

DUPLICATE

FORM L1-A
Reporting For Calendar Year 2009

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



ELEC RECEIVED

FEB 16 2010

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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:

DeCotiis, Fitzpatrick, Cole & Wisler

Business Address 500 Frank W. Burr Boulevard

City Teaneck State NJ Zip Code 07666

*(Area Code) Telephone Number 201-928-1100

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

1. Name Michael Cole

Registration Number 939-12 Occupation or Business Attorney

Business Address 500 Frank W. Burr Boulevard

City Teaneck State NJ Zip Code 07666

*(Area Code) Telephone Number 201-928-1100

2. Name Willam Harla

Registration Number 939-2 Occupation or Business Attorney

Business Address 500 Frank W. Burr Boulevard

City Teaneck State NJ Zip Code 07666

*(Area Code) Telephone Number 201-928-1100

3. Name Jerrold Binney

Registration Number 939-14 Occupation or Business Attorney

Business Address 500 Frank W. Burr Boulevard

City Teaneck State NJ Zip Code 07666

*(Area Code) Telephone Number 201-928-1100

4. Name M. Robert DeCotiis

Registration Number 939-17 Occupation or Business Attorney

Business Address 500 Frank W. Burr Boulevard

City Teaneck State NJ Zip Code 07666

*(Area Code) Telephone Number 201-928-1100

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

1. Name Michael Luchkiw

Registration Number 939-21 Occupation or Business Attorney

Business Address 500 Frank W. Burr Boulevard

City Teaneck State NJ Zip Code 07666

*(Area Code) Telephone Number 201-928-1100

2. Name Stephen Pearlman

Registration Number 939-22 Occupation or Business Attorney

Business Address 500 Frank W. Burr Boulevard

City Teaneck State NJ Zip Code 07666

*(Area Code) Telephone Number 201-928-1100

3. Name Daren Eppley

Registration Number 939-19 Occupation or Business Attorney

Business Address 500 Frank W. Burr Boulevard

City Teaneck State NJ Zip Code 07666

*(Area Code) Telephone Number 201-928-1100

4. Name Matt Karrenberg

Registration Number 939-20 Occupation or Business Attorney

Business Address 500 Frank W. Burr Boulevard

City Teaneck State NJ Zip Code 07666

*(Area Code) Telephone Number 201-928-1100

*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.

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

1. Name Frank Borin

Registration Number 939-23 Occupation or Business Attorney

Business Address 500 Frank W. Burr Boulevard

City Teaneck State NJ Zip Code 07666

*(Area Code) Telephone Number 201-928-1100

2. Name Kevin Kinsella

Registration Number 939-26 Occupation or Business Attorney

Business Address 500 Frank W. Burr Boulevard

City Teaneck State NJ Zip Code 07666

*(Area Code) Telephone Number 201-928-1100

3. Name Francis X. Regan

Registration Number 939-29 Occupation or Business Attorney

Business Address 500 Frank W. Burr Boulevard

City Teaneck State NJ Zip Code 07666

*(Area Code) Telephone Number 201-928-1100

4. Name Anthony La Bue

Registration Number 939-27 Occupation or Business Attorney

Business Address 500 Frank W. Burr Boulevard

City Teaneck State NJ Zip Code 07666

*(Area Code) Telephone Number 201-928-1100

*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.

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

1. Name Susan Fruchtman

Registration Number 936-24 Occupation or Business Attorney

Business Address 500 Frank W. Burr Boulevard

City Teaneck State NJ Zip Code 07666

*(Area Code) Telephone Number 201-928-1100

2. Name Ryan J. Scerbo

Registration Number 939-31 Occupation or Business Attorney

Business Address 500 Frank W. Burr Boulevard

City Teaneck State NJ Zip Code 07666

*(Area Code) Telephone Number 201-928-1100

3. Name Louis N. Rainone

Registration Number 939-32 Occupation or Business Attorney

Business Address 500 Frank W. Burr Boulevard

City Teaneck State NJ Zip Code 07666

*(Area Code) Telephone Number 201-928-1100

4. Name Victoria Flynn

Registration Number 939-35 Occupation or Business Attorney

Business Address 500 Frank W. Burr Boulevard

City Teaneck State NJ Zip Code 07666

*(Area Code) Telephone Number 201-928-1100

*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.

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

1. Name Thomas Abbate

Registration Number 939-34 Occupation or Business Attorney

Business Address 500 Frank W. Burr Boulevard

City Teaneck State NJ Zip Code 07666

*(Area Code) Telephone Number 201-928-1100

2. Name Wayne Hasenbalg

Registration Number 939-36 Occupation or Business Attorney

Business Address 500 Frank W. Burr Boulevard

City Teaneck State NJ Zip Code 07666

*(Area Code) Telephone Number 201-928-1100

3. Name Eric Wisler

Registration Number 939-18 Occupation or Business Attorney

Business Address 500 Frank W. Burr Boulevard

City Teaneck State NJ Zip Code 07666

*(Area Code) Telephone Number 201-928-1100

4. Name Patricia Ryou

Registration Number 939-30 Occupation or Business Attorney

Business Address 500 Frank W. Burr Boulevard

City Teaneck State NJ Zip Code 07666

*(Area Code) Telephone Number 201-928-1100

*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 Red Bank Affordable Housing Corp.

Business Address c/o Pilgrim Baptist Church,
172 Shrewsbury Avenue

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

City Red Bank State NJ Zip Code 07701

Type of Business Housing

2. Name of Represented Entity County Concrete Corp.

Business Address 50 Railroad Avenue
PO Box F

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

City Kenvil State NJ Zip Code 07847

Type of Business Concrete

3. Name of Represented Entity St. George's University School of Medicine

Business Address c/o University Support Services, LLC
One East Main Street

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

City Bay Shore State NY Zip Code 11706

Type of Business Medicine

4. Name of Represented Entity Willow Lake Day Camp

Business Address PO Box 1266

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

City Highland Park State NJ Zip Code 08904

Type of Business Day Camp

5. Name of Represented Entity Conner Strong Companies, Inc.

Business Address 40 Lake Center Executive Park/401 Route 73 North

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

City Marlton State NJ Zip Code 08053

Type of Business Development

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 Meadowland Management LLC

Business Address 1 Meadowlands Plaza, 10th Floor

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

City East Rutherford State NJ Zip Code 07073

Type of Business Management

2. Name of Represented Entity Our Lady of the Magnificat RRC

Business Address 2 Miller Road

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

City Kinnelon State NJ Zip Code 07405

Type of Business Church

3. Name of Represented Entity 346 Ridgefield Management LLC

Business Address c/o Ki Y Lee
60 Metro Way

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

City Secaucus State NJ Zip Code 07094

Type of Business Management

4. Name of Represented Entity South Amboy Renaissance Corp.

Business Address 250 S. Broadway

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

City South Amboy State NJ Zip Code 08902

Type of Business _____

5. Name of Represented Entity Alstarz Sports Pub, Inc.

Business Address 140 Route 130 South

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

City Bordentown State NJ Zip Code 08505

Type of Business Sports Pub

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 LJ&M Laplace Chemicals, Co., Inc.

Business Address 74 Leliarts Lane
PO Box 443

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

City Elmwood Park State NJ Zip Code 07404-0443

Type of Business Chemical Company

2. Name of Represented Entity Alsan Realty Co.,

Business Address 25 Main Street

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

City Hackensack State NJ Zip Code 07601

Type of Business Realty

3. Name of Represented Entity Alfran Realty LP

Business Address 5923 Kennedy Boulevard

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

City North Bergen State NJ Zip Code 07047

Type of Business Realty

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 Cooper University Hospital

Business Address 3 Cooper Plaza

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

City Camden State NJ Zip Code 08103

Type of Business Hospital

2. Name of Represented Entity Edison Properties, LLC

Business Address 100 Washington Street

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

City Newark State NJ Zip Code 07102

Type of Business Redeveloper - Parking

3. Name of Represented Entity Hackensack University Medical Center

Business Address 30 Prospect Avenue

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

City Hackensack State NJ Zip Code 07601

Type of Business Hospital

4. Name of Represented Entity Rockefeller Group Development Corporation

Business Address 500 International Drive North
Suite 345

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

City Mount Olive State NJ Zip Code 07828

Type of Business Land Development

5. Name of Represented Entity Spectra Energy

Business Address 890 Winter Street
Suite 300

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

City Waltham State MA Zip Code 02451

Type of Business Natural Gas Transportation

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity Group @ Route 3

Business Address 16 Microlab Road, Suite A

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

City Livingston State NJ Zip Code 07039

Type of Business Developers

2. Name of Represented Entity Health Net, Inc.

Business Address 1 Far Mill Crossing

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

City Shelton State NJ Zip Code 06584

Type of Business Health Insurance

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 William Harla 939-2

Name of Authority, Board, or Commission NJ Supreme Court Committee on the Unauthorized Practice of Law

Date When Term of Service Expires December 31, 2011

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

| NAME OF GOVERNMENTAL AFFAIRS AGENT | AMOUNT |
|------------------------------------|------------------|
| Michael Cole | \$ 1,803.00 |
| William Harla | 54,000.00 |
| Jerrold Binney | 910.00 |
| M. Robert DeCotiis | 1,750.00 |
| Michael Luchkiw | 3,151.66 |
| Stephen Pearlman | 0.00 |
| Daren Eppley | 3,010.00 |
| Matt Karrenberg | 0.00 |
| Frank Borin | 1,641.66 |
| SCHEDULE B TOTAL \$ | 66,266.32 |

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 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

| | |
|----------------------------|-------------|
| Kevin Kinsella | \$ 1,715.40 |
| Francis X. Regan | 824.80 |
| Anthony La Bue | 0.00 |
| Susan Fruchtman | 0.00 |
| Ryan J. Scerbo | 0.00 |
| Louis Rainone | 0.00 |
| Victoria Flynn | 3,791.66 |
| Thomas Abbate | 3,109.33 |
| Wayne Hasenbalg | 119.16 |
| SCHEDULE B TOTAL \$ | |
| 9,560.35 | |

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 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

| | |
|----------------------------|---------|
| Eric Wisler | \$ 0.00 |
| Patricia Ryou | 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 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 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) _____ | _____ | | + _____ | | = _____ |
| 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.**

\$ _____

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

| | | | |
|------------------------------------|-------------------------------------|-----------|------------------|
| 1. Salary and Compensation | Schedule B Total | \$ | 75,826.32 |
| 2. Support Personnel | Schedule C Total | | 0.00 |
| 3. Communication Expenses | Schedule E Total | | 0.00 |
| 4. Travel and Lodging | Schedule F Total | | 242.10 |
| 5. Benefit Passing | Schedule G-1 and Schedule G-2 Total | | 0.00 |
| Total Lobbying Expenditures | | \$ | 76,068.42 |

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. 346 Ridgefield Management | \$ 120.00 |
| 2. Alfran Realty | 420.00 |
| 3. Alsan Realty | 957.00 |
| 4. Alstarz Sports Pub | 812.50 |
| 5. Conner Strong | 22,565.00 |
| 6. Cooper Hospital | 4,160.00 |
| 7. County Concrete Corp. | 1,881.00 |
| 8. Edison Properties | 2,393.20 |
| 9. Group @ Route 3 LLC | 3,104.40 |
| 10. Hackensack University | 45,399.00 |
| 11. Health Net | 52.50 |
| 12. LJ&M Laplace Chemicals | 715.00 |
| 13. Meadowlands Management | 114,888.00 |
| 14. Our Lady Magnificat | 9,030.00 |
| 15. Red Bank Affordable | 4,725.00 |
| 16. Rockefeller Development | 9,700.00 |
| 17. South Amboy Renaissance | 200.00 |
| 18. Spectra Energy | 7,706.00 |
| TOTAL RECEIPTS | |
| | \$ 229,297.60 |

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. St. George University | \$ 7,239.00 |
| 2. Willow Lake Day Camp | 2,380.00 |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |
| 13. | |
| 14. | |
| 15. | |
| 16. | |
| 17. | |
| 18. | |
| | TOTAL RECEIPTS \$ 9,619.00 |

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, JERROLD B BENNETT
(print name)

hereby certify that I am duly authorized by

DECOTIS FITZPATRICK & COLE, LLP
(print name of firm)

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.

Jerrold B Bennett (939-74)
Signature

February 12, 2010
Date