

FORM L1-A
Reporting For Calendar Year 2009

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



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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:

Management & Government Resources, Inc.

DUPLICATE

Business Address 5 Azalea Drive

City Lumberton State NJ Zip Code 08048

*(Area Code) Telephone Number 609-267-2855

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

1. Name Barry E. Lefkowitz

Registration Number 337-1 Occupation or Business Lobbyist

Business Address 5 Azalea Drive

City Lumberton State NJ Zip Code 08048

*(Area Code) Telephone Number 609-267-2855

2. Name Francis Shane

Registration Number 337-8 Occupation or Business Lobbyist

Business Address 5 Azalea Drive

City Lumberton State NJ Zip Code 08048

*(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 _____

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

City _____ State _____ Zip Code _____

Type of Business _____

2. 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 _____

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 _____

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. 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 _____

2. 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 _____

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 _____

List of Current Clients 2009

NJACA
Don Scipione
1084 Rt 22 W
Mountainside, NJ 07052

Limousine Associations of New Jersey
Tim Rose,
81 Franklin Turnpike
Mahwah, NJ 07430

National Limousine Association
Patty Nelson
495 Maple Ave.
Marlton, NJ 08053

Keith Corporation
Wendy Fulton
5935 Carnegie Blvd
Charlotte, NC 28209

National REIA
Allison Hines
525 West 5th St
Covington, KY 41040

NJ AREP
Tony Reaves
215B Rutgers St, 2nd Fl
Maplewood, NJ 07080

Purest Colloids Inc
Francis Key
600 Highland Ave, ST 602
Westhampton, NJ 08060

NJEOP
Barbara Harmon
PO Box 3853
Newark, NJ 07103

BCA Financial Services
John DeBold
PO Box 1037
Bloomfield, NJ 0700

Sharbell Development Corp
Tom Troy
One Washington Blvd, suite 9
Robbinsville, NJ 08691

Animal Rehabilitators
Mary Beth Bennett
307 Dorchester Dr
Egg Harbor, NJ 082334

Taxi Sure Subscribers
Fred Morelli
4810 Belmar blvd
Wall, NJ 07753

Extensis
Dan Sheridan
900 Rt 9 North
Woodbridge, NJ 07095

Kingley Health
Jay Kingley
530 Green Street
Iselin, NJ 08830

AJM
Tony Mahon
PO Bx2030
Haddonfield, NJ 08033 Alex Petras

PO Bx 650
Lumberton, NJ 08048

Allied Financial
Anna Lazar
1 Rt 4 west
Rivers Edge, NJ 07661

Arizona Livery
James Romero
PO Bx 63933
Phoenix, AZ 85082

LBOA
44 Jericho Turnpike
Mineola, NY 11501

PA Post
Brad Post
1 International Blvd.,
Mahwah, NJ 07495

Gary Bell
Emulsion technologies
39 North Chamber Ln
Brick, NJ 08724

Karla McNamara
115 Evergreen Heights
Pittsburgh, Pa 15229

John Sinibaldi Enterprises
3700 River Rd Suite 4
Keizer, OR 97303

Homeowners Resource
Augie Bylott
827 Champion Gate Blvd
Champion Gate, FL

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 Barry E. Lefkowitz

Name of Authority, Board, or Commission State Limousine Advisory Board

Date When Term of Service Expires Indefinite

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
Barry E. Lefkowitz	\$ 121,275.00
Francis Shane	360.00
SCHEDULE B TOTAL \$	121,635.00

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 \$ 25,121.00

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	\$ 225.77
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	
Postage	1,059.45
Telephone, Telegram, Facsimile	8,012.25
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	n/a
Other (please describe):	

SCHEDULE E TOTAL \$ 9,297.47

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
Barry E. Lefkowitz	\$ 5,698.76

SCHEDULE F TOTAL \$ 5,698.76

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 _____ N/A _____

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 _____ N/A _____

Date _____ Description _____ Amount \$ _____

Name and Address of Payee/Vendor

Name _____ N/A _____

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 _____ N/A _____

Date _____ Description _____ Amount \$ _____

Name and Address of Payee/Vendor

Name _____ N/A _____

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 _____ 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 _____ N/A _____

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	\$ <u> N/A </u>	+ \$ <u> </u>	= \$ <u> </u>
Food and Beverage	<u> </u>	+ <u> </u>	= <u> </u>
Travel	<u> </u>	+ <u> </u>	= <u> </u>
Lodging	<u> </u>	+ <u> </u>	= <u> </u>
Honoraria	<u> </u>	+ <u> </u>	= <u> </u>
Loans	<u> </u>	+ <u> </u>	= <u> </u>
Gifts	<u> </u>	+ <u> </u>	= <u> </u>
Other (specify) <u> </u>	<u> </u>	+ <u> </u>	= <u> </u>
Total	\$ <u> N/A </u>	+ \$ <u> N/A </u>	= \$ <u> N/A </u>
			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.** \$ N/A

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

1. Salary and Compensation	Schedule B Total	\$ <u>121,635.00</u>
2. Support Personnel	Schedule C Total	<u>25,121.00</u>
3. Communication Expenses	Schedule E Total	<u>9,297.47</u>
4. Travel and Lodging	Schedule F Total	<u>5,698.76</u>
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	<u> N/A </u>
Total Lobbying Expenditures		\$ <u>161,752.23</u>

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 \$ See Attached

01/26/10

MGR, Inc.
Income by Customer
January through December 2009

	<u>Jan - Dec ...</u>
AJM	250.00
Alex Petras	230.02
Allied Financial	29.25
Animal Rehabilitators	3,200.00
Arizona Livery Association	987.11
BCA Financial Services	500.00
Brad Post	1,150.00
Extensis	4,052.65
Gary Bell	250.00
Homeownes Resource, LLC	539.38
John Sinibaldi Enterprises	1,000.00
Keith Corporation	8,755.83
Kingley Health	3,000.00
LANJ	80,017.42
LBOA	45.00
National Real Estate Investors Associ...	17,856.82
New Jersey Educational Opportunity ...	2,146.71
NJ Assoc. of Collection Agencies	18,203.80
NJAREP	27,836.47
NLA	132.18
One Call Systems Inc	5,750.00
Purest Colloids	4,865.33
Sharbell Development Corp	60,129.03
Taxisure Subscribers Association	21,724.12
TOTAL	<u>262,651.12</u>

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, Barry E. Lefkowitz
(print name)

hereby certify that I am duly authorized by

Management & Government Resources, Inc.
(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

February 4, 2010
Date