



**ANNUAL REPORT  
OF  
REPRESENTED ENTITY**

**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

DUPLICATE

**FORM L1-L  
Reporting For Calendar Year 2009**

ELEC RECEIVED  
MAR 03 2010

FOR STATE USE ONLY

Amendment

Name of Represented Entity HealthCare Institute of New Jersey

Business Address 400 Somerset Corporate Blvd

Suite 700

City Bridgewater State NJ Zip Code 08807

\*(Area Code) Telephone Number 908-212-0333

**1. Provide the following information regarding the Governmental Affairs Agent(s) employed by the Represented Entity named above.**

1. Name Robert D. Franks

Registration Number 1305-02 Job Title President

Business Address same as above

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*(Area Code) Telephone Number \_\_\_\_\_

2. Name Sarah Kan

Registration Number 1305-3 Job Title Vice President, Government Relations

Business Address same as above

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*(Area Code) Telephone Number \_\_\_\_\_

3. Name Haskell Berman

Registration Number 1305-05 Job Title Chief of Staff to the President

Business Address same as above

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*(Area Code) Telephone Number \_\_\_\_\_

4. Name Steve Issenman

Registration Number 1305-06 Job Title Executive Vice President

Business Address same as above

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*(Area Code) Telephone Number \_\_\_\_\_

1. Provide the following information regarding the Governmental Affairs Agent(s) employed by the Represented Entity named above.

1. Name Hollie Gilroy

Registration Number 1305-07 Job Title Director of Communications

Business Address same as above

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*(Area Code) Telephone Number \_\_\_\_\_

2. Name John Duthie

Registration Number 1305-08 Job Title Government Affairs Representative

Business Address same as above

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*(Area Code) Telephone Number \_\_\_\_\_

3. Name William Healey

Registration Number 1305-01 Job Title Senior Vice President

Business Address same as above

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*(Area Code) Telephone Number \_\_\_\_\_

4. Name \_\_\_\_\_

Registration Number \_\_\_\_\_ Job Title \_\_\_\_\_

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. Provide the following information regarding the Governmental Affairs Agent(s) retained or otherwise engaged by the Represented Entity.

1. Name of Agent or Firm Donald Sico & Co., LLC

Business Address 315 Thomas Ave.

City Riverton State NJ Zip Code 08070

\*(Area Code) Telephone Number 856-314-8066 Occupation/Business lobbying/coalition building

2. Name of Agent or Firm \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*(Area Code) Telephone Number \_\_\_\_\_ Occupation/Business \_\_\_\_\_

### SCHEDULE A

1. Did any Governmental Affairs Agent named on page 1, question 1, 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 Robert Franks

Name of Authority, Board, or Commission Domestic Preparedness Task force

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 \_\_\_\_\_

Name of Governmental Affairs Agent \_\_\_\_\_

Name of Authority, Board, or Commission \_\_\_\_\_

Date When Term of Service Expires \_\_\_\_\_

2. Did the Governmental Affairs Agent(s) named on page 1, question 1 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.

\*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.

**SCHEDULE B - SALARY & COMPENSATION**

**PURPOSE:** To report the salary and compensation paid by the Represented Entity to its Governmental Affairs Agent(s). Include the reimbursement of an Agent's expenses in amounts reported.

1. For the Governmental Affairs Agents who are employees of the Represented Entity named on page 1, question 1, please report the salary and other compensation paid. **NOTE:** Only the pro rata share of each employee's salary and compensation need be included if the employee spends only a portion of his/her time lobbying.

\$ 276,901.00

2. For the Governmental Affairs Agents named on page 2, question 2, who are retained or otherwise engaged by the Represented Entity, please provide the following information:

NAME OF PAYEE	LOBBYING PURPOSE	COMPENSATION
1. Donald Sico	lobbying and building coalitions for the South Jersey vendors group	\$ 21,045.00
2.		
3.		
4.		
5.		
6.		
7.		
		Total \$ <u>21,045.00</u>
		<b>SCHEDULE B TOTAL \$ <u>297,946.00</u></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 Represented Entity or 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 Represented Entity or Governmental Affairs Agent(s) in influencing legislation, regulations, governmental processes, or communicating with the general public.

**SCHEDULE C TOTAL \$ 0.00**

**SCHEDULES D-1 & D-2 - ASSESSMENTS, MEMBERSHIP FEES, OR DUES**

**Schedule D-1 - Specific Intent**

**PURPOSE:** To report the amount of assessments, membership fees, or dues paid by the Represented Entity. If the assessments, membership fees, or dues were paid by the Represented Entity with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

**PART I** – For assessments, membership fees, or dues exceeding \$100 for the calendar year:

DATE	PAYEE	DESCRIPTION (A,M, or D)	AMOUNT
01-01-2009	New Jersey Alliance for Action	M	\$ 6,000.00
01-01-2009	New Jersey Chamber of Commerce	M	600.00
01-01-2009	Somerset County Business Partnership	M	525.00
01-01-2009	New Jersey Association of Counties	M	395.00
01-01-2009	New Jersey Business and Industry Association	D	185.00
01-01-2009	New Jersey SEED	D	500.00

Part I TOTAL \$ 8,205.00

**PART II** – For assessments, membership fees, or dues \$100 or less for the calendar year:

Part II TOTAL \$ \_\_\_\_\_

**(Part I AND Part II) Schedule D-1 TOTAL \$ \_\_\_\_\_**

**Schedule D-2 - Major Purpose**

**PURPOSE:** To report the pro rata amount of assessments, membership fees, or dues paid by the Represented Entity. If the assessments, membership fees, or dues were paid by the Represented Entity to an entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, and, was not reported on Schedule D-1, "Specific Intent," please provide the information below:

**PART I** – For assessments, membership fees, or dues exceeding \$100 for the calendar year:

DATE	PAYEE	DESCRIPTION (A,M, or D)	AMOUNT
			\$

Part I TOTAL \$ \_\_\_\_\_

**PART II** – For assessments, membership fees, or dues \$100 or less for the calendar year:

Part II TOTAL \$ \_\_\_\_\_

**(Part I and Part II) Schedule D-2 TOTAL \$ \_\_\_\_\_**

**Schedule D-1 AND Schedule D-2 TOTAL \$ \_\_\_\_\_**

**SCHEDULES D-1 & D-2 - ASSESSMENTS, MEMBERSHIP FEES, OR DUES**

**Schedule D-1 - Specific Intent**

**PURPOSE:** To report the amount of assessments, membership fees, or dues paid by the Represented Entity. If the assessments, membership fees, or dues were paid by the Represented Entity with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

**PART I** – For assessments, membership fees, or dues exceeding \$100 for the calendar year:

DATE	PAYEE	DESCRIPTION (A,M, or D)	AMOUNT
4-8-09	Chamber of Commerce Southern New Jersey	D	\$ 500.00

Part I TOTAL \$ 500.00

**PART II** – For assessments, membership fees, or dues \$100 or less for the calendar year:

Part II TOTAL \$ \_\_\_\_\_

**(Part I AND Part II) Schedule D-1 TOTAL \$ 8,705.00**

**Schedule D-2 - Major Purpose**

**PURPOSE:** To report the pro rata amount of assessments, membership fees, or dues paid by the Represented Entity. If the assessments, membership fees, or dues were paid by the Represented Entity to an entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, and, was not reported on Schedule D-1, "Specific Intent," please provide the information below:

**PART I** – For assessments, membership fees, or dues exceeding \$100 for the calendar year:

DATE	PAYEE	DESCRIPTION (A,M, or D)	AMOUNT
			\$ _____

Part I TOTAL \$ \_\_\_\_\_

**PART II** – For assessments, membership fees, or dues \$100 or less for the calendar year:

Part II TOTAL \$ \_\_\_\_\_

**(Part I and Part II) Schedule D-2 TOTAL \$ \_\_\_\_\_**

**Schedule D-1 AND Schedule D-2 TOTAL \$ \_\_\_\_\_**

**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	\$ 5,230.16
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	33,503.00
Postage	
Telephone, Telegram, Facsimile	
Pro Rata Overhead Costs of Specific Events Over \$100 <i>(please identify name and date of event)</i>	14,212.35
HealthCare Institute of New Jersey Philanthropy Celebration May 18, 2009	13,360.54
HealthCare Institute of New Jersey Economic Impact Report Release June 19, 2009	851.81
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 who are employees of the Represented Entity named on page 1, question 1, related to influencing legislation, regulations, governmental processes, or communicating with the general public.

<b>NAME OF GOVERNMENTAL AFFAIRS AGENT</b>	<b>AMOUNT</b>
Robert Franks	\$ 638.75
Sarah Kan	328.82
Haskell Berman	2,877.00
Steve Issenman	504.43
Hollie Gilroy	740.96
<b>SCHEDULE F TOTAL \$</b>	<b>5,089.96</b>

**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)	
Other (please describe)	
<b>SCHEDULE E TOTAL \$</b>	

**SCHEDULE F - TRAVEL/LODGING**

**PURPOSE:** To report the travel and lodging costs of the Governmental Affairs Agents who are employees of the Represented Entity named on page 1, question 1, related to influencing legislation, regulations, governmental processes, or communicating with the general public.

NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
John Duthie	\$ 476.92
William Healey	303.61
<b>SCHEDULE F TOTAL \$ 5,870.49</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 Senator Joseph Kyrillos  
 Date May 18, 2009 Description F - Food & Beverage Amount \$ 30.00

Name and Address of Payee/Vendor  
 Name Trenton Marriott Lafayette Yard  
 Address 1 West Lafayette Street  
 City Trenton State NJ Zip Code 08608

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  
 Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Description \_\_\_\_\_

Name of Benefit Recipient Senator Tom Kean, Jr.  
 Date May 18, 2009 Description F - Food & Beverage Amount \$ 30.00

Name and Address of Payee/Vendor  
 Name Trenton Marriott Lafayette Yard  
 Address 1 West Lafayette Street  
 City Trenton State NJ Zip Code 08608

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  
 Date July 27, 2009 Amount \$ 30.00  
 Description F - Food & Beverage

Name of Benefit Recipient Assemblywoman Linda Greenstein  
 Date May 18, 2009 Description F - Food & Beverage Amount \$ 30.00

Name and Address of Payee/Vendor  
 Name Trenton Marriott Lafayette Yard  
 Address 1 West Lafayette Street  
 City Trenton State NJ Zip Code 08608

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  
 Date August 19, 2009 Amount \$ 30.00  
 Description F - Food & Beverage

Name of Benefit Recipient Assemblyman Fred Scalera  
 Date May 18, 2009 Description F - Food & Beverage Amount \$ 30.00

Name and Address of Payee/Vendor  
 Name Trenton Marriott Lafayette Yard  
 Address 1 West Lafayette Street  
 City Trenton State NJ Zip Code 08608

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.  
 Date July 8, 2009 Amount \$ 30.00  
 Description F - Food & Beverage

### 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	<u>120.00</u>	+ _____	<u>120.00</u>
Travel	_____	+ _____	= _____
Lodging	_____	+ _____	= _____
Honoraria	_____	+ _____	= _____
Loans	_____	+ _____	= _____
Gifts	_____	+ _____	= _____
Other(specify) _____	_____	+ _____	= _____
<b>Total</b>	<b>\$ <u>120.00</u></b>	<b>+ \$ _____</b>	<b>= \$ <u>120.00</u></b>
			<b>SCHEDULE G-1 AND SCHEDULE G-2 TOTAL</b>

\* 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.**

\$ \_\_\_\_\_ **90.00**

### SUMMARY OF LOBBYING EXPENDITURES

**EXPENDITURES**

1. Salary and Compensation (Add the total from questions 1 & 2)	Schedule B Total \$	<u>297,946.00</u>
2. Support Personnel	Schedule C Total	<u>0.00</u>
3. Assessments, Membership Fees, or Dues	Schedule D-1 and Schedule D-2 Total	<u>8,705.00</u>
4. Communication Expenses	Schedule E Total	<u>0.00</u>
5. Travel and Lodging	Schedule F Total	<u>5,870.49</u>
6. Benefit Passing	Schedule G-1 and Schedule G-2 Total	<u>120.00</u>
<b>Total Lobbying Expenditures \$</b>		<b><u>312,641.00</u></b>

**RECEIPTS TABLES 1 AND 2**

**Receipts Table 1 - Specific Intent**

**PURPOSE:** To report the amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity.

If the contributions, loans, membership fees, dues, or assessments were received by the Represented Entity with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

**PART I -** For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
3/26/2009	Akrimax Pharmaceuticals	Cranford, NJ	\$ 12,500.00
03-04-2009	Amicus Therapeutics	Cranbury, NJ	12,500.00
12-19-08	Baxter	Round Lake, Il	25,000.00

Part I Total \$ 50,000.00

**PART II -** For contributions, loans, membership fees, dues, or assessments \$100 or less for the calendar year:

Part II Total \$ \_\_\_\_\_

**Receipts Table 1 Total (Part I and II) \$** \_\_\_\_\_

**Receipts Table 2 - Major Purpose**

**PURPOSE:** To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity. **Note:** If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a "Major Purpose" receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

Provide the percentage of activity which constituted lobbying (this figure must be more than 50%): \_\_\_\_\_ %

For each receipt, multiply the percentage indicated by the amount of the receipt to arrive at a net receipt amount. Add together all net receipt amounts to arrive at the aggregate total.

**Receipts Table 2 Total \$** \_\_\_\_\_

Review each net receipt amount. Any net receipt in excess of \$100 should be listed below:

DATE	SOURCE	ADDRESS	AMOUNT
			\$

**Table 1 and Table 2 Totals**

**Receipts Total \$** \_\_\_\_\_

**RECEIPTS TABLES 1 AND 2**

**Receipts Table 1 - Specific Intent**

**PURPOSE:** To report the amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity.

If the contributions, loans, membership fees, dues, or assessments were received by the Represented Entity with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

**PART I -** For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
3-24-09	Biovail	Bridgewater, NJ	\$ 12,500.00
10-16-08	Catalent Pharma Solutions	Somerset, NJ	25,000.00
	Meda	Somerset, NJ	9,375.00

Part I Total \$ 46,875.00

**PART II -** For contributions, loans, membership fees, dues, or assessments \$100 or less for the calendar year:

Part II Total \$ \_\_\_\_\_

**Receipts Table 1 Total (Part I and II) \$** \_\_\_\_\_

**Receipts Table 2 - Major Purpose**

**PURPOSE:** To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity. **Note:** If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a "Major Purpose" receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

Provide the percentage of activity which constituted lobbying (this figure must be more than 50%): \_\_\_\_\_ %

For each receipt, multiply the percentage indicated by the amount of the receipt to arrive at a net receipt amount. Add together all net receipt amounts to arrive at the aggregate total.

**Receipts Table 2 Total \$** \_\_\_\_\_

Review each net receipt amount. Any net receipt in excess of \$100 should be listed below:

DATE	SOURCE	ADDRESS	AMOUNT
			\$

**Table 1 and Table 2 Totals**

**Receipts Total \$** \_\_\_\_\_

**RECEIPTS TABLES 1 AND 2**

**Receipts Table 1 - Specific Intent**

**PURPOSE:** To report the amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity.

If the contributions, loans, membership fees, dues, or assessments were received by the Represented Entity with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

**PART I -** For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
2-4-09	Millennium Pharmaceuticals	Boston, MA	\$ 25,000.00
2-11-09	Cherokee Pharmaceuticals	Riverside, PA	25,000.00
1-14-09	Osteotech	Eatontown, NJ	25,000.00

Part I Total \$ 75,000.00

**PART II -** For contributions, loans, membership fees, dues, or assessments \$100 or less for the calendar year:

Part II Total \$ \_\_\_\_\_

**Receipts Table 1 Total (Part I and II) \$** \_\_\_\_\_

**Receipts Table 2 - Major Purpose**

**PURPOSE:** To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity. **Note:** If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a "Major Purpose" receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

Provide the percentage of activity which constituted lobbying (this figure must be more than 50%): \_\_\_\_\_ %

For each receipt, multiply the percentage indicated by the amount of the receipt to arrive at a net receipt amount. Add together all net receipt amounts to arrive at the aggregate total.

**Receipts Table 2 Total \$** \_\_\_\_\_

Review each net receipt amount. Any net receipt in excess of \$100 should be listed below:

DATE	SOURCE	ADDRESS	AMOUNT
			\$

**Table 1 and Table 2 Totals**

**Receipts Total \$** \_\_\_\_\_

**RECEIPTS TABLES 1 AND 2**

**Receipts Table 1 - Specific Intent**

**PURPOSE:** To report the amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity.

If the contributions, loans, membership fees, dues, or assessments were received by the Represented Entity with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

**PART I -** For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
5-27-09	Immunomedics	Morris Plains, NJ	\$ 3,125.00
7-27-09	NPS Pharmaceuticals	Bedminster, NJ	3,125.00
8-20-09	Strativa Pharmaceuticals	Woodcliff Lake, NJ	6,250.00

Part I Total \$ 12,500.00

**PART II -** For contributions, loans, membership fees, dues, or assessments \$100 or less for the calendar year:

Part II Total \$ \_\_\_\_\_

**Receipts Table 1 Total (Part I and II) \$** \_\_\_\_\_

**Receipts Table 2 - Major Purpose**

**PURPOSE:** To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity. **Note:** If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a "Major Purpose" receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

Provide the percentage of activity which constituted lobbying (this figure must be more than 50%): \_\_\_\_\_ %

For each receipt, multiply the percentage indicated by the amount of the receipt to arrive at a net receipt amount. Add together all net receipt amounts to arrive at the aggregate total.

**Receipts Table 2 Total \$** \_\_\_\_\_

Review each net receipt amount. Any net receipt in excess of \$100 should be listed below:

DATE	SOURCE	ADDRESS	AMOUNT
			\$

**Table 1 and Table 2 Totals**

**Receipts Total \$** \_\_\_\_\_

**RECEIPTS TABLES 1 AND 2**

**Receipts Table 1 - Specific Intent**

**PURPOSE:** To report the amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity.

If the contributions, loans, membership fees, dues, or assessments were received by the Represented Entity with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

**PART I -** For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
3-26-09	Abbott Point of Care	Princeton, NJ	\$ 25,000.00
10-7-08	Alpharma	Bridgewater, NJ	50,000.00
3-30-09	Bayer HealthCare	Wayne, NJ	91,943.00

Part I Total \$ 166,943.00

**PART II -** For contributions, loans, membership fees, dues, or assessments \$100 or less for the calendar year:

Part II Total \$ \_\_\_\_\_

**Receipts Table 1 Total (Part I and II) \$** \_\_\_\_\_

**Receipts Table 2 - Major Purpose**

**PURPOSE:** To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity. **Note:** If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a "Major Purpose" receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

Provide the percentage of activity which constituted lobbying (this figure must be more than 50%): \_\_\_\_\_ %

For each receipt, multiply the percentage indicated by the amount of the receipt to arrive at a net receipt amount. Add together all net receipt amounts to arrive at the aggregate total.

**Receipts Table 2 Total \$** \_\_\_\_\_

Review each net receipt amount. Any net receipt in excess of \$100 should be listed below:

DATE	SOURCE	ADDRESS	AMOUNT
			\$

**Table 1 and Table 2 Totals**

**Receipts Total \$** \_\_\_\_\_

**RECEIPTS TABLES 1 AND 2**

**Receipts Table 1 - Specific Intent**

**PURPOSE:** To report the amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity.

If the contributions, loans, membership fees, dues, or assessments were received by the Represented Entity with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

**PART I -** For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
12-17-2008	BD	Franklin Lakes, NJ	\$ 78,523.00
7-23-09	BMS	Princeton, NJ	110,000.00
12-05-08	Celgene	Summit, NJ	62,188.00
Part I Total \$			250,711.00

**PART II -** For contributions, loans, membership fees, dues, or assessments \$100 or less for the calendar year:

Part II Total \$ \_\_\_\_\_

**Receipts Table 1 Total (Part I and II) \$** \_\_\_\_\_

**Receipts Table 2 - Major Purpose**

**PURPOSE:** To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity. **Note:** If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a "Major Purpose" receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

Provide the percentage of activity which constituted lobbying (this figure must be more than 50%): \_\_\_\_\_ %

For each receipt, multiply the percentage indicated by the amount of the receipt to arrive at a net receipt amount. Add together all net receipt amounts to arrive at the aggregate total.

**Receipts Table 2 Total \$** \_\_\_\_\_

Review each net receipt amount. Any net receipt in excess of \$100 should be listed below:

DATE	SOURCE	ADDRESS	AMOUNT
			\$

**Table 1 and Table 2 Totals**

**Receipts Total \$** \_\_\_\_\_



**RECEIPTS TABLES 1 AND 2**

**Receipts Table 1 - Specific Intent**

**PURPOSE:** To report the amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity.

If the contributions, loans, membership fees, dues, or assessments were received by the Represented Entity with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

**PART I -** For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
12-17-08	CR Bard	Murray Hill, NJ	\$ 66,727.00
12-16-08	Daiichi Sankyo	Parsippany, NJ	61,561.00
12-11-08	Eisai	Woodcliff Lake, NJ	81,504.00

Part I Total \$ 209,792.00

**PART II -** For contributions, loans, membership fees, dues, or assessments \$100 or less for the calendar year:

Part II Total \$ \_\_\_\_\_

**Receipts Table 1 Total (Part I and II) \$** \_\_\_\_\_

**Receipts Table 2 - Major Purpose**

**PURPOSE:** To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity. **Note:** If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a "Major Purpose" receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

Provide the percentage of activity which constituted lobbying (this figure must be more than 50%): \_\_\_\_\_ %

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**Receipts Table 2 Total \$** \_\_\_\_\_

Review each net receipt amount. Any net receipt in excess of \$100 should be listed below:

DATE	SOURCE	ADDRESS	AMOUNT
			\$

**Table 1 and Table 2 Totals**

**Receipts Total \$** \_\_\_\_\_

**RECEIPTS TABLES 1 AND 2**

**Receipts Table 1 - Specific Intent**

**PURPOSE:** To report the amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity.

If the contributions, loans, membership fees, dues, or assessments were received by the Represented Entity with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

**PART I -** For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
10-09	Forest Research Institutute	Jersey City, NJ	\$ 12,500.00
10-20-09	Glaxo SmithKlein		100,000.00
9-24-09	Roche	Nutley, NJ	90,000.00

Part I Total \$ 202,500.00

**PART II -** For contributions, loans, membership fees, dues, or assessments \$100 or less for the calendar year:

Part II Total \$ \_\_\_\_\_

**Receipts Table 1 Total (Part I and II) \$** \_\_\_\_\_

**Receipts Table 2 - Major Purpose**

**PURPOSE:** To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity. **Note:** If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a "Major Purpose" receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

Provide the percentage of activity which constituted lobbying (this figure must be more than 50%): \_\_\_\_\_ %

For each receipt, multiply the percentage indicated by the amount of the receipt to arrive at a net receipt amount. Add together all net receipt amounts to arrive at the aggregate total.

**Receipts Table 2 Total \$** \_\_\_\_\_

Review each net receipt amount. Any net receipt in excess of \$100 should be listed below:

DATE	SOURCE	ADDRESS	AMOUNT
			\$

**Table 1 and Table 2 Totals**

**Receipts Total \$** \_\_\_\_\_

**RECEIPTS TABLES 1 AND 2**

**Receipts Table 1 - Specific Intent**

**PURPOSE:** To report the amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity.

If the contributions, loans, membership fees, dues, or assessments were received by the Represented Entity with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

**PART I -** For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
6-26-09	ImClone	Branchburg, NJ	\$ 25,000.00
12-8-09	Johnson & Johnson	New Brunswick, NJ	150,000.00
2-2-09	Merck & Co, Inc.	White House Station, NJ	150,000.00

Part I Total \$ 325,000.00

**PART II -** For contributions, loans, membership fees, dues, or assessments \$100 or less for the calendar year:

Part II Total \$ \_\_\_\_\_

**Receipts Table 1 Total (Part I and II) \$** \_\_\_\_\_

**Receipts Table 2 - Major Purpose**

**PURPOSE:** To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity. **Note:** If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a "Major Purpose" receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

Provide the percentage of activity which constituted lobbying (this figure must be more than 50%): \_\_\_\_\_ %

For each receipt, multiply the percentage indicated by the amount of the receipt to arrive at a net receipt amount. Add together all net receipt amounts to arrive at the aggregate total.

**Receipts Table 2 Total \$** \_\_\_\_\_

Review each net receipt amount. Any net receipt in excess of \$100 should be listed below:

DATE	SOURCE	ADDRESS	AMOUNT
			\$

**Table 1 and Table 2 Totals**

**Receipts Total \$** \_\_\_\_\_

**RECEIPTS TABLES 1 AND 2**

**Receipts Table 1 - Specific Intent**

**PURPOSE:** To report the amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity.

If the contributions, loans, membership fees, dues, or assessments were received by the Represented Entity with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

**PART I -** For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
1-6-09	Novartis	East Hanover, NJ	\$ 150,000.00
12-08-08	Novo Nordisk	Princeton, NJ	75,619.00
2-11-09	Pfizer	New York, NY	150,000.00

Part I Total \$ 375,619.00

**PART II -** For contributions, loans, membership fees, dues, or assessments \$100 or less for the calendar year:

Part II Total \$ \_\_\_\_\_

**Receipts Table 1 Total (Part I and II) \$** \_\_\_\_\_

**Receipts Table 2 - Major Purpose**

**PURPOSE:** To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity. **Note:** If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a "Major Purpose" receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

Provide the percentage of activity which constituted lobbying (this figure must be more than 50%): \_\_\_\_\_ %

For each receipt, multiply the percentage indicated by the amount of the receipt to arrive at a net receipt amount. Add together all net receipt amounts to arrive at the aggregate total.

**Receipts Table 2 Total \$** \_\_\_\_\_

Review each net receipt amount. Any net receipt in excess of \$100 should be listed below:

DATE	SOURCE	ADDRESS	AMOUNT
			\$

**Table 1 and Table 2 Totals**

**Receipts Total \$** \_\_\_\_\_

**RECEIPTS TABLES 1 AND 2**

**Receipts Table 1 - Specific Intent**

**PURPOSE:** To report the amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity.

If the contributions, loans, membership fees, dues, or assessments were received by the Represented Entity with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

**PART I -** For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
6-18-09	sanofi-aventis	Bridgewater, NJ	\$ 150,000.00
2-11-09	Schering - Plough	Kennilworth, NJ	106,205.00
2-19-09	Stryker	Mahwah, NJ	92,350.00

Part I Total \$ 348,555.00

**PART II -** For contributions, loans, membership fees, dues, or assessments \$100 or less for the calendar year:

Part II Total \$ \_\_\_\_\_

**Receipts Table 1 Total (Part I and II) \$** \_\_\_\_\_

**Receipts Table 2 - Major Purpose**

**PURPOSE:** To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity. **Note:** If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a "Major Purpose" receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

Provide the percentage of activity which constituted lobbying (this figure must be more than 50%): \_\_\_\_\_ %

For each receipt, multiply the percentage indicated by the amount of the receipt to arrive at a net receipt amount. Add together all net receipt amounts to arrive at the aggregate total.

**Receipts Table 2 Total \$** \_\_\_\_\_

Review each net receipt amount. Any net receipt in excess of \$100 should be listed below:

DATE	SOURCE	ADDRESS	AMOUNT
			\$

**Table 1 and Table 2 Totals**

**Receipts Total \$** \_\_\_\_\_

**RECEIPTS TABLES 1 AND 2**

**Receipts Table 1 - Specific Intent**

**PURPOSE:** To report the amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity.

If the contributions, loans, membership fees, dues, or assessments were received by the Represented Entity with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

**PART I -** For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
4-22-09	Wyeth	Madison, NJ	\$ 125,000.00

Part I Total \$ 125,000.00

**PART II -** For contributions, loans, membership fees, dues, or assessments \$100 or less for the calendar year:

Part II Total \$

**Receipts Table 1 Total (Part I and II) \$ 2,188,495.00**

**Receipts Table 2 - Major Purpose**

**PURPOSE:** To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity. **Note:** If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a "Major Purpose" receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

Provide the percentage of activity which constituted lobbying (this figure must be more than 50%): \_\_\_\_\_ %

For each receipt, multiply the percentage indicated by the amount of the receipt to arrive at a net receipt amount. Add together all net receipt amounts to arrive at the aggregate total.

**Receipts Table 2 Total \$** \_\_\_\_\_

Review each net receipt amount. Any net receipt in excess of \$100 should be listed below:

DATE	SOURCE	ADDRESS	AMOUNT
			\$

**Table 1 and Table 2 Totals**

**Receipts Total \$** \_\_\_\_\_

**CERTIFICATION**

This certification shall be signed by a Governmental Affairs Agent employed by the Represented Entity or a responsible Financial or Governmental Affairs Officer of the Represented Entity.

I, Sarah Kan  
*(print name)*

hereby certify that I am duly authorized by

Steve Isсенman  
*(print name of Represented Entity)*

to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year 2009.  
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, 2010  
Date