

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

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



**ELEC RECEIVED**  
**FEB 08 2011**

**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

FOR STATE USE ONLY

Amendment

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Annette Catino, QualCare, Inc.

Business Address 30 Knightsbridge Road

City Piscataway State NJ Zip Code 08854

\*(Area Code) Telephone Number (732) 562-2805

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

1. Name Annette Catino

Registration Number 1783-1 Occupation or Business Managed Care

Business Address 30 Knightsbridge Road

City Piscataway State NJ Zip Code 08854

\*(Area Code) Telephone Number (732) 562-2805

2. Name \_\_\_\_\_

Registration Number \_\_\_\_\_ Occupation or Business \_\_\_\_\_

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

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

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

3. Name \_\_\_\_\_

Registration Number \_\_\_\_\_ Occupation or Business \_\_\_\_\_

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

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

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

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

Registration Number \_\_\_\_\_ Occupation or Business \_\_\_\_\_

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

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

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

**2. REPRESENTED ENTITIES DESIGNATING THIS REPORT TO 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 <b>only</b> lobbying activity for this entity.
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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 <b>only</b> lobbying activity for this entity.
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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 <b>only</b> lobbying activity for this entity.
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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 <b>only</b> lobbying activity for this entity.
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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 <b>only</b> lobbying activity for this entity.
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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity QualCare Alliance Networks, Inc.

Business Address 30 Knightsbridge Road

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

City Piscataway State NJ Zip Code 08854

Type of Business Managed Care

2. Name of Represented Entity QualCare, Inc.

Business Address 30 Knightsbridge Road

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

City Piscataway State NJ Zip Code 08854

Type of Business Managed Care

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 \_\_\_\_\_

**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
	\$ 1,270.00
<b>SCHEDULE B TOTAL \$</b>	<b>1,270.00</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 \$** 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 <i>(please identify name and date of event)</i>	
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.

NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
	\$
<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 \_\_\_\_\_  
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	\$ _____	+	\$ _____	=	\$ _____
Food and Beverage	_____	+	_____	=	_____
Travel	_____	+	_____	=	_____
Lodging	_____	+	_____	=	_____
Honoraria	_____	+	_____	=	_____
Loans	_____	+	_____	=	_____
Gifts	_____	+	_____	=	_____
Other (specify) _____	_____	+	_____	=	_____
<b>Total</b>	\$ _____	+	\$ _____	=	\$ _____ 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	\$ _____	1,270.00
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>		\$ _____	1,270.00



**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.	\$
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	

**TOTAL RECEIPTS** \$ 0.00

**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, Annette Catino

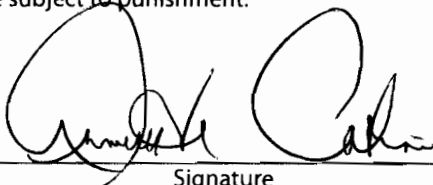
*(print name)*

hereby certify that I am duly authorized by

QualCare, Inc.

*(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 4, 2011

Date