

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

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



**ELEC RECEIVED**

**FEB 15 2011**  
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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](http://www.elec.state.nj.us)

Amendment

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Wolff & Samson PC

Business Address One Boland Drive

City West Orange State NJ Zip Code 07052

\*(Area Code) Telephone Number (973) 325-1500

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

1. Name Karen J. Kominsky

Registration Number 1666-5 Occupation or Business Director, Governmental Affairs

Business Address One Boland Drive

City West Orange State NJ Zip Code 07052

\*(Area Code) Telephone Number (973) 530-2139

2. Name Dennis M. Toft

Registration Number 1666-6 Occupation or Business Lawyer

Business Address One Boland Drive

City West Orange State NJ Zip Code 07052

\*(Area Code) Telephone Number (973) 530-2014

3. Name John A. McKinney, Jr.

Registration Number 1666-3 Occupation or Business Lawyer

Business Address One Boland Drive

City West Orange State NJ Zip Code 07052

\*(Area Code) Telephone Number (973) 530-2036

4. Name Patrick B. O'Reilly

Registration Number 1666-7 Occupation or Business Lawyer

Business Address One Boland Drive

City West Orange State NJ Zip Code 07052

\*(Area Code) Telephone Number (973) 530-2093

**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 \_\_\_\_\_  
\_\_\_\_\_

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 Entities.

1. Name of Represented Entity Verizon, NJ

Business Address 540 Broad Street, 20th Floor

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

City Newark State NJ Zip Code 07105

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

2. Name of Represented Entity Horizon Blue Cross/Blue Shield of NJ

Business Address Three Penn Plaza East

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

City Newark State NJ Zip Code 07105

Type of Business Health Care Services

3. Name of Represented Entity Honeywell International, Inc.

Business Address 101 Constitution Avenue NW  
Suite 500W

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

City Washington State DC Zip Code 20001

Type of Business Intellectual Property Licensing

4. Name of Represented Entity 1868 Public Affairs/Wal-Mart

Business Address 15 West Front Street  
4th Floor

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

City Trenton State NJ Zip Code 07608

Type of Business Retail

5. Name of Represented Entity Wal-Mart Stores, Inc.

Business Address 702 SW 8th Street

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

City Bentonville State NJ Zip Code 72716-0350

Type of Business Retail

**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity St. Barnabas Health Care System

Business Address

95 Old Short Hills Road  
Third Floor

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

City West Orange, NJ 07052

State NJ

Zip Code 07052

Type of Business Health Care

2. Name of Represented Entity National Heritage Academies

Business Address

3820 Broadmoor Avenue SE, Suite 201

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

City Grand Rapids

State MI

Zip Code 49512

Type of Business Charter School Operator

3. Name of Represented Entity PSE&G

Business Address

80 Park Plaza  
T4A

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

City Newark

State NJ

Zip Code 07102-4194

Type of Business Utilities Company

4. Name of Represented Entity IMTT - Bayonne

Business Address

321 St. Charles Avenue  
10th Floor

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

City New Orleans

State LA

Zip Code 70130

Type of Business Affordable Housing Developer/Real Estate

5. Name of Represented Entity New York Susquehanna and Western Railway Corp.

Business Address

One Railroad Avenue

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

City Cooperstown

State NY

Zip Code 13326

Type of Business Railroad

**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      John A. McKinney, Jr., Esq.

Name of Authority, Board, or Commission      New Jersey Historic Sites Council

Date When Term of Service Expires      March 14, 2008 (holdover)

Name of Governmental Affairs Agent      Dennis M. Toft, Esq.

Name of Authority, Board, or Commission      NJ Brownsfields Commission

Date When Term of Service Expires      No expiration date

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
Karen J. Kominsky	\$ 125,000.00
Dennis M. Toft	20,000.00
John A. McKinney	0.00
Patrick B. O'Reilly	0.00
<b>SCHEDULE B TOTAL \$</b>	<b>145,000.00</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 \$** \_\_\_\_\_

**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.

<b>EXPENSE</b>	<b>AMOUNT</b>
Printed Materials	\$ 0.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	0.00
Postage	0.00
Telephone, Telegram, Facsimile	0.00
Pro Rata Overhead Costs of Specific Events Over \$100 <i>(please identify name and date of event)</i>	0.00
Other <i>(please describe)</i> :	
<b>SCHEDULE E TOTAL \$</b>	<b>0.00</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.

<b>NAME OF GOVERNMENTAL AFFAIRS AGENT</b>	<b>AMOUNT</b>
	\$ 0.00
<b>SCHEDULE F TOTAL \$</b>	<b>0.00</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 [Not Applicable - None.]

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

**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	\$	_____	145,000.00
2. Support Personnel	Schedule C Total		_____	0.00
3. Communication Expenses	Schedule E Total		_____	0.00
4. Travel and Lodging	Schedule F Total		_____	0.00
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total		_____	0.00
<b>Total Lobbying Expenditures</b>			<b>\$ _____</b>	<b>145,000.00</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. Verizon, NJ	\$ 75,000.00
2. Horizon Blue Cross/Blue Shield of NJ	30,000.00
3. 1868 Public Affairs/Wal-Mart	9,000.00
4. Wal-Mart Stores, Inc.	18,000.00
5. Honeywell International, Inc.	80,000.00
6. National Heritage Academis	50,000.00
7. St. Barnabas Health Care System	45,000.00
8. PSE&G	36,663.40
9. IMTT-Bayonne	3,857.00
10. New York Susquehanna and Western Railway Corp.	0.00
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
<b>TOTAL RECEIPTS</b>	<b>\$ 347,520.40</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, David L. Schlossberg  
*(print name)*

hereby certify that I am duly authorized by

Wolff & Samson PC  
*(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