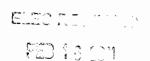
## **FORM L1-A** Reporting For Calendar Year 2010



## **ANNUAL REPORT GOVERNMENTAL AFFAIRS AGENT**



### 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

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:		
- Kgov Inc		
Business 9305 Pacific Ave	<u>U</u>	.tc
Address		
City Monade	State NS	Zip Code 08702
*(Area Code) Telephone Number 69-271-0021		
1. Provide the following information regarding the Governmental Affairs Agent(s) on who	se behalf this repor	t is filed.
1. Name Andrew Weber		
Registration Number	Lowye	۲
Registration Number C- 1598 Occupation or Business  Business Address 930 5 Poc. Fiz Ave	4nt c	·
City Margate		
*(Area Code) Telephone Number		
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		

2. REPRESENTED ENTITIES DESIGNATING THIS REPORT TO IN Provide the following information concerning those Repu			ed t	his report to include their activity.
Note: For each Represented Entity, Form L-2 must be filed	ı. <b>7</b>	000	رح	-
Name of Represented Entity				
Business				Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
City		State		Zip Code
Type of Business				
2. Name of Represented Entity			_	
Business				Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
City		State		Zip Code
Type of Business				
3. Name of Represented Entity				
Business				Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
City		State		Zip Code
Type of Business				
4. Name of Represented Entity				
BusinessAddress	······································			Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
City		State		Zip Code
Type of Business				
5. Name of Represented Entity			_	
BusinessAddress				Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> 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;	
<ul><li>any inter-State or bi-State authority as a member from New Jersey; or,</li></ul>	
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.	

PURPOSE:		nsation paid to the Governmental Affairs An Agent's expenses in amounts reported.	Agents on whose	behalf this report is filed.
	nly the pro rata share of each Gove ends only a portion of his/her time	rnmental Affairs Agent's salary and compe e on lobbying activity.	ensation need to	be included if the Agent
	NAME OF GOVER	RNMENTAL AFFAIRS AGENT		AMOUNT
				5
				6
		SCHEDU	JLE B TOTAL \$	
	SC	CHEDULE C - SUPPORT PERSONN	NEL	
PURPOSE:		ersonnel who, over the course of the repor f the Governmental Affairs Agent(s).	rting year, indivio	lually spend 450 or more
		on(s) this applies, report the pro rata share Governmental Affairs Agent(s) in influencion th the general public.		
		SCHEDI	ULE C TOTAL \$	<del>-0</del>
	NO SCHEDU	LE D FOR GOVERNMENTAL AFF	AIRS AGENTS	
New Jersey Elect	on Law Enforcement Commission	Page 5 of 10		Form L1-A Revised Sept. 2010

**SCHEDULE B-SALARY & COMPENSATION** 

	SCHEDULE E - COMMUNICATION EXPENSES	
PURPOSE:	To report the costs of the preparation and distribution of materials related to influencing governmental processes, and conducting communications with the general public.	g legislation, regulations,
	EXPENSE	AMOUNT
Printed Mater	ials	\$
Film, Slides, V	deo, Audio, TV, Radio, Other Broadcast Medium, including the Internet	
Postage		
Telephone, Te	legram, Facsimile	
Pro Rata Over	nead Costs of Specific Events Over \$100 (please identify name and date of event)	
Other ( <i>please</i> )	describe):	
	SCHEDULE E 1	OTAL \$
	SCHEDULE F-TRAVEL/LODGING	
	To report the travel and lodging costs of the Governmental Affairs Agents on whose beha influencing legislation, regulations, governmental processes, or communicating with the	
	NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
		\$

SCHEDULE F TOTAL \$

## SCHEDULE G-1

# ITEMIZATION OF BENEFITS WHICH EXCEEDED \$25 PER DAY OR \$200 PER CALENDAR YEAR TO STATE OFFICIALS AND THEIR IMMEDIATE FAMILY MEMBERS

**PURPOSE:** To report detailed information concerning benefits passed to State officials covered by the Act, as well as the immediate family members of these officials. If the value of a benefit exceeded \$25 per day or \$200 per calendar year, report below.

(Select one description item for each entry from the drop down list. When selecting "O - Other", enter a description in the space provided.)

Name of Renefit Recipient		6		
Date			Amoun	<del></del>
Name and Address of Paye				
City		State	Zip Code	
If benefit was reimbursed,	please report the date, the descriptio  Amount \$	n, and the amoun		
Description				
	Description			:\$
Name and Address of Paye	ee/Vendor			
Address				_
			Zip Code	
	please report the date, the descriptio Amount \$		t of the reimbursement.	
Description				_
				_
Date				\$
Name and Address of Paye	ee/Vendor			_
	<del></del>		Zip Code	_
If benefit was reimbursed, Date	please report the date, the descriptio	n, and the amoun	t of the reimbursement.	
Description				_
Name of Benefit Recipient				
Date				\$
Name and Address of Paye				_
City		State		
If benefit was reimbursed, Date	please report the date, the description Amount \$		t of the reimbursement.	
				_

SUMMA	RY OF	RENEFIT	<b>PASSING</b>
	$\mathbf{n} \cdot \mathbf{v}$		1 7331110

**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

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

2. Support Personnel

3. Communication Expenses

4. Travel and Lodging

5. Benefit Passing

Schedule B Total

Schedule C Total

Schedule E Total

Schedule F Total

Schedule G-1 and Schedule G-2 Total

**Total Lobbying Expenditures** 

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<sup>\*</sup> After completing all entries on Schedule G-1, provide totals by category.

<sup>\*\*</sup> Enter, by category, the value of benefit passing where the expenditure did NOT exceed the \$25/day or \$200/calendar year thresholds.

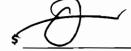
### **RECEIPTS TABLE**

**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	
		\$ 	
		 <u> </u>	

**TOTAL RECEIPTS** 



### **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.
1. Andrew Wrber-R gov znc (print name)
hereby certify that I am duly authorized by
(print name of firm)
to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year  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 1) 4/11
- Toute