DUPLICATE

FORM L1-A Reporting For Calendar Year 2009

FOR STATE USE ONLY

ANNUAL REPORT GOVERNMENTAL AFFAIRS AGENT



ELEC RECEIVED MAR 1 5 2010

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)

	Amendment [
Name of G	overnmental Affairs Agent or Governmental	Affairs Agent Firm:		
ludith Sa	vage			
Business	210 West State Street			
Address				
City				
(Area Cod	de) Telephone Number 609-392-6222			
1. Provide	the following information regarding the Gov	vernmental Affairs Agent(s) on wh	ose behalf this re	port is filed.
I. Name	Judith F. Savage			
Registrat	tion Number 1226	Occupation or Business Exec	utive Director	
	Address 210 West State Street			
City Tre				Zip Code 08608
	ode) Telephone Number 609-392-6222			
2. Name	-			
•				
	tion Number	- · · -		
Business	Address		Chaha	7in Code
				Zip Code
	ode) Telephone Number			
3. Name	<u> </u>			
Registrat	tion Number	Occupation or Business		
Business	Address			
			State	Zip Code
· —	ode) Telephone Number			
*(Area Co				
*(Area Co	tion Number	Occupation or Business		
*(Area Co I. Name Registrat				

	ED ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY following information concerning those Represented Entities who have design	gnate	ed t	his report to include their activity.
Note: For ea	ch Represented Entity, Form L-2 must be filed.			
1. Name of Rep	resented Entity NJ Council of County Vocational-Technical Schools	<u> </u>		
Business Address	210 West State Street			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Trenton	s	tate	NJ	
Type of Busines	Educational organization			
2. Name of Rep	resented Entity			
Business Address				Check if communication with the general public ("Grassroots Lobbying") was the only lobbying
Cin		—-l		activity for this entity.
		tate		Zip Code
Type of Business				
3. Name of Repo	resented Entity			Check if communication with the
Business Address				general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City	S	tate		Zip Code
Type of Business	s			
4. Name of Rep	resented Entity			
Business Address				Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City		tate		Zip Code
Type of Business	s	_		
5. Name of Repr	resented Entity			
Business Address				Check if communication with the general public ("Grassroots Lobbying") was the only lobbyi ng activity for this entity.
City	St	tate		Zip Code
Type of Business	; <u> </u>			

2a. OTHER REPRESENTED ENTITIES Provide the following information concerning other R	epresented Entites.	
Name of Represented Entity		tak ak
Business		nmunication with the ublic ("Grassroots
Address		ras the only lobbying
		for this entity.
City	State Zip C	Code
Type of Business		
Name of Represented Entity		
		munication with the
Business	general p	ublic ("Grassroots
Address •		vas the only lobbying v for this entity.
City	State Zip C	lode
Type of Business		
3. Name of Represented Entity		
Business	Check if corn	munication with the ublic ("Grassroots
Address		ublic ("Grassroots ras the only lobbying
		for this entity.
City	State Zip C	.ode
Type of Business		
4. Name of Represented Entity		
	Check if com	munication with the
Business Address		ublic ("Grassroots as the only lobbyi ng
		for this entity.
City	State Zip Ci	Code
Type of Business		
5. Name of Represented Entity		
	Check if corns	munication with the
Business Address		ublic ("Grassroots as the only lobbying
Address		for this entity.
City	State Zip Co	ode
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
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
Judith F. Sa	vage	\$ 35,000.00
	<u></u>	
	<u> </u>	
		·
	SCHEDULE B TOTAL \$	35,000.00
	SCHEDOLE B TOTAL 3	33,000.00
	SCHEDULE C - SUPPORT PERSONNEL	
PURPOSE:	To report the costs of support personnel who, over the course of the reporting year, individuous supporting the activities of the Governmental Affairs Agent(s).	lually spend 450 or more
	After determining to which person(s) this applies, report the pro rata share of those costs we supporting the activities of the Governmental Affairs Agent(s) in influencing legislation, reconstructions with the general public.	which are attributable to gulations, governmental
	SCHEDULE C TOTAL \$	0.00

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	\$ 0.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	0.00
Postage	0.00
Telephone, Telegram, Facsimile	0.00
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	
	·
Other (please describe)	
Other (please describe):	T
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SCHEDULE E TOTAL \$	0.00
SCHEDULE F - TRAVEL/LODGING	
PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents on whose behalf this re	
influencing legislation, regulations, governmental processes, or communicating with the general	
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 Rec	ipient			
Date				
Name and Address Name	of Payee/Vendor			
City			Zip Code	
If benefit was reimb Date	oursed, please report the date, the desc Amount \$	ription, and the amoun	t of the reimbursement.	
Description				
Name of Benefit Rec	cipient			
Date				
Name and Address Name	of Payee/Vendor			
Address				
City			Zip Code	
	oursed, please report the date, the desc Amount \$		t of the reimbursement.	
Description				
Name of Benefit Rec	ipient			
Date				
Name and Address Name				
City			Zip Code	
	ursed, please report the date, the desc Amount \$		t of the reimbursement.	
Description				
Name of Benefit Rec	ripient			
Date	Description		Amount \$	
Name and Address	of Pa yee /Vendor			
Addross	,			
City			Zip Code	
If benefit was reimb	ursed, please report the date, the desc Amount \$		t of the reimbursement.	
Description				

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-3		vi.	712	101	UF	DEI	4CF1			

PURPOSE: To report the total amount of providing benefits to State officials covered by the Act and their immediate family members

	SCHE	EDULE G-1*	SCHEDULE G-2**	ŀ	AMOUNT
Entertainment	\$	+\$_		_ =\$_	
Food and Beverage		+ _		_ = _	
Travel		+ _		_ = _	
Lodging		+ _	,	_ = _	
Honoraria		+ + _		_ = _	
Loans		+ _		_ = _	· .
Gifts		+ _		_ = _	
Other (specify)	<u> </u>	+ _		_ = _	
		+\$	_	_ =\$_	0.00
Total	\$				
* After completing all entries on S ** Enter, by category, the value of	Schedule G-1, provide totals	s by category.	·	Se	CHEDULE G-1 AND CHEDULE G-2 TOTAL endar year thresholds.
* After completing all entries on 5 ** Enter, by category, the value of ENTER THE TOTAL AMOUNT OF	Schedule G-1, provide totals benefit passing where the e	s by category. expenditure did NOT e	exceed the \$25/day o	S(or \$200/cale	endar year thresholds.
* After completing all entries on 5 ** Enter, by category, the value of ENTER THE TOTAL AMOUNT OF	Schedule G-1, provide totals benefit passing where the expense of the second sec	s by category. expenditure did NOT e	exceed the \$25/day o	S(or \$200/cale	CHEDULE G-2 TOTAL
 After completing all entries on 5 	Schedule G-1, provide totals benefit passing where the expense of the second sec	s by category. expenditure did NOT e F ANY. AMOUNTS.	exceed the \$25/day o	S(or \$200/cale	endar year thresholds.
* After completing all entries on S ** Enter, by category, the value of ENTER THE TOTAL AMOUNT OF DO NOT DEDUCT THIS AMOUNT	Schedule G-1, provide totals benefit passing where the expense of the second series of the se	s by category. expenditure did NOT e F ANY. AMOUNTS. LOBBYING EXPEN	exceed the \$25/day o	S(or \$200/cale	endar year thresholds.
* After completing all entries on 5 ** Enter, by category, the value of ENTER THE TOTAL AMOUNT OF DO NOT DEDUCT THIS AMOUNT EXPENDITURES	Schedule G-1, provide totals benefit passing where the control of the second series of the se	s by category. expenditure did NOT e F ANY. AMOUNTS. LOBBYING EXPEN	exceed the \$25/day of \$	S(\$200/cale	endar year thresholds.
* After completing all entries on S ** Enter, by category, the value of ENTER THE TOTAL AMOUNT OF DO NOT DEDUCT THIS AMOUNT EXPENDITURES 1. Salary and Co	Schedule G-1, provide totals benefit passing where the element passing where the element passing where the element passing a second part of the second passing a second passing	s by category. expenditure did NOT e F ANY. AMOUNTS. LOBBYING EXPEN	exceed the \$25/day of	S(\$200/cale	endar year thresholds. 35,000.00
* After completing all entries on S ** Enter, by category, the value of ENTER THE TOTAL AMOUNT OF DO NOT DEDUCT THIS AMOUNT EXPENDITURES 1. Salary and Co 2. Support Person	Schedule G-1, provide totals benefit passing where the element passing where the element passing where the element passing a second part of the compensation principle on Expenses	s by category. expenditure did NOT e F ANY. AMOUNTS. LOBBYING EXPEN	\$ _ IDITURES Schedule B Total Schedule C Total	S(\$200/cale	chedule G-2 Total. endar year thresholds. 35,000.00
* After completing all entries on S ** Enter, by category, the value of ENTER THE TOTAL AMOUNT OF DO NOT DEDUCT THIS AMOUNT EXPENDITURES 1. Salary and Co 2. Support Perso 3. Communication	Schedule G-1, provide totals benefit passing where the content passing	s by category. expenditure did NOT e F ANY. AMOUNTS. LOBBYING EXPEN	\$	S(\$200/cale	35,000.00 0.00

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.	\$
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17. ·	
18.	
TOTAL RECEIPTS . \$	

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.
1, Judth Savy (print name)
hereby certify that I am duly authorized by
NJ Concil of County Vocational-Technical Schools (print name of firm)
to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year $\frac{2009}{2}$. 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 3/9/10 Date
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