



ANNUAL REPORT OF REPRESENTED ENTITY

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

FORM L1-L Reporting For Calendar Year 2010

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FEB 22 2011

FOR STATE USE ONLY

Amendment [checked]

Name of Represented Entity NJ Society of CPAs

Business Address 425 Eagle Rock Avenue, Suite 100

City Roseland State NJ Zip Code 07068

*(Area Code) Telephone Number 963 226 4494

1. Provide the following information regarding the Governmental Affairs Agent(s) employed by the Represented Entity named above.

1. Name Jeff Kaszerman

Registration Number 1270-1 Job Title Government Relations Director

Business Address same as above

City State Zip Code

*(Area Code) Telephone Number same as above

2. Name Ralph Albert Thomas

Registration Number 1270-2 Job Title Executive Director

Business Address same as above

City State Zip Code

*(Area Code) Telephone Number same as above

3. Name

Registration Number Job Title

Business Address

City State Zip Code

*(Area Code) Telephone Number

4. Name

Registration Number Job Title

Business Address

City State Zip Code

*(Area Code) Telephone Number

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

2. Provide the following information regarding the Governmental Affairs Agent(s) retained or otherwise engaged by the Represented Entity.

1. Name of Agent or Firm Princeton Public Affairs Group

Business Address 160 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number 609 396 8838 Occupation/Business Lobbying firm

2. Name of Agent or Firm Ferguson Strategies, LLC

Business Address Hamilton Square, 600 14th Street, NW, Suite 600

City Washington DC State _____ Zip Code 20005

*(Area Code) Telephone Number 202 393 4290 Occupation/Business Government Relations firm

SCHEDULE A

1. Did any Governmental Affairs Agent named on page 1, question 1, 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 Ralph Albert Thomas

Name of Authority, Board, or Commission Supreme Court of NJ District Ethics Committee for Middlesex Cty, District 8

Date When Term of Service Expires August 2011

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 the Governmental Affairs Agent(s) named on page 1, question 1 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.

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

SCHEDULE B - SALARY & COMPENSATION

PURPOSE: To report the salary and compensation paid by the Represented Entity to its Governmental Affairs Agent(s). Include the reimbursement of an Agent's expenses in amounts reported.

1. For the Governmental Affairs Agents who are employees of the Represented Entity named on page 1, question 1, please report the salary and other compensation paid. **NOTE:** Only the pro rata share of each employee's salary and compensation need be included if the employee spends only a portion of his/her time lobbying.

\$ 123,399.00

2. For the Governmental Affairs Agents named on page 2, question 2, who are retained or otherwise engaged by the Represented Entity, please provide the following information:

NAME OF PAYEE	LOBBYING PURPOSE	COMPENSATION
1. Princeton Public Affairs Group	General	\$ 48,428.00
2. Princeton Public Affairs Group	Appeal Bond Cap Legislation	1,500.00
3. Ferguson Strategies, LLC	Mandatory audit firm rotation legislation	10,000.00
4.		
5.		
6.		
7.		
Total \$		<u>59,928.00</u>
SCHEDULE B TOTAL \$		<u>183,327.00</u>

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 Represented Entity or 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 Represented Entity or Governmental Affairs Agent(s) in influencing legislation, regulations, governmental processes, or communicating with the general public.

SCHEDULE C TOTAL \$ _____

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.**

\$ _____

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

1. Salary and Compensation (Add the total from questions 1 & 2)	Schedule B Total \$	183,327.00
2. Support Personnel	Schedule C Total	_____
3. Assessments, Membership Fees, or Dues	Schedule D-1 and Schedule D-2 Total	3,135.00
4. Communication Expenses	Schedule E Total	375.00
5. Travel and Lodging	Schedule F Total	2,651.00
6. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____
Total Lobbying Expenditures \$		189,488.00

CERTIFICATION

This certification shall be signed by a Governmental Affairs Agent employed by the Represented Entity or a responsible Financial or Governmental Affairs Officer of the Represented Entity.

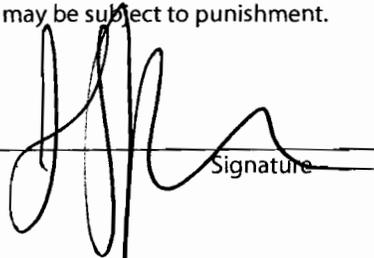
I, Jeff Kaszerman
(print name)

hereby certify that I am duly authorized by

NI Society of CPA,
(print name of Represented Entity)

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

Feb. 11, 2011
Date