

DUPLICATE

FORM L1-A
Reporting For Calendar Year 2009

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



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FEB 16 2010

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

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Business Pathways Government Relations, LLC
Address PO Box 559
City Rancocas State NJ Zip Code 08073-9998
*(Area Code) Telephone Number (609) 747-8583

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

1. Name Russell F. Bent
Registration Number 100-1 Occupation or Business Governmental Affairs Agent
Business Address PO Box 559
City Rancocas State NJ Zip Code 08073-9998
*(Area Code) Telephone Number (609) 702-0712

2. Name Paul J. Bent
Registration Number 100-2 Occupation or Business Governmental Affairs Agent
Business Address PO Box 559
City Rancocas State NJ Zip Code 08073-9998
*(Area Code) Telephone Number (609) 747-8583

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 The Professional Movers Association

Business Address 8 Gates Avenue

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

City Montclair State NJ Zip Code 07042

Type of Business Professional Movers Trade Association

2. Name of Represented Entity American Fire Sprinkler Association - NJ Chapter

Business Address PO Box 7129

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 Fire Suppression Trade Association

3. Name of Represented Entity New Jersey Dental Hygienists' Association

Business Address 2 Danbury Court

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 Dental Hygienists' Trade Association

4. Name of Represented Entity J. Seward Johnson

Business Address 400 South Street

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

City Key West State FL Zip Code 33040

Type of Business Artist

5. Name of Represented Entity New Jersey Association of Fire Equipment Distributors

Business Address PO Box 607

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

City Neptune State NJ Zip Code 07754

Type of Business Fire Suppression Trade 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 Municipal Excess Liability Joint Insurance Fund

Business Address Park 80 West, Plaza One

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

City Saddle Brook State NJ Zip Code 07663

Type of Business Excess Liability Joint Insurance Fund

2. Name of Represented Entity New Jersey Association of Acupuncture and Oriental Medicine

Business Address 300 Madison Avenue, Suite 102

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

City Madison State NJ Zip Code 07940

Type of Business Acupuncture and Oriental Medicine Trade Association

3. Name of Represented Entity New Jersey Association of Insurance and Financial Advisors

Business Address 1 Distribution Way, Suite 202

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

City Monmouth Junction State NJ Zip Code 08852

Type of Business Insurance and Financial Advisors Trade Association

4. Name of Represented Entity New Jersey Public Adjusters Association

Business Address 299 Broadway, 17th Floor

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

City New York State NY Zip Code 10007

Type of Business Public Adjusters Trade Association

5. Name of Represented Entity New Jersey Ground Water Association

Business Address 180 Norris Avenue

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

City Metuchen State NJ Zip Code 08840

Type of Business Well Drillers Trade 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 New Jersey Society of Independent Physical Therapists

Business Address 2123 Highway 35

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

City Sea Girt State NJ Zip Code 08750

Type of Business Independent Practice Physical Therapist Trade Organization

2. Name of Represented Entity Pathways Government Relations, LLC

Business Address PO Box 559

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

City Rancocas State NJ Zip Code 08073-9998

Type of Business Government Relations Firm

3. Name of Represented Entity Toms River Regional School District

Business Address 1144 Hooper Avenue

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

City Toms River State NJ Zip Code 08753

Type of Business Regional School District

4. Name of Represented Entity Bridgeton Board of Education

Business Address 41 Bank Street

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

City Bridgeton State NJ Zip Code 08302

Type of Business School District

5. Name of Represented Entity New Jersey Citizens Against Paternity Fraud

Business Address 112 Taylor Avenue

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

City Hillsborough State NJ Zip Code 08844

Type of Business Advocacy organization against paternity fraud.

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity New Jersey American Water

Business
Address

PO Box 5079

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

City Cherry Hill

State NJ

Zip Code 08034

Type of Business Water Utility

2. Name of Represented Entity New Jersey State Golf Association

Business
Address

1700 Galloping Hill Road

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

City Kenilworth

State NJ

Zip Code 07033

Type of Business Golf Course Association

3. Name of Represented Entity Verizon

Business
Address

172 West 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 Communications Utility

4. Name of Represented Entity Salmon Ventures Ltd.

Business
Address

7 Easterwood Street, Suite D

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

City Millville

State NJ

Zip Code 08332

Type of Business Consulting/Government Relations Firm

5. Name of Represented Entity GTD Services, Inc.

Business
Address

100 Covered Bridge Road

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

City Cherry Hill

State NJ

Zip Code 08034

Type of Business Medical Gas Piping

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity New Jersey Association of Hearing Health Professionals

Business Address 1172-B Beacon Avenue

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

City Manahawkin State NJ Zip Code 08050

Type of Business Hearing Aid Dispensers Trade Association

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 _____

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 Paul J. Bent

Name of Authority, Board, or Commission New Jersey State Board of Optometry

Date When Term of Service Expires August 2008

Name of Governmental Affairs Agent Paul J. Bent

Name of Authority, Board, or Commission Beverly City Board of Fire Commissioners

Date When Term of Service Expires February 2012

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

Russell F. Bent	\$ 66,024.00
Paul J. Bent	112,500.00

SCHEDULE B TOTAL \$ 178,524.00

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 None
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	_____		+ _____		= 0.00
Travel	_____		+ _____		= 0.00
Lodging	_____		+ _____		= 0.00
Honoraria	_____		+ _____		= 0.00
Loans	_____		+ _____		= 0.00
Gifts	_____		+ _____		= 0.00
Other (specify) _____	_____		+ _____		= 0.00
Total	\$ _____		+ \$ _____		= \$ 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	\$	178,524.00
2. Support Personnel	Schedule C Total		0.00
3. Communication Expenses	Schedule E Total		7,499.15
4. Travel and Lodging	Schedule F Total		1,337.72
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total		0.00
Total Lobbying Expenditures		\$	187,360.87

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. The Professional Movers Association	\$ 0.00
2. American Fire Sprinkler Association - NJ Chapter	8,500.00
3. New Jersey Dental Hygienists' Association	19,500.00
4. J. Seward Johnson	30,000.00
5. New Jersey Association of Fire Equipment Distributors	11,000.00
6. Municipal Excess Liability Joint Insurance Fund	22,767.00
7. New Jersey Association of Acupuncture and Oriental Medicine	19,500.00
8. New Jersey Association of Insurance and Financial Advisors	16,250.00
9. New Jersey State Golf Association	3,600.00
10. New Jersey Ground Water Association	11,400.00
11. GTD Services, Inc.	4,002.00
12. New Jersey Association of Hearing Health Professionals	5,400.00
13. New Jersey American Water	36,000.00
14. New Jersey Public Adjusters Association	11,000.00
15. Verizon	10,100.00
16. New Jersey Society of Independent Physical Therapists	31,500.00
17. Bridgeton Board of Education	500.00
18. Toms River Regional School District	8,000.00
TOTAL RECEIPTS	\$ 249,019.00

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. New Jersey Citizens Against Paternity Fraud	\$ 0.00
2. Pathways Government Relations, LLC	0.00
3. Salmon Ventures Limited	0.00
4.	
5.	
6.	
7.	
8.	
9.	
10.	
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17.	
18.	

TOTAL RECEIPTS \$ 249,019.00

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, Paul J. Bent

(print name)

hereby certify that I am duly authorized by

Pathways Government Relations, LLC

(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 16, 2010

Date