKI CHIEF OF STAFF)  
 Date Jan 28, 2010 Description F - Food & Beverage Amount \$ 100.00

Name and Address of Payee/Vendor  
 Name DC COAST RESTAURANT  
 Address 1401 K STREET  
 City WASHINGTON State DC Zip Code 20005

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

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

Description \_\_\_\_\_

Name of Benefit Recipient ASSEMBLYMAN GORDON JOHNSON  
 Date Jan 28, 2010 Description F - Food & Beverage Amount \$ 100.00

Name and Address of Payee/Vendor  
 Name DC COAST RESTAURANT  
 Address 1401 K STREET  
 City WASHINGTON State DC Zip Code 20005

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

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

Description \_\_\_\_\_

Name of Benefit Recipient SENATOR RONALD L. RICE  
 Date Jan 28, 2010 Description F - Food & Beverage Amount \$ 100.00

Name and Address of Payee/Vendor  
 Name DC COAST RESTAURANT  
 Address 1401 K STREET  
 City WASHINGTON State DC Zip Code 20005

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

Date Mar 3, 2010 Amount \$ 100.00

Description F - Food & Beverage

Name of Benefit Recipient ANDREW SCHWAB (ASM. SCHAER'S CHIEF OF STAFF)  
 Date Jan 28, 2010 Description F - Food & Beverage Amount \$ 50.00

Name and Address of Payee/Vendor  
 Name DC COAST RESTAURANT  
 Address 1401 K STREET  
 City WASHINGTON State DC Zip Code 20005

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

Date Mar 14, 2010 Amount \$ 50.00

Description F - Food & Beverage



**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 ASSEMBLYMAN GARY S. SCHAER  
 Date Jan 28, 2010 Description F - Food & Beverage Amount \$ 50.00

Name and Address of Payee/Vendor  
 Name DC COAST RESTAURANT  
 Address 1401 K STREET  
 City WASHINGTON State DC Zip Code 20005

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

Date Mar 14, 2010 Amount \$ 50.00

Description F - Food & Beverage

Name of Benefit Recipient ASSEMBLYMAN JOHN W. WISNIEWSKI  
 Date Jan 28, 2010 Description F - Food & Beverage Amount \$ 100.00

Name and Address of Payee/Vendor  
 Name DC COAST RESTAURANT  
 Address 1401 K STREET  
 City WASHINGTON State DC Zip Code 20005

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	_____ 500.00		+ _____		= _____ 500.00
Travel	_____		+ _____		= _____
Lodging	_____		+ _____		= _____
Honoraria	_____		+ _____		= _____
Loans	_____		+ _____		= _____
Gifts	_____		+ _____		= _____
Other (specify) _____	_____		+ _____		= _____
<b>Total</b>	\$ _____		+ \$ _____		= \$ _____ 500.00

**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.** \$ \_\_\_\_\_ 200.00

### SUMMARY OF LOBBYING EXPENDITURES

**EXPENDITURES**

1. Salary and Compensation	Schedule B Total	\$	_____ 569,213.00
2. Support Personnel	Schedule C Total		_____ 31,600.00
3. Communication Expenses	Schedule E Total		_____ 7,892.00
4. Travel and Lodging	Schedule F Total		_____ 32,500.00
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total		_____ 500.00
<b>Total Lobbying Expenditures</b>		<b>\$</b>	<b>_____ 641,705.00</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
ACCENTURE	\$ 17,500.00
AETNA	\$ 108,000.00
ALLIED BEVERAGE GROUP	\$ 27,500.00
ASSOCIATION OF SURGICAL TECHNOLOGISTS	\$ 23,894.00
ATHLETIC TRAINERS SOCIETY OF NJ	\$ 21,507.00
BAYER HEALTHCARE	\$ 27,500.00
BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND	\$ 19,999.00
BEST CORPORATION	\$ 23,892.00
BORAIE DEVELOPMENT	\$ 11,799.00
BUILDING CONTRACTORS ASSN OF NJ	\$ 17,961.00
CENTER FOR FAMILY GUIDANCE	\$ 50,882.00
CIGAR ASSOCIATION OF AMERICA	\$ 65,798.00
COMMUNICATIONS WORKERS OF AMERICA	\$ 71,934.00
COMMUNITY ASSOCIATIONS INSTITUTE	\$ 30,000.00
CPV SHORES, INC.	\$ 15,897.00
DEBORAH HEART & LUNG CENTER	\$ 14,500.00
DIVERSIFIED INVESTMENTS COMPANIES	\$ 11,606.00
DRIVING SCHOOL ASSN OF NJ	\$ 18,679.00
ENVIROSOLUTIONS, INC.	\$ 9,789.00
GARDEN STATE CRAFT BREWERS GUILD	\$ 8,398.00
IDT	\$ 44,721.00
INDEPENDENT ENERGY PRODUCERS OF NJ	\$ 200,188.00
INTERNATIONAL MATEX TANK TERMINAL	\$ 23,598.00
KDC SOLAR	\$ 29,679.00
MERCADIEN GROUP	\$ 47,962.00
MUNICIPAL REINSURANCE HEALTH INSURANCE	\$ 11,787.00
MYLAN	\$ 24,628.00
NATIONAL MULTIPLE SCLEROSIS SOCIETY	\$ 38,899.00
NJ HEALTH OFFICERS ASSOC	\$ 36,498.00
NJ LABOR MANAGEMENT COMMITTEE	\$ 28,999.00
NJ RETAIL MERCHANTS ASSOC	\$ 48,000.00
NJ SOCIETY OF OPTOMETRIC PHYSICIANS	\$ 49,498.00
NJ STATE CHAMBER OF COMMERCE	\$ 39,000.00
OCEAN COUNTY LANDFILL	\$ 23,772.00
PROPERTY CASUALTY INSURERS ASSN OF AMERICA	\$ 30,000.00
QUALITY HOME CARE PROVIDERS	\$ 19,798.00
REED ELSEVIER	\$ 59,128.00
ROSELAND PROPERTY GROUP	\$ 23,791.00
SANOFI AVENTIS	\$ 36,000.00
SHORE MEMORIAL HOSPITAL	\$ 47,892.00
SOMERSET MEDICAL CENTER	\$ 26,894.00
SOMERSET PATRIOTS	\$ -
SOUTH JERSEY HEALTHCARE	\$ 47,728.00
TEST BORING ASSOCIATION	\$ 11,689.00
T-MOBILE, USA	\$ 71,916.00
TOY INDUSTRY ASSOCIATION	\$ 59,742.00
TRANSIT REAL ESTATE OPTIMIZATION I, LLC	\$ 14,892.00
UNITED PARCEL SERVICE	\$ 71,769.00
VERIZON-NJ	\$ 55,000.00
<b>GRAND TOTAL</b>	<b>\$ 1,820,503.00</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, Patrizia A. Zita

*(print name)*

hereby certify that I am duly authorized by

Kaufman Zita Group, 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 14, 2011

\_\_\_\_\_  
Date