

ANNUAL REPORT OF REPRESENTED ENTITY

FORM L1-L Reporting For Calendar Year 2009

FOR STATE USE ONLY

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DUP/ICATE

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Bex 185, Trenton, NJ 08625-0185 (609) 292-8700 or Tell Free Within NJ 1-888-313-ELEC (3532)

Webelle: www.elec.state.nj.u			Amendment	
Name of Represented Entity New Jersey Association	on of School Administrators			
Business Address 920 West State Street		_		
			<u> </u>	
City Trenton		State NJ	Zlp Code 08618	
*(Area Code) Telephone Number 609-599-2900		_		
Provide the following information regarding the Government	rnmental Affairs Agent(s) employed	i by the Repres	ented Entity named abov	/e.
1. Name Richard G. Bozza, Ed.D.				
Registration Number 394-15	Job Title Executive Director			
Business Address 920 West State Street				
City Trenton		State NJ	Zip Code <u>08618</u>	
*(Area Code) Telephone Number 609-599-2900				
2. Name Thomas G. Dunn, Jr.				
Registration Number 394-13	Job Title Director of Legislati	ve & Urban A	Affairs	
Business Address 920 West State Street				
City Trenton		State NJ	Zip Code 08618	
*(Area Code) Telephone Number 609-599-2900	·			
3. Name				
Registration Number	Job Title	_		
Business Address			<u>-</u>	
City		State	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 Affairs Agent(s) retained of Entity.	or otherwise en	gaged by the R	lepresented
Name of Agent or Firm Princeton Public Affairs Group			
Address 160 West State Street			
City Trenton	State NJ	Zip Code 0	8618
*(Area Code) Telephone Number 609-599-2900 Occupation/Business	Lobbying/C	Sovernmenta	al Relations
2. Name of Agent or Firm			
Business Address			
City	State	Zip Code _	
*(Area Code) Telephone Number Occupation/Business			
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. Legislature, or by any Agency, Department or other instrumentality of the State?	er of the Gover	nor, or by the	
No If "no," continue on to the next question.	vide the followi	ing 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		<u> </u>	
2. Did the Governmental Affairs Agent(s) named on page 1, question 1 file all Notices of Repr during the calendar year covered by this Annual Report?	resentation and	Quarterly Rep	orts required
Yes If "yes," continue on to Schedule B. No If "no," please file	e the necessary	reports immed	liately.
	-		
"Leave this field blank if your telephone number is unlisted. Pursuant to <u>H.I.S.A.</u> 47:1A-1.1, an unlisted telephone number is no	et a public record and	must not be provided	i 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 reimbursament of an Agent's expenses in amounts reported.

 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 rate share of each employee's salary and compensation need be included if the employee spends only a portion of his/her time lobbying.

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	UI	01,/	01,/3 4	01,734.0

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
Princeton Public Affairs Group	Government Relations	\$ 42,000.00
2.		
3.		
4.		
5.		
6.		
7.	·	
	Total \$	
	SCHEBULE 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 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 & TOTAL	4 16	5,728.	00
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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 paid by the Represented Entity. If the assessments, membership

fees, or dues were paid 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:

DATE	PAYEE	DESCRIPTION (A,M, or D)	AMOU	NT
	N/A		\$	
			-	
		_		
	<u></u>	Part I TOTAL \$		0.0
MT N — For asse	ssments, membership fees, or dues \$100 or less for the calendar year:	Part II TOTAL \$		0.0
	(Part I AND Part II)	Schedule D-1 TOTAL \$		0.0

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:

DATE	PAYEE	DESCRIPTION (A,M, or D)	AMOU	NT
	N/A		5	
			_	
	•	Part I TOTAL \$		0.
ART II - For asse	essments, membership fees, or dues \$100 or less for the calendar year:	Part II TOTAL \$		0.
	(Part I and Part II	Schedule D-2 TOTAL \$		0.
	Schodule B-1 AND	Schodulo D-2 TOTAL \$		0.

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	\$	1,000.0
film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet		500.0
Postage		250.0
Telephone, Telegram, Facsimile		500.0
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)		0.0
4		
Other (please describe)		
·		
		· ·
SCHB	DULE ETOTAL \$	2,250.0
SCHEDULE F - TRAVEL/LODGING PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents who named on page 1, question 1, related to influencing legislation, regulations, governmental public.		or communicating
NAME OF GOVERNMENTAL AFFAIRS AGENT		AMOUNT
·	\$	
·		

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 An	nount \$ 0.00
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	
	neunt \$ 0.00
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	
	nount \$
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 Arm	0.00
Name and Address of Payee/Vendor Name	
Address	
City State Zip Code	
City State Zip Code If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement. Date Amount \$	

		SCHEDULE G-1*	SON	EDULE 6-2**		AMOUNT
Entertainment	:	s	_ +\$. = \$_	
Food and Beverage			_ +		. = _	
Travel			_ +		-	
Lodging			_ +		= _	
Honoraria			_ +		=	
Loans			_ +		= _	
Gifts			_ +		= _	
Other(specify)			_ +		. = _	
	\$. 🏚		_ ¢	0.00
· After completing	all entries on Schedule G-1, pr y, the value of benefit passing	ovide totals by categor	y .		\$4 \$4	CHEDULE G-1 AND CHEDULE G-2 TOTAL
* After completing ** Enter, by categor ENTER THE TOTAL	all entries on Schedule G-1, pr	ovide totals by category where the expenditure the expenditure the expenditure that the control of the control	y. e did NOT exceed		\$200/cal	CHEDULE G-1 AND CHEDULE G-2 TOTAL
Enter, by categor	all entries on Schedule G-1, pr y, the value of benefit passing AMOUNT OF REMOURSED B HIS AMOUNT FROM BENEFIT	ovide totals by category where the expenditure the expenditure the expenditure that the control of the control	y. e did NOT exceed	d the \$25/day or \$	\$200/cal	CHEDULE G-1 AND CHEDULE G-2 TOTAL endar year thresholds.
* After completing ** Enter, by categor ENTER THE TOTAL DO <u>NOT</u> DEDUCT T	all entries on Schedule G-1, pr y, the value of benefit passing AMOUNT OF REMOURSED B HIS AMOUNT FROM BENEFIT	ovide totals by category where the expenditure senerits, if any. If passing amounts ary of Lobbying	y. e did NOT exceed . EXPENDITU	d the \$25/day or \$	\$200/cal	CHEDULE G-1 AND CHEDULE G-2 TOTAL endar year thresholds.
* After completing ** Enter, by categor ENTER THE TOTAL DO <u>NOT</u> DEDUCT T	all entries on Schedule G-1, pr y, the value of benefit passing AMOUNT OF REMOURSED B HIS AMOUNT FROM BENEFIT SUMM.	ovide totals by category where the expenditure senerits, if any. If passing amounts ary of Lobbying	y. e did NOT exceed . EXPENDITU	d the \$25/day or \$ _ RES	\$200/cal	CHEDULE G-1 AND CHEDULE G-2 TOTAL endar year thresholds00
* After completing ** Enter, by categor ENTER THE TOTAL DO <u>NOT</u> DEDUCT T	all entries on Schedule G-1, property, the value of benefit passing AMOUNT OF REMOURSED BHIS AMOUNT FROM BENEFIT SUMM. 1. Salary and Compensation	ovide totals by category where the expenditure senerits, if any. If PASSING AMOUNTS ARY OF LOBBYING (Add the total from quality)	y. e did NOT exceed . EXPENDITU	the \$25/day or \$ _ RES Schedule B 1 Schedule C	\$200/cal \$200/cal Total \$	chedule G-1 AND chedule G-2 TOTAL endar year thresholds00 143,734.00
* After completing ** Enter, by categor ENTER THE TOTAL DO <u>NOT</u> DEDUCT T	all entries on Schedule G-1, pr y, the value of benefit passing AMOUNT OF REIMOURSED B HIS AMOUNT FROM BENEFIT SUMM. 1. Salary and Compensation 2. Support Personnel	ovide totals by category where the expenditure where the expenditure rependiture rependiture. The second representation of the secon	y. e did NOT exceed EXPENDITUE Destions 1 & 2)	the \$25/day or \$ _ RES Schedule B 1 Schedule C	\$200/cal \$200/cal Total	143,734.00 16,728.00
* After completing ** Enter, by categor ENTER THE TOTAL DO <u>NOT</u> DEDUCT T	all entries on Schedule G-1, pr y, the value of benefit passing AMOUNT OF REMOURSED B HIS AMOUNT FROM BENEFIT SUMM. 1. Salary and Compensation 2. Support Personnel 3. Assessments, Membership	ovide totals by category where the expenditure where the expenditure rependiture rependiture. The second representation of the secon	y. e did NOT exceed EXPENDITUE Destions 1 & 2)	the \$25/day or \$ RES Schedule B 1 Schedule Cond Schedule D-2	Scool/cal Scool S Total Total Total	143,734.00 16,728.00 2,250.00
* After completing ** Enter, by categor ENTER THE TOTAL DO <u>NOT</u> DEDUCT T	all entries on Schedule G-1, proposed to the value of benefit passing AMOUNT OF REIMBURSED BHIS AMOUNT FROM BENEFIT SUMM. 1. Salary and Compensation 2. Support Personnel 3. Assessments, Membership 4. Communication Expenses	ovide totals by category where the expenditure where the expenditure rependiture rependiture. The second representation of the secon	y. e did NOT exceed EXPENDITU Destions 1 & 2) Schedule D-1 ar	the \$25/day or \$ RES Schedule B T Schedule C ad Schedule D-2 Schedule E	Scool	143,734.00 16,728.00 2,250.00

RECEIPTS TABLES 1 AND 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:

DATE	SOURCE	ADDRESS	AMOUNT
N/A		<u> </u>	\$
		·	
		Part I Tota	0.9
ART II - For contributes for the calendar ye	tions, loans, membership fees, dues, or ear:	r assessments \$100 or Part II Total	0.0
,		Receipts Table 1 Total (Part I and I	0.0
U RPOSE: To report th <u>atity</u> . Note: If a receip Aajor Purpose" receip	he pro rata amount of contributions, lo t was already reported on Receipts Tal tt. If the receipts were received by the l	pans, membership fees, dues, or assessments <u>receive</u> ble 1 as a "Specific Intent" receipt, DO NOT report ag Represented Entity whose major purpose is to influe th the general public, please provide the information	nin as a nce l egislation ,
ntity. Note: If a receip Major Purpose" receip Igulations, governme Tovide the percentag or each receipt, multi	the program amount of contributions, lost was already reported on Receipts Talot. If the receipts were received by the land processes, or to communicate with a contributed lobbying the constituted	ble 1 as a "Specific Intent" receipt, DO NOT report ag Represented Entity whose major purpose is to influe in the general public, please provide the information og (this figure must be more than 50%): nount of the receipt to arrive at a net receipt amount	nin as a nce legislation, below:
URPOSE: To report the ntity. Note: If a receip Aajor Purpose" receip gulations, government ovide the percentagor each receipt, multiple together all net re	the program amount of contributions, look was already reported on Receipts Talot. If the receipts were received by the lental processes, or to communicate with a constituted lobbyingly the percentage indicated by the analysis.	ble 1 as a "Specific Intent" receipt, DO NOT report ag Represented Entity whose major purpose is to influe th the general public, please provide the information og (this figure must be more than 50%): nount of the receipt to arrive at a net receipt amount te total. Receipts Table 2 Total	nin as a nce legislation, below:
URPOSE: To report the ntity. Note: If a receip Aajor Purpose" receip gulations, government ovide the percentagor each receipt, multiple together all net re	the program amount of contributions, lost was already reported on Receipts Talot. If the receipts were received by the lental processes, or to communicate with the of activity which constituted lobbyingly the percentage indicated by the arceipt amounts to arrive at the aggregation.	ble 1 as a "Specific Intent" receipt, DO NOT report ag Represented Entity whose major purpose is to influe th the general public, please provide the information og (this figure must be more than 50%): nount of the receipt to arrive at a net receipt amount te total. Receipts Table 2 Total	nin as a nce legislation, below:
IRPOSE: To report the stity. Note: If a receiptajor Purpose receipt gulations, government ovide the percentagor each receipt, multiple together all net receipt when each net receipt.	the pro rata amount of contributions, lost was already reported on Receipts Talot. If the receipts were received by the lental processes, or to communicate with the percentage indicated by the anacceipt amounts to arrive at the aggregate amount. Any net receipt in excess of	ble 1 as a "Specific Intent" receipt, DO NOT report ag Represented Entity whose major purpose is to influe th the general public, please provide the information og (this figure must be more than 50%): nount of the receipt to arrive at a net receipt amount the total. Receipts Table 2 Total	nin as a nice legislation, below:
URPOSE: To report the ntity. Note: If a receip Aajor Purpose" receip gulations, government rovide the percentagor each receipt, multiple together all net receipt DATE	the pro rata amount of contributions, lost was already reported on Receipts Talot. If the receipts were received by the lental processes, or to communicate with the percentage indicated by the anacceipt amounts to arrive at the aggregate amount. Any net receipt in excess of	ble 1 as a "Specific Intent" receipt, DO NOT report ag Represented Entity whose major purpose is to influe th the general public, please provide the information og (this figure must be more than 50%): nount of the receipt to arrive at a net receipt amount the total. Receipts Table 2 Total	ain as a nice legislation, below:
URPOSE: To report the ntity. Note: If a receip Aajor Purpose" receip gulations, government rovide the percentagor each receipt, multiple together all net receipt DATE	the pro rata amount of contributions, lost was already reported on Receipts Talot. If the receipts were received by the lental processes, or to communicate with the percentage indicated by the anacceipt amounts to arrive at the aggregate amount. Any net receipt in excess of	ble 1 as a "Specific Intent" receipt, DO NOT report ag Represented Entity whose major purpose is to influe th the general public, please provide the information og (this figure must be more than 50%): nount of the receipt to arrive at a net receipt amount the total. Receipts Table 2 Total	ain as a nice legislation, below:

CEA	E.	TION

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.	
	,
L	Thomas G. Dunn, Jr.
•	(print name)
er	eby certify that I am duly authorized by
	New Jersey Association of School Administrators
	(print name of Represented Entity)
o f	ile and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year 2009
ce	rtify that the statements made herein are true and accurate. I am aware that if any of the foregoing statements are fully false, I may be subject to punishment.
	Signature 2/12/2010 Date
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