

DUPLICATE

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

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



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**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](http://www.elec.state.nj.us)

Amendment

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

The Marcus Group, Inc.

Business Address Overlook at Great Notch

150 Clove Road

City Little Falls

State NJ

Zip Code 07424

\*(Area Code) Telephone Number 973-890-9590

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

1. Name Alan C. Marcus

Registration Number 75-01 Occupation or Business Lobbyist

Business Address 150 Clove Road

City Little Falls

State NJ

Zip Code 07424

\*(Area Code) Telephone Number 973-890-9590

2. Name Thomas V. O'Neil

Registration Number 75-02 Occupation or Business Lobbyist

Business Address 150 Clove Road

City Little Falls

State NJ

Zip Code 07424

\*(Area Code) Telephone Number 973-890-9590

3. Name Elizabeth Opacity

Registration Number 75-15 Occupation or Business Lobbyist

Business Address 150 Clove Road

City Little Falls

State NJ

Zip Code 07424

\*(Area Code) Telephone Number 973-890-9590

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 Building Owners and Managers Association (BOMA-NJ)

Business Address 199 Prospect Avenue PO Box 7250

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

City North Arlington State NJ Zip Code 07031

Type of Business Building Association

2. Name of Represented Entity Multistate Associates, Inc. DISH Network LLC (formerly Echostar)

Business Address 515 King Street, Suite 300

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

City Alexandria State VA Zip Code 22314

Type of Business Satellite Television Provider

3. Name of Represented Entity Hudson Tank Terminals

Business Address 173 Export Street

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

City Newark State NJ Zip Code 07114

Type of Business Storage Terminal

4. Name of Represented Entity New Jersey Broadcasters Association

Business Address 348 Applegarth Road

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

City Monroe Township State NJ Zip Code 08831

Type of Business Association of Broadcasters

5. Name of Represented Entity New Jersey Land Title Association

Business Address Monmouth Executive Park  
100 Willowbrook Road, Building 1

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

City Freehold State NJ Zip Code 07728

Type of Business Title Association

**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** REM Zeller Law Group

Business Address 25 East Salem Street, Suite 400

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 Law Firm

**2. Name of Represented Entity** University Physicians Associates of New Jersey, Inc.

Business Address 30 Bergen Street, ADMC 12

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

City Newark State NJ Zip Code 07107

Type of Business Faculty Practice Plan of the UMDNJ/NJMS

**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 Children's Hospital of Philadelphia (The)

Business Address 34th Street and Civic Center Boulevard

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

City Philadelphia State PA Zip Code 19104-4399

Type of Business Children's Hospital

2. Name of Represented Entity PSEG

Business Address 80 Park Plaza

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 Utility

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 Casino

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**

Alan C. Marcus	\$ 500.00
Thomas V. O'Neil	60,000.00
Elizabeth Opacity	20,000.00

**SCHEDULE B TOTAL \$ 80,500.00**

**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 \$ 5,000.00**

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

\* 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	\$	_____	80,500.00
2. Support Personnel	Schedule C Total		_____	5,000.00
3. Communication Expenses	Schedule E Total		_____	7,797.56
4. Travel and Lodging	Schedule F Total		_____	804.84
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total		_____	0.00
<b>Total Lobbying Expenditures</b>			\$ _____	94,102.40

### 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. BOMA-NJ	\$ 25,189.94
2. Children's Hospital of Philadelphia	10,000.00
3. Multistate Associates, DISH Network, LLC	14,012.16
4. Hudson Tank Terminals - ILTA	20,664.00
5. New Jersey Broadcasters	37,387.80
6. New Jersey Land Title	48,648.00
7. PSEG (plus 7110.00 for video)	32,110.00
8. REM Zeller Law Group	25,000.00
9. University Physicians Associates of NJ	45,015.34
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
<b>TOTAL RECEIPTS</b>	<b>\$ 258,027.24</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, Alan C. Marcus

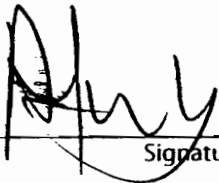
*(print name)*

hereby certify that I am duly authorized by

The Marcus Group, Inc.

*(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.



Signature

February 12, 2010

Date