



ANNUAL REPORT OF REPRESENTED ENTITY

FORM L1-L Reporting For Calendar Year 2009 ELEC RECEIVED

FEB 17 2010

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 Represented Entity Excellent Education For Everyone, Inc.			
Business Address 45 Academy St. Suite 501	,		
City Newark	State NJ	Zip Code 07102	
*(Area Code) Telephone Number 973-273-7217			
1. Provide the following information regarding the Governmental Affairs Agent(s) e	employed by the Represe	ented Entity named abov	/e.
1. Name Daniel M. Gaby (Deceased 12/10/09)			
Registration Number 1470-1 Job Title Executive Di	irector		
Business Address 45 Academy St. Suite 501			
City Newark	State NJ	Zip Code 07102	
*(Area Code) Telephone Number 973-273-7217			
2. Name			
Business Address			
City	. .	Zip Code	
#/Area Code) Telenhous Noushou			
3. Name			
	_		
Business Address			
City	Channa	Zip Code	
*(Area Code) Telephone Number			
4. Name			
Registration Number Job Title			
Business Address			
City	State	Zip Code	
*(Area Code) Telephone Number			
·			

2. Provide the following information regarding the Governmental A Entity.	Affairs Agent(s) retained or otherwise engaged by the Represented
Name of Agent or Firm Henry K. Levari, Jr.	
Business Address 235 Maple Terrace	·
City Buena	State NJ Zip Code 08310
*(Area Code) Telephone Number 856-305-4775	Occupation/Business Consultant: E3
2. Name of Agent or Firm	
Business Address	
City	State 7in Code
*(Area Code) Telephone Number	Occupation/Business
SCHE	DULE A
Did any Governmental Affairs Agent named on page 1, question any independent State authority;	1, serve as a member of:
 any county improvement authority; 	
any municipal utilities authority;	
any inter-State or bi-State authority as a member from Ne	
any board or commission established by statute or resolu Legislature, or by any Agency, Department or other instru	
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	· · · · · · · · · · · · · · · · · · ·
I late When Jerm of Senuce Evnires	-
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 Poard or Commission	
Date When Town of Consider Europea	
	.:
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?	7
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.I.S.A. 47:1A-1.1, a	on unlisted telephone number is not a public record and must not be provided on this form.

SCHEDULE B - SALARY & COMPENSATION

	eimbursement of an Agent's exper	enses in amounts reported.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·
	report the salary and other comp	gents who are employees of the Represented Entity named on page 1, que pensation paid. NOTE: Only the pro rata share of each employee's salary a d if the employee spends only a portion of his/her time lobbying.	estion 1, pl and	lease
		\$	5,7	75.00
	. For the Governmental Affairs Age Represented Entity, please provid	gents named on page 2, question 2, who are retained or otherwise engage ide the following information:	ed by the	
ı	NAME OF PAYEE	LOBBYING PURPOSE	сомі	PENSATION
. Henry K. Leva	ari, Jr.	Lobbying for S1607/A2897, S2892/A3472	\$	30,449.00
		Total \$		36,224.00
		SCHEDULE B TOTAL \$		36,224.00
suj Áfter determining	o report the costs of support per apporting the activities of the Repr ag to which person(s) this applies, I Entity or Governmental Affairs /	CHEDULE C - SUPPORT PERSONNEL ersonnel who, over the course of the reporting year, individually spend presented Entity or Governmental Affairs Agent(s). s, report the pro rata share of those costs which are attributable to support Agent(s) in influencing legislation, regulations, governmental processes	orting the a	activities of
		SCHEDULE CTOTAL \$		0.00
				•

SCHEDULES D-1 & D-2 - ASSESSMENTS, MEMBERSHIP FEES, OR DUES

Schedule D-1 - Specific Intent

PURPOSE: To report the amount of assessments, membership fees, or dues <u>paid by the Represented Entity</u>. If the assessments, membership fees, or dues were <u>paid by the Represented Entity</u> with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

PART I - For assessments, membership fees, or dues exceeding \$100 for the calendar year:

DATE	PAYEE	DESCRIPTION (A,M, or D)	AMOUNT
			\$
_ 		<u> </u>	
•		Part TOTAL \$	0
ART II – For assessments,	membership fees, or dues \$100 or less for the calendar year:	Part II TOTAL \$	0
	(Part I AND Part II) S	chedule D-1 TOTAL \$	0.

PURPOSE: To report the pro rata amount of assessments, membership fees, or dues <u>paid by the Represented Entity</u>. If the assessments, membership fees, or dues were <u>paid by the Represented Entity</u> to an entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, and, was not reported on Schedule D-1, "Specific Intent," please provide the information below:

PART I - For assessments, membership fees, or dues exceeding \$100 for the calendar year:

AMOUNT	DESCRIPTION (A,M, or D)	PAYEE
\$ 		
		·
0	Part TOTAL \$	
	Part II TOTAL \$	nents, membership fees, or dues \$100 or less for the calendar year:
0.	Schedule D-2 TOTAL \$	(Part I and Part I
0.	Schedule D-2 TOTAL \$	Schedule D-1 AND

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	50,000.00
Postage	145.00
Telephone, Telegram, Facsimile	967.00
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	
Other (please describe)	
· · · · · · · · · · · · · · · · · · ·	
SCHEDULE E TOTAL \$	51,112.00
PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents who are employees of named on page 1, question 1, related to influencing legislation, regulations, governmental proce with the general public.	
NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
	\$
Daniel M. Gaby (Deceased 12/10/09)	985.00
SCHEDULE F TOTAL \$	985.00

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		Amou	nt \$
Name and Address of Payee/Vo	endor			_
Address				
City		State	Zip Code	
If benefit was reimbursed, plea Date	ise report the date, the description, ai Amount \$		f the reimbursement.	
Description				<u> </u>
Name of Benefit Recipient		•		
	Description			nt \$
Name and Address of Payee/Vo	endor			
Address				
City		State	Zip Code	
If benefit was reimbursed, plea Date	se report the date, the description, ar Amount \$		the reimbursement.	
Description				
Name of Benefit Recipient				
Date	Description			nt \$
Name and Address of Payee/Ve				
Address				
City			Zip Code	
If benefit was reimbursed, plea Date	se report the date, the description, ar Amount \$			
Description				
Name of Benefit Recipient				
·	Description		Amour	nt \$
Name and Address of Payee/Ve	endor		Amour	nt \$
Name and Address of Payee/Ve			Amour	nt \$
Name and Address of Payee/Ve	endor	State		
Name and Address of Payee/Ve Name Address	endor	Stateod the amount of	Zip Code	

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.

	SCHE	OULE G-1*	SCHEDULE G-2**	AMOUNT
Entertainment	\$	+\$	=	0.00
Food and Beverage		+ _	=	0.00
Travel		+	=	0.00
Lodging		+	=	0.00
Honoraria		+	=	0.00
Loans		+	=	0.00
Gifts		+	=	0.00
Other(specify)		+ _	=	0.00
Total	\$	0.00 +\$_	0.00 = \$	0.00
				SCHEDULE G-1 AND

SCHEDULE G-1 AND

ENTER THE TOTAL AMOUNT OF REIMBURSED BENEFITS, IF ANY.
DO NOT DEDUCT THIS AMOUNT FROM BENEFIT PASSING AMOUNTS.

\$

.00

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

1. Salary and Compensation (Add the total from	n questions 1 & 2) Schedule B Total \$	36,224.00
2. Support Personnel	Schedule C Total	0.00
3. Assessments, Membership Fees, or Dues	Schedule D-1 and Schedule D-2 Total	0.00
4. Communication Expenses	Schedule E Total	51,112.00
5. Travel and Lodging	Schedule F Total	985.00
6. Benefit Passing	Schedule G-1 and Schedule G-2 Total	0.00
	Total Labbuing Evnanditures C	88.321.00

^{*} 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.

D	ECE	DTC	TΛ	RΙ	EC '	1 A	ND	2
-								-

Receipts Table 1 - Specific Intent

PURPOSE: To report the amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity.

If the contributions, loans, membership fees, dues, or assessments were received by the Represented Entity with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

PART II - For contributions, loans, membership fees, dues, or assessments \$100 or Part Total \$ ess for the calendar year: Receipts Table 1 Total (Part I and II) \$ Receipts Table 2 - Major Purpose PURPOSE: To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Represent intity. Note: If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a Major Purpose" receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, egulations, governmental processes, or to communicate with the general public, please provide the information below: Provide the percentage of activity which constituted lobbying (this figure must be more than 50%): or each receipt, multiply the percentage indicated by the amount of the receipt to arrive at a net receipt amount. Indicated to a receipt to a receipt amount. Receipts Table 2 Total \$ Receipts Table 2 Total \$	DATE	SOURCE	ADDRESS	AMOUNT
Part I Total \$ Part I Total \$ Part II Total II				s
PART II - For contributions, loans, membership fees, dues, or assessments \$100 or Part II Total \$ Receipts Table 1 Total (Part I and II) \$ Receipts Table 2 - Major Purpose URPOSE: To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Representatity. Note: If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a Major Purpose receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below: revide the percentage of activity which constituted lobbying (this figure must be more than 50%): or each receipt, multiply the percentage indicated by the amount of the receipt to arrive at a net receipt amount. dd together all net receipt amounts to arrive at the aggregate total. Receipts Table 2 Total \$ eview each net receipt amount. Any net receipt in excess of \$100 should be listed below: DATE SOURCE ADDRESS AMOUNT				
ART II - For contributions, loans, membership fees, dues, or assessments \$100 or Part II Total \$ Receipts Table 1 Total (Part I and II) \$ Receipts Table 2 - Major Purpose URPOSE: To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Representatity. Note: If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a Najor Purpose receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, gulations, governmental processes, or to communicate with the general public, please provide the information below: revide the percentage of activity which constituted lobbying (this figure must be more than 50%): or each receipt, multiply the percentage indicated by the amount of the receipt to arrive at a net receipt amount. did together all net receipt amounts to arrive at the aggregate total. Receipts Table 2 Total \$ eview each net receipt amount. Any net receipt in excess of \$100 should be listed below: DATE SOURCE ADDRESS AMOUNT				
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Receipts Table 1 Total (Part I and II) \$ Perceipts Table 2 - Major Purpose URPOSE: To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Representative. Note: If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a Major Purpose" receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, gulations, governmental processes, or to communicate with the general public, please provide the information below: To reach receipt, multiply the percentage indicated by the amount of the receipt to arrive at a net receipt amount. In the detection of the receipt to arrive at a net receipt amount. Receipts Table 2 Total \$ Eview each net receipt amount. Any net receipt in excess of \$100 should be listed below: DATE SOURCE ADDRESS AMOUNT		•	or assessments \$100 or Part II Total \$	0.0
URPOSE: To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Representatity. Note: If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a Major Purpose receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, equilations, governmental processes, or to communicate with the general public, please provide the information below: rovide the percentage of activity which constituted lobbying (this figure must be more than 50%): or each receipt, multiply the percentage indicated by the amount of the receipt to arrive at a net receipt amount. did together all net receipt amounts to arrive at the aggregate total. Receipts Table 2 Total \$ eview each net receipt amount. Any net receipt in excess of \$100 should be listed below: DATE SOURCE ADDRESS AMOUNT	ess for the calend	oar year:	Receipts Table 1 Total (Part I and II) \$	0.00
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CERTIFICATION

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

Derrell Bradford

(print name)

hereby certify that I am duly authorized by

Excellent Education For Everyone

Signature

orrectness of this Annual Report of Lobbying Activity for calendar year 2009

to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year 2009

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.

(print name of Represented Entity)

February 12, 2010

Date