

FORM L1-A
Reporting For Calendar Year 2010

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



ELEC
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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

Amendment

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Tonio Burgos & Associates of New Jersey, LLC

Business Address 200 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-278-2630

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

1. Name Tonio Burgos

Registration Number 1284-1 Occupation or Business Government Affairs

Business Address 115 Broadway

City New York State NY Zip Code 10006

*(Area Code) Telephone Number 212-566-5600

2. Name Joseph Fiordaliso, Jr.

Registration Number 1284-3 Occupation or Business Government Affairs

Business Address 200 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-278-2630

3. Name Matthew Greller

Registration Number 1284-4 Occupation or Business Government Affairs

Business Address 200 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-278-2630

4. Name Arthur Maurice

Registration Number 1554-2 Occupation or Business Government Affairs

Business Address 200 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-278-2630

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

1. Name Jemine Burgos

Registration Number 1554-3 Occupation or Business Government Affairs

Business Address 200 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609-278-2630

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 American Airlines

Business Address 4333 Amon Carter Boulevard

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

City Fort Worth State TX Zip Code 76155

Type of Business Airline/Transportation

2. Name of Represented Entity NRG Energy, Inc.

Business Address PO Box 1001
1866 River Road

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

City Middletown State CT Zip Code 06457

Type of Business Wholesale Power Generation

3. Name of Represented Entity RC Cape May Holdings LLC

Business Address 24 Waterway Avenue
Suite 800

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

City Woodlands State TX Zip Code 77380

Type of Business Electrical Apparatus, wiring supplies & construction materials

4. Name of Represented Entity Greater New York Hospital Association

Business Address 555 West 57th Street
15th 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 10019

Type of Business Hospital advocacy & membership organization

5. Name of Represented Entity New York Water Taxi

Business Address 655 Third Avenue, Suite 1404

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

City New York State NY Zip Code 10017

Type of Business Transportation

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 _____

| | |
|---------------------------------|--|
| Business Address _____ _____ | <input type="checkbox"/> 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 _____ _____ | <input type="checkbox"/> 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 _____ _____ | <input type="checkbox"/> 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 _____ _____ | <input type="checkbox"/> 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 _____ _____ | <input type="checkbox"/> 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 T-Mobile USA, Inc.

Business Address 4 Sylvan Way

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 Communications

2. Name of Represented Entity Federal Express, Inc.

Business Address 1 Century 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 Shipping; Logistics Management

3. Name of Represented Entity Medco

Business Address 100 Parsons Pond Drive

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

City Franklin Lakes State NJ Zip Code 07417

Type of Business Pharmacy Benefits Management

4. Name of Represented Entity American International Group

Business Address 70 Pine Street
6th 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 10270

Type of Business Insurance

5. Name of Represented Entity Coventry

Business Address 7111 Valley Green Road

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

City Fort Washington State PA Zip Code 19034

Type of Business Secondary life insurance

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 |
|------------------------------------|-------------------|
| Tonio Burgos | \$ 60,000.00 |
| Matthew N. Greller | 65,017.59 |
| Joseph Fiordaliso | 21,760.77 |
| Arthur Maurice | 0.00 |
| Jemine Burgos | 4,850.00 |
| | |
| | |
| | |
| | |
| SCHEDULE B TOTAL \$ | 151,628.36 |

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 | \$ |
| Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet | |
| Postage | |
| Telephone, Telegram, Facsimile | |
| Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event) | |
| Newark Regional Business Partnership 2/24/10, Sponsor Transportation Symposium | 1,500.00 |
| Committee for Hispanic Children & Families 3/17/10, Gala 2010 | 1,000.00 |
| Hall Institute of Public Policy, Achievement Awards 03/17/10 | 600.00 |
| Newark Regional Business Partnership, Transportation Awards Breakfast Sponsor 05/17/10 | 2,500.00 |
| NJ Alliance for Action, Meet with Players Commissioner Simpson 05/06/10 | 500.00 |
| NJ Alliance for Action Golf Classic 10/26/10 | 500.00 |
| NJ Business & Industry Association, Meet the Energy Policy Players 06/22/10 | 237.00 |
| Other (please describe): | |
| NJ Technology Council, 01/20, 09/23 | 110.00 |
| NJ Alliance for Action events 05/03, 12/21 | 145.00 |
| NJ Chamber of Commerce events 09/10, 10/14 | 110.00 |
| Newark Regional Business Partnership, 11/15/10 event | 50.00 |
| | |
| | |
| SCHEDULE E TOTAL \$ | 31,088.00 |

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 |
|------------------------------------|-----------------|
| Tonio Burgos | \$ 8,867.44 |
| Matthew Greller | 936.07 |
| Jemine Burgos | 29.00 |
| | |
| | |
| SCHEDULE F TOTAL \$ | 9,832.51 |

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 | |
| Telephone, Telegram, Facsimile | |
| Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event) | |
| Garden State Equity, Legends Dinner 06/26/10 | 2,500.00 |
| Teamsters Hispanic Caucus - NJ Chapter 09/24/10 Annual Gala | 200.00 |
| NJ Alliance for Action, 2010 Annual Eagle Awards | 12,700.00 |
| NY League of Conservation Voters, Annual Spring Gala 05/17/10 | 7,500.00 |
| NJ Business & Industry events 03/24, 04/09, 9/22, 10/1, 10/6 & 10/8 | 711.00 |
| New York Building Congress, 10/26/10 | 225.00 |
| Other (please describe): | |
| | |
| | |
| | |
| | |
| | |
| | |
| SCHEDULE E TOTAL \$ | |

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 |
|------------------------------------|--------|
| | \$ |
| | |
| | |
| | |
| | |
| | |
| 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 Benefit Recipient | N/A | | |
| 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 | \$ 0.00 | + | \$ 0.00 | = | \$ 0.00 |
| Food and Beverage | 0.00 | + | 0.00 | = | 0.00 |
| Travel | 0.00 | + | 0.00 | = | 0.00 |
| Lodging | 0.00 | + | 0.00 | = | 0.00 |
| Honoraria | 0.00 | + | 0.00 | = | 0.00 |
| Loans | 0.00 | + | 0.00 | = | 0.00 |
| Gifts | 0.00 | + | 0.00 | = | 0.00 |
| Other (specify) _____ | 0.00 | + | 0.00 | = | 0.00 |
| Total | \$ 0.00 | + | \$ 0.00 | = | \$ 0.00 |

**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 | \$ | 151,628.36 |
| 2. Support Personnel | Schedule C Total | | 0.00 |
| 3. Communication Expenses | Schedule E Total | | 31,088.00 |
| 4. Travel and Lodging | Schedule F Total | | 9,832.51 |
| 5. Benefit Passing | Schedule G-1 and Schedule G-2 Total | | 0.00 |
| Total Lobbying Expenditures | | \$ | 192,548.87 |

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 Airlines | \$ 12,351.97 |
| 2. Coventry | 64,081.85 |
| 3. Greater New York Hospital Association | 13,045.90 |
| 4. Medco Health | 10,550.00 |
| 5. NRG Energy, Inc. | 115,204.07 |
| 6. RC Cape May Holdings, LLC | 94,128.40 |
| 7. T-Mobile USA, Inc. | 5,000.00 |
| 8. American International Group | 71,638.55 |
| 9. New York Water Taxi | 35,000.00 |
| 10. Federal Express, Inc. | 35,000.00 |
| 11. | |
| 12. | |
| 13. | |
| 14. | |
| 15. | |
| 16. | |
| 17. | |
| 18. | |
| TOTAL RECEIPTS | \$ 456,000.74 |

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, Ellen E. Conovitz

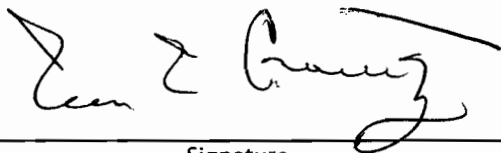
(print name)

hereby certify that I am duly authorized by

Tonio Burgos Associates of New Jersey, 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 8, 2011

Date