

FORM L1-A
Reporting For Calendar Year 2010

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



ELECTED
FEB 11 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:

Management & Government Resources, Inc.

Business Address 5 Azalea Drive

City Lumberton State NJ Zip Code 08048

*(Area Code) Telephone Number 609-267-2855

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

1. Name Barry E. Lefkowitz

Registration Number 337-1 Occupation or Business Lobbyist

Business Address 5 Azalea Drive

City Lumberton State NJ Zip Code 08048

*(Area Code) Telephone Number 609-267-2855

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.

See Attached List

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 _____

List of Current Clients 2010

Allied Financial
Anna Lazar
10 Rt 4 West
River Edge, NJ 07661
Ph 201-928-2700
Fax 201-928-2705

Alternative Treatments Centers of NJ
19 South Tamarack Drive
Brielle, NJ 08730
Ph 732-292-2984
Fax 732-363-6101

Animal Rescue Association
Marybeth Bennett
307 Dorchester Drive
Egg Harbor Twp., NJ 08234
Ph 856-305-9238

Berman Orthopedic Institute
Dr. Arnold T. Berman
Hanheman Hospital
221 N. Broad Street
Phila., PA 19107
Ph 215-564-2114
Fax 215-564-9777

Extensis
Sam Christopher
900 Rt 9 North Suite 203
Woodbridge, NJ 07095
Ph 732-634-1910
Fax 732-634-3407

Garden State Indemnity
Fred Morelli
4810 Belmar Blvd.
Wall, NJ 07753
Ph 732-428-7028
Fax 732-428-7031

Sharbell Development Corporation
1 Washington Blvd., Suite 9
Robbinsville, NJ 08691
Ph 609-918-2400
Fax 609-448-2714

Kingley Health
Jay Kingley
530 Green Street
Iselin, NJ 08830
Ph 732-283-1900
Fax 732-885-1400

Limousines Assoc. of New Jersey
Tim Rose
81 Franklin Turnpike
Mahwah, NJ 07430
Ph 201-529-3585
Fax 201-529-2051

List of Current Clients 2010

Library Systems & Services, LLC
Jennifer Peterson
12850 Middlebrook Road Suite 400
Germantown, MD 20874
Ph 301-540-5100
Fax 301-540-9494

One Call Systems
115 Evergreen Heights Drive
Pittsburgh, PA 15229
Ph 412-415-5012
Fax 412-415-5023

NJ Assoc. of Collection Agencies
John DeBold
Post Office Box 1037
Bloomfield, NJ 07003
Ph 973-427-7616
Fax 973-429-0565

NJAREP
Tony Reaves
71 South Orange Ave. #366
South Orange, NJ 07079
Ph 856-467-6965
Fax 856-494-7954

Sak Photiadis
350 Ramapo Valley Road
Suite 18 - 106
Oakland, NJ 07436
Ph 201-747-0700
Fax 202-405-0185

Purest Colloids, Inc.
Francis Key
600 Highland Drive, Suite 602
Westampton, NJ 08060
Ph 609-267-2112
Fax 609-267-2250

2a. OTHER REPRESENTED ENTITIES

None

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 Barry E. Lefkowitz

Name of Authority, Board, or Commission State Limousine Advisory Board

Date When Term of Service Expires Indefinite

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
Barry E. Lefkowitz	\$ 80,850.00
SCHEDULE B TOTAL \$ 80,850.00	

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 \$ 27,965.00

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	\$ 629.40
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	-
Postage	807.37
Telephone, Telegram, Facsimile	6,895.47
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	n/a
Other (please describe):	
SCHEDULE E TOTAL \$	8,332.24

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
Barry E. Lefkowitz	\$ 3,815.69
SCHEDULE F TOTAL \$	3,815.69

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 _____ N/A _____

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 _____ N/A _____

Date _____ Description _____ Amount \$ _____

Name and Address of Payee/Vendor

Name _____ N/A _____

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 _____ N/A _____

Date _____ Description _____ Amount \$ _____

Name and Address of Payee/Vendor

Name _____ N/A _____

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 _____ 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 _____ N/A _____

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	\$ <u>N/A</u>				\$ _____
Food and Beverage	_____				= _____
Travel	_____				= _____
Lodging	_____				= _____
Honoraria	_____				= _____
Loans	_____				= _____
Gifts	_____				= _____
Other (specify) _____	_____				= _____
Total	\$ <u>N/A</u>		\$ <u>N/A</u>		= \$ <u>N/A</u>

**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.**

\$ N/A

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

1. Salary and Compensation	Schedule B Total	\$ <u>80,850.00</u>
2. Support Personnel	Schedule C Total	<u>27,965.00</u>
3. Communication Expenses	Schedule E Total	<u>8,332.24</u>
4. Travel and Lodging	Schedule F Total	<u>3,815.69</u>
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	<u>N/A</u>
Total Lobbying Expenditures		\$ <u>120,962.93</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. Alternative Treatment Centers of NJ	\$ 34,344.42
2. Animal rescue Association	1,164.15
3. Anna Lazar	500.00
4. Berman Orthopedic Institute	4,361.28
5. Extensis	6,500.00
6. Garden State Idemnity (Taxisure)	14,950.00
7. Kingley Health	42,154.88
8. LANJ	70,911.96
9. LSSI	18,838.95
10. NJ Assoc. of Collection Agencies	19,359.20
11. NJAREP	29,191.47
12. One Call Systems Inc.	3,105.30
13. Purest Colloids	3,762.02
14. Sak Photiadis	500.00
15. Sharbell Development Corp	12,229.42
16.	
17.	
18.	

TOTAL RECEIPTS \$ 261,873.05

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, Barry E. Lefkowitz
(print name)

hereby certify that I am duly authorized by

Management & Government Resources, Inc.
(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

2/10/11
Date