

DUPLICATE

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

**ELEC RECEIVED**  
**FEB 16 2010**

FOR STATE USE ONLY

Amendment

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



**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 Governmental Affairs Agent or Governmental Affairs Agent Firm:

B. Lynch Associates

Business Address 202 W. State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-392-7553

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

1. Name Beverly J. Lynch

Registration Number 1259-1 Occupation or Business Lobbyist/Association Manager

Business Address 202 W. State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-3927553

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 New Jersey Prevention Network

Business Address 150 Airport Road

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

City Lakewood State NJ Zip Code 08701

Type of Business Network of county social service agencies

2. Name of Represented Entity NJ Society of Plastic Surgeons

Business Address 202 W. State Street

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

City Trenton State NJ Zip Code 08608

Type of Business Professional association representing NJ plastic surgeons

3. Name of Represented Entity American College of Emergency Physicians/NJ Chapter

Business Address 202 W. State Street

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

City Trenton State NJ Zip Code 08608

Type of Business Professional association representing NJ's emergency physicians

4. Name of Represented Entity DeHarte & Darr/Direct Marketing Association

Business Address 1360 Beverly Road

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

City McLean State VA Zip Code 22101

Type of Business Management group representing Direct Marketing Association (trade group)

5. Name of Represented Entity NJ Burglar & Fire Alarm Association

Business Address 202 W. State Street

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

City Trenton State NJ Zip Code 08608

Type of Business Trade association representing electronic security industry.

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 NJ Society of Physical Medicine and Rehabilitation

Business Address 1 IBM Plaza

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

City Chicago State IL Zip Code \_\_\_\_\_

Type of Business Professional association representing PM & R physicians

2. Name of Represented Entity American College of Obstetricians and Gynecologists/NJ Section

Business Address 26 Eastman's Road

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

City Parsippany State NJ Zip Code 07054

Type of Business Professional association representing NJ's ob/gyn physicians

3. Name of Represented Entity NJ Anesthesia Political Action Committee

Business Address 26 Eastman's Road

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

City Parsippany State NJ Zip Code 07054

Type of Business Professional Association representing NJ's anesthesiologists

4. Name of Represented Entity Orthopaedic Surgeons of New Jersey

Business Address 202 W. State Street

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

City Trenton State NJ Zip Code 08608

Type of Business Professional association representing NJ's orthopaedic surgeons

5. Name of Represented Entity Plasma Protein Therapeutics Association

Business Address 147 Old Solomon's Island Road

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

City Annapolis State MD Zip Code 21401

Type of Business Professional association representing pharmaceutical companies who make clotting factor

**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** NCADD of Middlesex County, Inc.

Business Address 152 Tices Lane

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

City East Brunswick State NJ Zip Code 08816

Type of Business Non-profit agency providing prevention services

**2. Name of Represented Entity** MCADA Mercer Council on Alcoholism & Drug Addiction

Business Address 447 Bellevue Avenue

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

City Trenton State NJ Zip Code 08618

Type of Business Non-profit agency providing prevention services

**3. Name of Represented Entity** Prevention First

Business Address 1405 Hwy. 35

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

City Ocean State NJ Zip Code 07712

Type of Business Non-profit agency providing prevention services

**4. Name of Represented Entity** Passaic County Council on Alcoholism & Drug Abuse Prevention Inc.

Business Address 880 Clifton Avenue, P. O. Box 2515

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

City Clifton State NJ Zip Code 07015

Type of Business Non-profit agency providing prevention services

**5. Name of Represented Entity** Atlantic Prevention Resources

Business Address 1416 N. Main Street

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

City Pleasantville State NJ Zip Code 08232

Type of Business Non-profit agency providing prevention services

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 Somerset Council on Alcoholism & Drug Dependency

Business Address 34 W. Main Street, Suite 307

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

City Somerville State NJ Zip Code 08876

Type of Business Non-profit agency providing prevention services

2. Name of Represented Entity The Southwest Council

Business Address 645 N. Delsea Drive

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

City Vineland State NJ Zip Code 08360

Type of Business Non-profit agency providing prevention services

3. Name of Represented Entity Morris County Prevention is Key

Business Address 25 W. Main Street

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

City Rockaway State NJ Zip Code 07866

Type of Business Non-profit agency providing prevention services

4. Name of Represented Entity Alcoholism & Drug Abuse Council of Ocean

Business Address 1195 Route 70, Suite 2010

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

City Lakewood State NJ Zip Code 08701

Type of Business Non-profit agency providing prevention services

5. Name of Represented Entity Camden County Council on Alcoholism & Drug Abuse

Business Address Ashland Office Center  
1 Alpha Avenue, Suite 22

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

City Voorhees State NJ Zip Code 08043

Type of Business Non-profit agency providing prevention services

**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 Essex Prevention Resources

Business Address 201 Bloomfield Avenue - Suite 29

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

City Verona State NJ Zip Code 07044

Type of Business Non-profit agency providing prevention services

2. Name of Represented Entity Partners in Prevention Hudson County Inc.

Business Address 309-311 Newark Avenue

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

City Jersey City State NJ Zip Code 07302

Type of Business Non-profit agency providing prevention services

3. Name of Represented Entity Community Prevention Resources of Warren County, Inc.

Business Address 20 W. Washington Avenue

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

City Washington State NJ Zip Code 07882

Type of Business Non-profit agency providing prevention services

4. Name of Represented Entity Prevention Plus of Burlington County, Inc.

Business Address 1824 Route 38 East, Suite B

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

City Lumberton State NJ Zip Code 08048

Type of Business Non-profit agency providing prevention services

5. Name of Represented Entity Cape Assist - Cape May Council on Alcoholism & Drug Abuse

Business Address 3819 New Jersey Avenue

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

City Wildwood State NJ Zip Code 08260

Type of Business Non-profit agency providing prevention services

**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 Center for Prevention and Counseling

Business Address 61 Spring Street, 3rd Floor

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

City Newton State NJ Zip Code 07860

Type of Business Non-profit agency providing prevention services

2. Name of Represented Entity Prevention Links

Business Address 35 Walnut Avenue, Suite 17

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

City Clark State NJ Zip Code 07066

Type of Business Non-profit Agency providing prevention services

3. Name of Represented Entity Hunterdon Prevention Resources

Business Address 4 Walter Foran Blvd., Suite 410

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

City Flemington State NJ Zip Code 08822

Type of Business Non-profit agency providing prevention services

4. Name of Represented Entity Center for Alcohol and Drug Resources

Business Address 241 Main Street, Suite 600

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 Non-profit agency providing prevention services

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 New Jersey Academy of Ophthalmology

Business Address 202 W. State Street

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

City Trenton State NJ Zip Code 08608

Type of Business Professional association representing NJ's ophthalmologists

2. Name of Represented Entity Allergan, Inc.

Business Address 591 Redwood Highway, #4000

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

City Mill Valley State CA Zip Code 94941

Type of Business Pharmaceutical company

3. Name of Represented Entity Children's Aid and Family Services

Business Address 200 Robin Road

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

City Paramus State NJ Zip Code 07601

Type of Business Non profit agency providing prevention services

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
Beverly J. Lynch	\$ 230,000.00

**SCHEDULE B TOTAL \$** \_\_\_\_\_

**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 \$** 7,000.00

**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 N/A

Date \_\_\_\_\_ Description \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name and Address of Payee/Vendor  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Benefit Recipient \_\_\_\_\_

Date \_\_\_\_\_ Description \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name and Address of Payee/Vendor  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Benefit Recipient \_\_\_\_\_

Date \_\_\_\_\_ Description \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name and Address of Payee/Vendor  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Benefit Recipient \_\_\_\_\_

Date \_\_\_\_\_ Description \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name and Address of Payee/Vendor  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

### SUMMARY OF BENEFIT PASSING

**PURPOSE:** To report the total amount of providing benefits to State officials covered by the Act and their immediate family members.

	SCHEDULE G-1*	SCHEDULE G-2**	AMOUNT
Entertainment	\$ _____	+ \$ _____	= \$ _____ 0.00
Food and Beverage	_____	+ _____	= _____
Travel	_____	+ _____	= _____
Lodging	_____	+ _____	= _____
Honoraria	_____	+ _____	= _____
Loans	_____	+ _____	= _____
Gifts	_____	+ _____	= _____
Other (specify) _____	_____	+ _____	= _____
<b>Total</b>	<b>\$ _____ 0.00</b>	<b>+ \$ _____ 0.00</b>	<b>= \$ _____ 0.00</b>

**SCHEDULE G-1 AND  
SCHEDULE G-2 TOTAL**

\* After completing all entries on Schedule G-1, provide totals by category.

\*\* Enter, by category, the value of benefit passing where the expenditure did NOT exceed the \$25/day or \$200/calendar year thresholds.

**ENTER THE TOTAL AMOUNT OF REIMBURSED BENEFITS, IF ANY.  
DO NOT DEDUCT THIS AMOUNT FROM BENEFIT PASSING AMOUNTS.**

\$ \_\_\_\_\_ 0.00

### SUMMARY OF LOBBYING EXPENDITURES

**EXPENDITURES**

1. Salary and Compensation	Schedule B Total	\$ _____ 230,000.00
2. Support Personnel	Schedule C Total	_____ 7,000.00
3. Communication Expenses	Schedule E Total	_____ 800.00
4. Travel and Lodging	Schedule F Total	_____
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____
<b>Total Lobbying Expenditures</b>		<b>\$ _____ 237,800.00</b>

### RECEIPTS TABLE

**PURPOSE:** To report all fees, retainers, allowances, reimbursement of expenses, or other compensation received from Represented Entities for the purpose of influencing legislation, regulations, governmental processes, or communicating with the general public.

**NOTE:** Report only the pro rata share of each receipt which is related to influencing legislation, regulations, governmental processes, or communicating with the general public.

REPRESENTED ENTITY	AMOUNT
1. New Jersey Prevention Network	\$ 11,060.00
2. NJ Society of Plastic Surgeons	10,000.00
3. American College of Emergency Physicians/NJ Chapter	25,000.00
4. Direct Marketing Association	0.00
5. NJ Burglar and Fire Alarm Association	10,000.00
6. NJ Society of Physical Medicine and Rehabilitation	4,000.00
7. American College of Obstetricians and Gynecologists/NJ Section	13,000.00
8. NJ Anesthesia Political Action Committee	11,400.00
9. Orthopaedic Surgeons of New Jersey	10,000.00
10. Plasma Protein Therapeutics Association	43,000.00
11. NCADD of Middlesex County	225.72
12. MCADA Mercer Council on Alcoholism & Drug Abuse	225.00
13. Prevention First	225.72
14. Passaic County Council on Alcoholism & Drug Abuse	225.72
15. Atlantic Prevention Resources	225.72
16. Somerset Council on Alcoholism & Drug Dependency	225.72
17. The Southwest Council	677.16
18. Morris County Prevention is Key	225.72

**TOTAL RECEIPTS**    \$    139,716.48

### 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. Alcoholism & Drug Abuse Council of Ocean	\$ 225.72
2. Camden County Council on Alcoholism & Drug Abuse	225.72
3. Essex Prevention Resources	225.72
4. Partners in Prevention Hudson County	225.72
5. Community Prevention Resources of Warren County	225.72
6. Prevention Plus of Burlington County	225.72
7. Cape Assist - Cape May Council on Alcoholism & Drug Abuse	225.72
8. Center for Prevention and Counseling	225.72
9. Prevention Links	225.72
10. Hunterdon Prevention Resources	225.72
11. Center for Alcohol and Drug Resources	225.72
12. NJ Academy of Ophthalmology	5,000.00
13. Allergan	36,000.00
14. <i>Children's Aid and Family Services</i>	0
15.	
16.	
17.	
18. <i>Total page 2</i>	43,482.92
<b>TOTAL RECEIPTS \$ 183,199.40</b>	

## CERTIFICATION

This certification shall be signed by either the Governmental Affairs Agent filing this Annual Report on his/her own behalf, or by the Managing or Principal Partner or Chief Executive Officer of the Governmental Affairs Agent Firm.

I, Beverly J. Lynch

*(print name)*

hereby certify that I am duly authorized by

B. Lynch Associates

*(print name of firm)*

to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year \_\_\_\_\_  
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

2/12/10

Date