

FORM L1-A
Reporting For Calendar Year 2010

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



ELEC RECEIVED
FEB 15 2011

FOR STATE USE ONLY

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:

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 Management

Business Address 202 W. State Street

City Trenton State NJ Zip Code 08608

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

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 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's plastic surgeons

2. Name of Represented Entity American College of Emergency Physicians/New Jersey 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

3. Name of Represented Entity New Jersey 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 the security industry

4. Name of Represented Entity American Congress of Obstetricians & 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/gyns

5. Name of Represented Entity New Jersey 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

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 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 pharmaceutical association

2. Name of Represented Entity New Jersey Society of Physical Medicine & 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 NJ's physical medicine and rehab physicians

3. 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

4. Name of Represented Entity NCADD of Middlesex County

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

5. 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

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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 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 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

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

Business Address

20 West 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

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 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

2. 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

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

Business Address 1 Alpha Avenue

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

4. 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

5. Name of Represented Entity Center for Prevention & 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. 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 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

2. 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

3. 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

4. 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

5. 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. 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 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

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 Entites.

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 eye physicians and surgeons

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	\$ 210,000.00
SCHEDULE B TOTAL \$	210,000.00

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 \$ 8,000.00

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	\$
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	
Postage	400.00
Telephone, Telegram, Facsimile	
Pro Rata Overhead Costs of Specific Events Over \$100 <i>(please identify name and date of event)</i>	
Other <i>(please describe):</i>	
SCHEDULE E TOTAL \$	400.00

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
	\$ 0.00
SCHEDULE F TOTAL \$	0.00

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	\$ _____	+	\$ _____	=	\$ _____
Food and Beverage	_____	+	_____	=	_____
Travel	_____	+	_____	=	_____
Lodging	_____	+	_____	=	_____
Honoraria	_____	+	_____	=	_____
Loans	_____	+	_____	=	_____
Gifts	_____	+	_____	=	_____
Other (specify) _____	_____	+	_____	=	_____
Total	\$ _____ 0.00	+	\$ _____ 0.00	=	\$ _____ 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	\$ _____ 210,000.00
2. Support Personnel	Schedule C Total	_____ 8,000.00
3. Communication Expenses	Schedule E Total	_____ 400.00
4. Travel and Lodging	Schedule F Total	_____
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____
Total Lobbying Expenditures		\$ _____ 218,400.00

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 Society of Plastic Surgeons	\$ 10,000.00
2. American College of Emergency Physicians/NJ Chapter	30,000.00
3. New Jersey Burglar & Fire Alarm Association	15,000.00
4. American Congress of Obstetricians and Gynecologists/NJ Section	11,689.00
5. NJ Anesthesia PAC/NJ State Society of Anesthesiologists	22,800.00
6. Plasma Protein Therapeutics Association	34,000.00
7. NJ Society of Physical Medicine & Rehabilitation	6,500.00
8. Orthopaedic Surgeons of New Jersey	15,000.00
9. NCADD of Middlesex County	1,128.60
10. Passaic County Council on Alcoholism & Drug Abuse Prevention	1,128.60
11. Somerset Council on Alcoholism & Drug Dependency	902.88
12. Partners in Prevention Hudson County, Inc.	902.88
13. Prevention Plus of Burlington County	1,128.60
14. Community Prevention Resources of Warren County	1,128.60
15. Atlantic Prevention Resources	1,128.60
16. Prevention First	1,128.60
17. Alcoholism & Drug Abuse Council of Ocean	1,128.60
18. Camden County Council on Alcoholism & Drug Abuse	1,128.60
TOTAL RECEIPTS	\$ 155,823.56

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. Hunterdon Prevention Resources	\$ 1,128.60
2. Center for Prevention & Counseling	1,128.60
3. Morris County Prevention is Key	902.88
4. Cape Assist-Cape May Council on Alcoholism & Drug Abuse	1,128.60
5. MCADA Mercer Council on Alcoholism & Drug Addiction	903.60
6. The Southwest Council	1,128.60
7. Essex Prevention Resources	1,128.60
8. Prevention Links	1,128.60
9. New Jersey Academy of Ophthalmology	10,000.00
10. Allergan Inc.	36,014.10
11. Children's Aid and Family Services	1,128.60
12.	
13.	
14.	
15.	
16.	
17.	
18. Total Page Two	55,720.78
TOTAL RECEIPTS	\$ 211,544.34

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

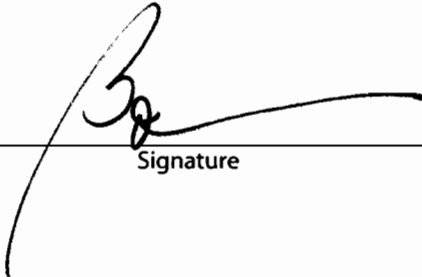
(print name)

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 2010.
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 1, 2011
Date