

FORM L1-A
Reporting For Calendar Year 2010

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



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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 Advocacy Group, LLC

Business Address 400 Pleasant Valley Ave.

City Moorestown State NJ Zip Code 08057

*(Area Code) Telephone Number (609) 468-9294

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

1. Name AJ Sabath

Registration Number 1834-1 Occupation or Business Lobbyist

Business Address 400 Pleasant Valley Ave.

City Moorestown State NJ Zip Code 08057

*(Area Code) Telephone Number (609) 468-9294

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 US Green Building Council - NJ Chapter

Business Address 14 Maple Ave.
Suite 201

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

City Morristown State NJ Zip Code 07960

Type of Business Trade Association

2. Name of Represented Entity The National Association of Social Workers -- NJ Chapter

Business Address 200 Metroplex Drive.
Suite 404

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

City Edison State NJ Zip Code 08817

Type of Business Trade Association

3. Name of Represented Entity Tax - Right

Business Address 300 Railroad Ave.

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

City Hammonton State NJ Zip Code 08057

Type of Business Digital Tax Stamp Provider

4. Name of Represented Entity Plasma Protein Therapeutic Association

Business Address 147 Old Solomon Island Rd.

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

City Annapolis State NJ Zip Code 21401

Type of Business National Pharmaceutical Trade Association

5. Name of Represented Entity R Baby Foundation

Business Address 1375 Broadway Ave.

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

City New York State NY Zip Code 10018

Type of Business Non-profit

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 West Essex Mental Health Association

Business Address

33 South Fullerton Ave.

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

City Monclair

State NJ

Zip Code 07042

Type of Business Social Service Agency

2. Name of Represented Entity New Jersey Building and Construction Trades Council

Business Address

77 Brant Ave.

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 Trade Association

3. Name of Represented Entity DIRECTV

Business Address

901 F. Street, Suite 600

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

City Washington

State DC

Zip Code 20004

Type of Business Satellite Television Provider

4. Name of Represented Entity DISH NETWORK

Business Address

1110 Vermont Ave. Suite 750

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

City Washington

State DC

Zip Code 20005

Type of Business Satellite Television Provider

5. Name of Represented Entity NJ Society of Plastic Surgeon

Business Address

202 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 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 Standardbred Breeders and Owners Association of New Jersey

Business Address 64 Business Route 33

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

City Manalapan State NJ Zip Code 07726

Type of Business Trade Association

2. Name of Represented Entity Prescription Vending Machines

Business Address 6700 Fallbrook Ave. Suite 289

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

City West Hills State CA Zip Code 91307

Type of Business Medical Technology

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 _____

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 _____

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 AJ Sabath

Name of Authority, Board, or Commission Ramapo College of New Jersey Board of Trustees, Chair

Date When Term of Service Expires December 2015

Name of Governmental Affairs Agent AJ Sabath

Name of Authority, Board, or Commission Master Plumbers Board of Examiners

Date When Term of Service Expires December 2013

Name of Governmental Affairs Agent AJ Sabath

Name of Authority, Board, or Commission New Jersey Association State Colleges and Universities, Secretary

Date When Term of Service Expires 2012

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

AJ Sabath

\$

260,000.00

SCHEDULE B TOTAL \$ _____

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 \$ _____

15,500.00

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	\$ 500.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	500.00
Postage	150.00
Telephone, Telegram, Facsimile	1,000.00
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 \$	2,150.00

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
	\$
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 _____

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	\$ _____		+ \$ _____		= \$ _____

**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	\$	_____	260,000.00
2. Support Personnel	Schedule C Total		_____	15,500.00
3. Communication Expenses	Schedule E Total		_____	2,100.00
4. Travel and Lodging	Schedule F Total		_____	
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total		_____	
Total Lobbying Expenditures			\$	_____
				277,600.00

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. US Green Building Council-NJ	\$ 30,000.00
2. National Association of Social Workers	36,000.00
3. Tax - Right	18,000.00
4. R Baby Foundation	48,000.00
5. NJ Building and Construction trades Council	48,000.00
6. The Standardbred Breeders and Owners Association of NJ	22,500.00
7. Direct TV	22,500.00
8. Dish Network	20,000.00
9. West Essex Mental Health Association	12,500.00
10. Prescription Vending Machines	7,000.00
11. NJ Society of Plastic Surgeons	16,000.00
12. Plasma Protein Therapeutic Association	36,000.00
13.	
14.	
15.	
16.	
17.	
18.	

TOTAL RECEIPTS \$ 316,500.00

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, AJ Sabath

(print name)

hereby certify that I am duly authorized by

The Advocacy Group, LLC

(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 15, 2011

Date