

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

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



**DUPLICATE**

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Amendment

**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

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Tim Success Group LLC

Business Address

128 WEST STATE ST

City

Trenton

State NJ

Zip Code 08608

\*(Area Code) Telephone Number

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 STATE ST

City

Trenton

State NJ

Zip Code 08608

\*(Area Code) Telephone Number

609 656 1400

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 \_\_\_\_\_  
\_\_\_\_\_

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 Tacor International  
Business Address 17800 85<sup>th</sup> ST  
Scottsdale  
City \_\_\_\_\_ 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

2. Name of Represented Entity Birdsonk Services Group  
Business Address 2100 Highway 35  
City Spartanburg State SC Zip Code 29170

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

Type of Business Engineering

3. Name of Represented Entity N.Y. Jets  
Business Address One Jets Drive  
City Flushing Park State NJ Zip Code 07032

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

Type of Business Football Team

4. Name of Represented Entity N.J. Motorsports Park  
Business Address 2 One F Blvd CT  
City Millville State N.J. Zip Code 08332

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

Type of Business \_\_\_\_\_

5. Name of Represented Entity Vonizir  
Business Address One Vonizir Way  
City Brickley Ridge State WV Zip Code 26026

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

Type of Business \_\_\_\_\_

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity WADSWORTH FOOTBALL LEAGUE

Business Address 280 PARK AVENUE  Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City NEW YORK State NY Zip Code 10021

Type of Business FOOTBALL ASSOCIATION

2. Name of Represented Entity BIRCHFIELD VENTURES LLC

Business Address 3375 US RT 1 SW  Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City THUNDER State N.J. Zip Code 08648

Type of Business RETAIL LIQUOR

3. Name of Represented Entity ROSEBOND PROPERTY CO

Business Address 233 CANTON BROOK RD  Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City SHIRT HILLS State N.S. Zip Code 07078

Type of Business \_\_\_\_\_

4. Name of Represented Entity 1868 PUBLIC AFFAIRS

Business Address 1868 15 W. FRONT ST  Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City THUNDER State N.J. Zip Code 08608

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
Timothy C Mc Donough	\$ 138,000

**SCHEDULE B TOTAL \$** 138,000

**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

**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 \_\_\_\_\_  
 Date \_\_\_\_\_ Description \_\_\_\_\_ Amount \$ 0

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) _____	_____	+	_____	=	_____
<b>Total</b>	\$ _____	+	\$ _____	=	\$ _____

**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>138,000</u>
2. Support Personnel	Schedule C Total	_____
3. Communication Expenses	Schedule E Total	<u>2,500</u>
4. Travel and Lodging	Schedule F Total	_____
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____
<b>Total Lobbying Expenditures</b>		\$ <u>140,500</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.	Verizon	18,000
4.	N.Y. Jets	6,000
5.	Birdsall Service	18,000
6.	Birchford VonMus	2,000
7.	Tyson International	30,000
8.	N.J. Motor Sports Park	4,000
9.	Roseland Properties	2,000
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		

**TOTAL RECEIPTS**    \$ 138,000

**CERTIFICATION**

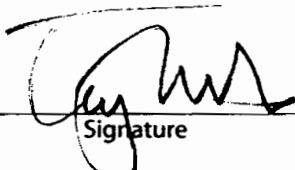
This certification shall be signed by either the Governmental Affairs Agent filing this Annual Report on his/her own behalf, or by the Managing or Principal Partner or Chief Executive Officer of the Governmental Affairs Agent Firm.

I, Timothy C McDonough  
(print name)

hereby certify that I am duly authorized by

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

2/11/10  
Date