

FORM L1-A
Reporting For Calendar Year 2010

ELEC RECEIVED
FEB 15 2011

FOR STATE USE ONLY

Amendment

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



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

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Millennium Strategies LLC

Business Address 60 Roseland Avenue

City Caldwell State NJ Zip Code 07006

*(Area Code) Telephone Number _____

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

1. Name Ed Farmer

Registration Number 1704-1 Occupation or Business Owner / CEO

Business Address 60 Roseland Avenue

City Caldwell State NJ Zip Code 07006

*(Area Code) Telephone Number _____

2. Name Susan Scavone

Registration Number 1704-03 Occupation or Business Principal

Business Address 60 Roseland Avenue

City Caldwell State NJ Zip Code 07006

*(Area Code) Telephone Number _____

3. Name Joseph Waks (No Longer a Registered Govt. Affairs Agent)

Registration Number WAS 1704-02 Occupation or Business _____

Business Address same

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 Township of Nutley

Business Address 1 Kennedy Drive

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

City Nutley State NJ Zip Code 07110

Type of Business Municipality

2. Name of Represented Entity Kearny Public Schools

Business Address 100 Davis Avenue

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

City Kearny State NJ Zip Code 07032

Type of Business Board of Education

3. Name of Represented Entity City of Bayonne

Business Address 630 Avenue C

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 Municipality

4. Name of Represented Entity Township of Cranford

Business Address 8 Springfield Avenue

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

City Cranford State NJ Zip Code 07016

Type of Business Municipality

5. Name of Represented Entity Borough of Edgewater

Business Address 916 River Road

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

City Edgewater State NJ Zip Code 07020

Type of Business Municipality

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 City of Passaic

Business Address

330 Passaic Street

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

City Passaic

State NJ

Zip Code 07055

Type of Business Municipality

2. Name of Represented Entity City of Hackensack

Business Address

65 Central Avenue

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

City Hackensack

State NJ

Zip Code 07602

Type of Business Municipality

3. Name of Represented Entity Borough of Haledon

Business Address

510 Belmont Avenue

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

City Haldeon

State NJ

Zip Code 07508

Type of Business Municipality

4. Name of Represented Entity Borough of Totowa

Business Address

537 Totowa Road

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

City Totowa

State NJ

Zip Code 07512

Type of Business Municipality

5. Name of Represented Entity Borough of Hopatcong

Business Address

111 River Styx Road

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

City Hopatcong

State NJ

Zip Code 07843

Type of Business Municipality

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 Borough of Northvale

Business Address 116 Paris Avenue

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

City Northvale State NJ Zip Code 07647

Type of Business Municipality

2. Name of Represented Entity Borough of Pompton Lakes

Business Address 25 Lenox Avenue

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

City Pompton Lakes State NJ Zip Code 07442

Type of Business Municipality

3. Name of Represented Entity Passaic County

Business Address 401 Grand Street

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

City Paterson State NJ Zip Code 07505

Type of Business County Government

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 Borough of River Edge

Business Address

705 Kinderkamack Road

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

City River Edge

State NJ

Zip Code 07661

Type of Business Municipality

2. Name of Represented Entity Town of Guttenberg

Business Address

6808 Park Avenue

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

City Guttenberg

State NJ

Zip Code 07093

Type of Business Municipality

3. Name of Represented Entity Passaic Valley Water Commission

Business Address

1525 Main Avenue

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

City Clifton

State NJ

Zip Code 07011

Type of Business Water Commission

4. Name of Represented Entity Alcatel Lucent

Business Address

1100 New York Avenue NW
Suite 640 - West Tower

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 World Wide Technology Corp.

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
Ed Farmer (5% of time spent lobbying)	\$ 11,000.00
Susan Scavone (5% of time spent lobbying)	6,500.00
SCHEDULE B TOTAL \$	17,500.00

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 \$ 5,000.00

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	\$
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	
Postage	300.00
Telephone, Telegram, Facsimile	
Pro Rata Overhead Costs of Specific Events Over \$100 <i>(please identify name and date of event)</i>	
Other <i>(please describe):</i>	
SCHEDULE E TOTAL \$	300.00

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
Ed Farmer (gas costs)	\$ 200.00
Susan Scavone (gas costs)	200.00
SCHEDULE F TOTAL \$	400.00

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) _____	_____	+ _____	= _____
Total	\$ _____	+ \$ _____	= \$ _____

**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	\$ _____ 17,500.00
2. Support Personnel	Schedule C Total	_____ 5,000.00
3. Communication Expenses	Schedule E Total	_____ 300.00
4. Travel and Lodging	Schedule F Total	_____ 400.00
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____
Total Lobbying Expenditures		\$ _____ 23,200.00

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. Township of Nutley	\$ 299.97
2. Keanry Public Schools	450.00
3. City of Bayonne	750.00
4. Township of Cranford	180.00
5. Borough of Edgewater	510.00
6. City of Passaic	560.00
7. City of Hackensack	520.00
8. Borough of Haledon	600.00
9. Borough of Totowa	175.00
10. Borough of Hopatcong	300.00
11. Borough of Northvale	275.00
12. Borough of Pompton Lakes	378.00
13. Passic County	1,320.00
14. Borough of River Edge	375.00
15. Town of Guttenberg	330.00
16. Passaic Valley Water Commission	600.00
17. Alcatel Lucent	400.00
18.	
TOTAL RECEIPTS	\$ 8,022.97

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, Ed Farmer

(print name)

hereby certify that I am duly authorized by

Millennium Strategies 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