ANNUAL REPORT OF REPRESENTED ENTITY

FORM L1-L
Reporting For Calendar Year 2010

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Amendment ☐

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 Represented Entity: Fidelity Capital Markets, a division of National Financial Services LLC

Business Address: 82 Devonshire St.

City: Boston State: MA Zip Code: 02109

*(Area Code) Telephone Number:

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

1. Name: Timothy Coffin
   Registration Number: 1874-8 Job Title: Vice President
   Business Address: 200 Seaport Blvd
   City: Boston State: MA Zip Code: 02210
   *(Area Code) Telephone Number: 617-563-0391
2. Name: Daniel Connelly
   Registration Number: 1874-3 Job Title: Vice President Transition Management
   Business Address: 200 Seaport Boulevard Boston, MA 02210
   City: Boston State: MA Zip Code: 02210
   *(Area Code) Telephone Number: 617-563-8985
3. Name: Anubh Shah
   Registration Number: 1874-2 Job Title: Associate
   Business Address: 640 Fifth Avenue
   City: New York State: NY Zip Code: 10019
   *(Area Code) Telephone Number: 212-335-5214
4. Name: Jay Robinson-Duff
   Registration Number: 1874-5 Job Title:
   Business Address: 640 Fifth Avenue
   City: New York State: NY Zip Code: 10019
   *(Area Code) Telephone Number: 212-335-6777

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

1. Name Kimberly Edwards

Registration Number 1874-7 Job Title VP, Municipal Finance Banker

Business Address 7000 North Mopac Expy. Ste 2107

City Austin State TX Zip Code 78731

*(Area Code) Telephone Number 512-514-6625

2. Name Lourdes German

Registration Number 1874-4 Job Title Vice President

Business Address 200 Seaport Blvd

City Boston State MA Zip Code 02210

*(Area Code) Telephone Number 617-392-8490

3. Name Stefan Ross

Registration Number 1874-1 Job Title Director

Business Address 200 Seaport Blvd

City Boston State MA Zip Code 02210

*(Area Code) Telephone Number 617-563-6367

4. Name Suresh Perera

Registration Number 1874-9 Job Title Vice President

Business Address 640 Fifth Avenue

City New York State NY Zip Code 10019

*(Area Code) Telephone Number 212-335-5302

*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 ______________________

Business Address ______________________

City ______________________ State ______ Zip Code ______

*(Area Code) Telephone Number ______________ Occupation/Business ______________

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 ______________________

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 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.

$ ______________ .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.		$
2.		
3.		
4.		
5.		
6.		
7.		

Total $ 0.00

SCHEDULE B TOTAL $ 0.00

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 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
			$

Part I TOTAL $ 0.00

PART II – For assessments, membership fees, or dues $100 or less for the calendar year: Part II TOTAL $ 0.00

(Part I AND Part II) Schedule D-1 TOTAL $ 0.00

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 $ 0.00

PART II – For assessments, membership fees, or dues $100 or less for the calendar year: Part II TOTAL $ 0.00

(Part I and Part II) Schedule D-2 TOTAL $ 0.00

Schedule D-1 AND Schedule D-2 TOTAL $ 0.00

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	$ 0.00
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*)	
SCHEDULE E TOTAL $	

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**
	$ 0.00
SCHEDULE F TOTAL $	0.00

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 $ ____________ 0.00

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. $ ______ .00

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

1. Salary and Compensation (Add the total from questions 1 & 2)	Schedule B Total $	______
2. Support Personnel	Schedule C Total	______
3. Assessments, Membership Fees, or Dues	Schedule D-1 and Schedule D-2 Total	______
4. Communication Expenses	Schedule E Total	______
5. Travel and Lodging	Schedule F Total	______
6. Benefit Passing	Schedule G-1 and Schedule G-2 Total	______
	Total Lobbying Expenditures $	0.00

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
			$ 0.00
			0.00
			0.00

Part I Total $ 0.00

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

Part II Total $ 0.00

Receipts Table 1 Total (Part I and II) $ 0.00

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 $ 0.00

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 $** 0.00

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, Karen Hebert

(*print name*)

hereby certify that I am duly authorized by

Fidelity Capital Markets, a division of National Financial Services LLC

(*print name of Represented Entity*)

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.

Karen Hebert — Signature

3-16-11 — Date