

FORM L1-A
Reporting For Calendar Year 2010

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



ELEC RECEIVED

FEB 15 2011
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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:

The Success Group LLC

Business Address

128 WEST SMITH ST

City

Trenton

State N.J. Zip Code 08608

*(Area Code) Telephone Number

908 581 6135

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

1. Name

Timothy C. McDonough

Registration Number

1522-1

Occupation or Business

Individual

Business Address

128 WEST SMITH ST

City

Trenton

State N.J. Zip Code 08608

*(Area Code) Telephone Number

908 581 6135

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 _____

Business Address _____ _____	<input type="checkbox"/> Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
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City _____ State _____ Zip Code _____

Type of Business _____

2. Name of Represented Entity _____

Business Address _____ _____	<input type="checkbox"/> Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
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City _____ State _____ Zip Code _____

Type of Business _____

3. Name of Represented Entity _____

Business Address _____ _____	<input type="checkbox"/> Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
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City _____ State _____ Zip Code _____

Type of Business _____

4. Name of Represented Entity _____

Business Address _____ _____	<input type="checkbox"/> Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
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City _____ State _____ Zip Code _____

Type of Business _____

5. Name of Represented Entity _____

Business Address _____ _____	<input type="checkbox"/> Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
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City _____ State _____ Zip Code _____

Type of Business _____

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity TASER INTERNATIONAL
Business Address 7700 85th ST
City SCOTTSDALE State AZ Zip Code 85255
 Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

Type of Business ELECTRONIC DEVICES FOR LAW ENFORCEMENT

2. Name of Represented Entity NATIONAL FOOTBALL LEAGUE
Business Address 280 PARK AVE
City NEW YORK State N.Y. Zip Code 10021
 Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

Type of Business FOOTBALL ASSOCIATION

3. Name of Represented Entity BINDSALL SERVICES GROUP
Business Address 2100 HIGHWAY 35
City SEA GIRT State NJ. Zip Code 08750
 Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

Type of Business ENGINEERING SERVICES

4. Name of Represented Entity N.Y. JETS
Business Address ONE JETS DRIVE
City FLUSHING PARK State NJ Zip Code 07932
 Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

Type of Business PROFESSIONAL FOOTBALL TEAM

5. Name of Represented Entity BIRCHFIELD VENTURES LLC
Business Address 3325 US RT 1 SW
City TROMBAY State NJ Zip Code 08640
 Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

Type of Business RETAIL LIQUOR LICENCE

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity Rosolva Property Co
Business Address 235 CANOE BRIDGE RD
City Shert Hills State NJ Zip Code 07078
Type of Business Real Estate

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

2. Name of Represented Entity 1868 Public Affairs
Business Address 15 W Front ST
City Trumbull State CT Zip Code 06608
Type of Business lobby

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

3. Name of Represented Entity M.J. Motor Sports Park
Business Address 2 EAST BROAD ST
City Millville State MS Zip Code 08332
Type of Business Motor Sports Park

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

4. Name of Represented Entity Verizon
Business Address ONE VERIZON WAY
City Basking Ridge State NJ Zip Code 07920
Type of Business Telephone Company

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

5. Name of Represented Entity _____
Business Address _____
City _____ State _____ Zip Code _____
Type of Business _____

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

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 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 _____

Date _____ Description _____ Amount \$ _____

6

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	\$ _____		+ \$ _____		= \$ _____

**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

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

1. Salary and Compensation	Schedule B Total	\$	<u>123,000</u>
2. Support Personnel	Schedule C Total		_____
3. Communication Expenses	Schedule E Total		<u>2,500⁰⁰</u>
4. Travel and Lodging	Schedule F Total		<u>860⁰⁰</u>
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total		_____
Total Lobbying Expenditures		\$	<u>126,360</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.	NATIONAL FOOTBALL LEAGUE	\$ 40,000
2.	1868 Public Affairs	18,000
3.	N.Y. JETS	10,000
4.	BINDSALL SERVICES	10,000
5.	BIRCHWATER CONTRACTORS	1,000
6.	TASOR INTERNATIONAL	30,000
7.	ROSEMAN & PROPERTIES	2,000 ⁰⁰
8.	N.J. METRO SPORTS PARK	2,000 ⁰⁰
9.	VERIZON	10,000 ⁰⁰
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		

TOTAL RECEIPTS \$ 123,000

CERTIFICATION

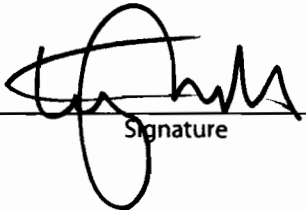
This certification shall be signed by either the Governmental Affairs Agent filing this Annual Report on his/her own behalf, or by the Managing or Principal Partner or Chief Executive Officer of the Governmental Affairs Agent Firm.

I, Timothy C. McDonough
(print name)

hereby certify that I am duly authorized by

The Success Group LLC
(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

2/10/11
Date