

ANNUAL REPORT OF REPRESENTED ENTITY

FORM L1-L Reporting For Calendar Year 2010

FOR STATE USE ONLY

ELEC RECEIVED FEB 1 5 2011

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	
State NJ	Zip Code 08608-1	102
oloyed by the Represen	ted Entity named abov	e.
ctor		

Name of Represented Entity Garden State Coalition	n of Schools		
Business 204 West State Street			
Address 204 West State Street			
City Trenton		State NJ	Zip Code 08608-1102
*(Area Code) Telephone Number 609.394.2828			
1. Provide the following information regarding the Gover	mmental Affairs Agent(s) employed	by the Represent	ed Entity named above.
1. Name Lynne Strickland			
Registration Number 858-1	Job Title Executive Director		
Business Address 204 West State Street			
City Trenton			Zip Code 08608-1102
*(Area Code) Telephone Number 609.394.2828			
2. Name			
Registration Number			
Business Address			
City		State	Zip Code
*(Area Code) Telephone Number			
3. Name			
Registration Number			
Business Address			
City		State	Zip Code
*(Area Code) Telephone Number			
4. Name			
Registration Number	Job Title		
Business Address			
City			Zip Code
*(Area Code) Telephone Number			
Home this field black if your telephone number is unlisted Discount to N	15 A 47.1A 1.1 an indicated telephone purchas is n		

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, Inc.
Business Address The Princeton House - 160 West State Street
City Trenton State NJ Zip Code 08608-1102
*(Area Code) Telephone Number 609.396.8838 Occupation/Business Government Relations
2. Name of Agent or Firm
Business Address
City State Zip Code
*(Area Code) Telephone Number Occupation/Business
SCHEDULE A
 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 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.
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
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.

5	58,500.00

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	co	MPENSATION
1. Princeton Public Affairs Group, Inc.	Education - Funding	\$	6,000.00
2.			
3.			
4.			
5.			
6.			
7.			
		Total \$	58,500.00

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 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 \$	0.00

SCHEDULE B TOTAL \$

6,000.00

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 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)	AM	OUNT
			\$	0.0
		Part TOTAL \$		0.0
ART II – For assessments, me	embership 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 prediction of the predict	prose pro rata amount of assessments, membership fees, or dues res, or dues were <u>paid by the Represented Entity</u> to an enti- ernmental processes, or to communicate with the general pul- provide the information below:	paid by the Represented ty whose major purpose	Entity. If the	assessments,
membership fe regulations, gov Intent," please p	pose poro rata amount of assessments, membership fees, or dues pes, or dues were <u>paid by the Represented Entity</u> to an enti- presented processes, or to communicate with the general pul-	paid by the Represented ty whose major purpose blic, and, was not reported	Entity. If the	assessments,
PURPOSE: To report the prediction of the predict	prose pro rata amount of assessments, membership fees, or dues res, or dues were <u>paid by the Represented Entity</u> to an enti- ernmental processes, or to communicate with the general pul- provide the information below:	paid by the Represented ty whose major purpose	Entity. If the is to influence on Schedule	assessments,
PURPOSE: To report the prediction of the predict	pro rata amount of assessments, membership fees, or dues less, or dues were <u>paid</u> by the <u>Represented Entity</u> to an entivernmental processes, or to communicate with the general public provide the information below: In the process of the calendar year:	paid by the Represented ty whose major purpose blic, and, was not reported DESCRIPTION	Entity. If the is to influence on Schedule	assessments ce legislation D-1, "Specific
PURPOSE: To report the prediction of the predict	pro rata amount of assessments, membership fees, or dues less, or dues were <u>paid</u> by the <u>Represented Entity</u> to an entivernmental processes, or to communicate with the general public provide the information below: In the process of the calendar year:	paid by the Represented ty whose major purpose blic, and, was not reported DESCRIPTION	Entity. If the is to influence on Schedule	assessments ce legislation D-1, "Specific
PURPOSE: To report the prediction of the predict	pro rata amount of assessments, membership fees, or dues less, or dues were <u>paid</u> by the <u>Represented Entity</u> to an entivernmental processes, or to communicate with the general public provide the information below: In the process of the calendar year:	paid by the Represented ty whose major purpose blic, and, was not reported DESCRIPTION	Entity. If the is to influence on Schedule	assessments ce legislation D-1, "Specific
PURPOSE: To report the prediction of the predict	pro rata amount of assessments, membership fees, or dues less, or dues were <u>paid</u> by the <u>Represented Entity</u> to an entivernmental processes, or to communicate with the general public provide the information below: In the process of the calendar year:	paid by the Represented ty whose major purpose blic, and, was not reported DESCRIPTION	Entity. If the is to influence on Schedule	assessments, ce legislation, D-1, "Specific
PURPOSE: To report the prediction of the predict	pro rata amount of assessments, membership fees, or dues less, or dues were <u>paid</u> by the <u>Represented Entity</u> to an entivernmental processes, or to communicate with the general public provide the information below: In the process of the calendar year:	paid by the Represented ty whose major purpose blic, and, was not reported DESCRIPTION	Entity. If the is to influence on Schedule	assessments, ce legislation, D-1, "Specific
PURPOSE: To report the predictions, government, please predictions, meritary please predictions. The predictions of the prediction of the	pro rata amount of assessments, membership fees, or dues less, or dues were <u>paid</u> by the <u>Represented Entity</u> to an entivernmental processes, or to communicate with the general public provide the information below: In the process of the calendar year:	paid by the Represented ty whose major purpose blic, and, was not reported DESCRIPTION (A,M, or D)	Entity. If the is to influence on Schedule	assessments, ce legislation, D-1, "Specific OUNT 0.0
PURPOSE: To report the predictions, government, please predictions, meritary please predictions. The predictions of the prediction of the	prose pro rata amount of assessments, membership fees, or dues sees, or dues were paid by the Represented Entity to an entivernmental processes, or to communicate with the general pulprovide the information below: mbership fees, or dues exceeding \$100 for the calendar year: PAYEE The process of the calendar year or dues \$100 or less for the calendar year:	paid by the Represented ty whose major purpose blic, and, was not reported DESCRIPTION (A,M, or D) Part I TOTAL \$	Entity. If the is to influence on Schedule	assessments, ce legislation, D-1, "Specific

PURPOSE: To report the costs of the preparation and distribution of materials related to influence governmental processes, and conducting communications with the general public.	cing legislation, regulations,
EXPENSE	AMOUNT
Printed Materials	\$ 700.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	1,000.00
Postage	300.00
Telephone, Telegram, Facsimile	1,750.00
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	
Other (please describe)	
SCHEDULE	ETOTAL\$ 3,750.00
SCHEDULE F - TRAVEL/LODGING PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents who are en named on page 1, question 1, related to influencing legislation, regulations, governmental affairs Agents who are en named on page 1, question 1, related to influencing legislation, regulations, governmental affairs agents.	
with the general public. NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
Lynne Strickland	\$ 475.00
SCHEDULE	FTOTAL \$ 475.00

SCHEDULE E - COMMUNICATION EXPENSES

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	Not Applicable.	_			
Date				Amount \$	
Name and Address of Paye Name	e/Vendor				
Addross					
City		State	Zip Code		
If benefit was reimbursed,	please report the date, the description, ar Amount \$	nd the amount of	f the reimburseme	nt.	
Description					
Name of Benefit Recipient					
Date	Description			Amount \$	
Name and Address of Paye	e/Vendor				
A .ll					
City		State	Zip Code		
If benefit was reimbursed, p	please report the date, the description, ar Amount \$	nd the amount of	f the reimburseme	nt.	
Date	Description			Amount \$	
Name and Address of Payer Name	e/Vendor				
City		State	Zip Code		
If benefit was reimbursed, p Date	please report the date, the description, an Amount \$	nd the amount of	the reimbursemer	nt.	
Description		-			
Name of Benefit Recipient					
Date	Description			Amount \$	
Name and Address of Payer Name	e/Vendor				
Address					
City		State	Zip Code		
If benefit was reimbursed, p Date	please report the date, the description, an Amount \$		the reimbursemer	nt.	

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- 20	CHEDULE G-2**		AMOUNT
Entertainment	·	\$	+\$		=\$_	0.0
Food and Beverag	e		+		=	0.0
Travel			+		= _	0.0
Lodging			+		= _	0.0
Honoraria			+		=	0.0
oans.			+		= _	0.0
Gifts			+		= _	0.0
Other(specify) _			+		= _	0.0
rotal .		\$	0.00 +\$	0.00	=\$_	0.0
	g all entries on Schedule G- ory, the value of benefit pas:			eed the \$25/day or :	S	
* Enter, by catego		sing where the expending where the expending size of the state of the	iture did NOT exc		S	endar year threshold
* Enter, by catego	L AMOUNT OF REIMBURSI THIS AMOUNT FROM BEN	sing where the expending where the expending size of the street of the s	NTS.	\$	\$200/cal	endar year threshold
Enter, by catego	L AMOUNT OF REIMBURSI THIS AMOUNT FROM BEN	ED BENEFITS, IF ANY. EFIT PASSING AMOUN	NTS.	\$	\$200/cal	endar year threshold
Enter, by categor	L AMOUNT OF REIMBURSI THIS AMOUNT FROM BEN SUM	ED BENEFITS, IF ANY. EFIT PASSING AMOUN	NTS.	\$	\$200/cal	endar year threshold: .0
* Enter, by catego	L AMOUNT OF REIMBURSI THIS AMOUNT FROM BEN SUM	ED BENEFITS, IF ANY. EFIT PASSING AMOUNT MMARY OF LOBBY tion (Add the total from	NTS. ING EXPENDIT	\$ FURES Schedule B To	\$200/cal	endar year threshold .0 64,500.0
* Enter, by catego	L AMOUNT OF REIMBURSI THIS AMOUNT FROM BEN SUM 1. Salary and Compensa 2. Support Personnel	ED BENEFITS, IF ANY. EFIT PASSING AMOUNT AMARY OF LOBBY tion (Add the total from	NTS. ING EXPENDIT	\$	\$200/cal otal \$ Total	endar year threshold .0 64,500.0
* Enter, by catego	L AMOUNT OF REIMBURSI THIS AMOUNT FROM BEN SUM SUM 1. Salary and Compensa 2. Support Personnel 3. Assessments, Member	ED BENEFITS, IF ANY. EFIT PASSING AMOUNT AMARY OF LOBBY tion (Add the total from	NTS. ING EXPENDIT	\$ FURES Schedule B To Schedule C and Schedule D-2	Stal \$ Total Total	64,500.0 0.0 3,750.0
Enter, by categor	L AMOUNT OF REIMBURSI THIS AMOUNT FROM BEN SUM S. S. 1. Salary and Compensa 2. Support Personnel 3. Assessments, Member 4. Communication Exper	ED BENEFITS, IF ANY. EFIT PASSING AMOUNT AMARY OF LOBBY tion (Add the total from	NTS. ING EXPENDIT In questions 1 & 2) Schedule D-1	\$	Stal \$ Total Total Total	endar year threshold: .0 64,500.0 0.0

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Receipts Table 1 - Specific Intent

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

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	AMOUN'	<u>T</u>
			\$	0.00
		Part I Total S	\$	0.0
PART II - For contrib	outions, loans, membership fees, dues, o r year:	or assessments \$100 or Part II Total \$	\$	0.0
		Receipts Table 1 Total (Part I and II)	\$	0.00
URPOSE: To report ntity. Note: If a reco Major Purpose" reco egulations, governo	t the pro rata amount of contributions, eipt was already reported on Receipts T eipt. If the receipts were received by the mental processes, or to communicate w	loans, membership fees, dues, or assessments <u>received lables</u> able 1 as a "Specific Intent" receipt, DO NOT report again Represented Entity whose major purpose is to influence ith the general public, please provide the information be	as a e legislation, elow:	ted
ntity. Note: If a recombajor Purpose" recombajor Purpose" recombajor Provide the percent for each receipt, mu	t the pro rata amount of contributions, eipt was already reported on Receipts Teipt. If the receipts were received by the mental processes, or to communicate wage of activity which constituted lobby	loans, membership fees, dues, or assessments <u>received lable</u> 1 as a "Specific Intent" receipt, DO NOT report again a Represented Entity whose major purpose is to influence ith the general public, please provide the information being (this figure must be more than 50%): amount of the receipt to arrive at a net receipt amount.	a as a e legislation, elow:	ted 0 %
PURPOSE: To report intity. Note: If a reco Major Purpose" reco egulations, governo Provide the percent for each receipt, mu add together all net	t the pro rata amount of contributions, eipt was already reported on Receipts T eipt. If the receipts were received by the mental processes, or to communicate wage of activity which constituted lobby altiply the percentage indicated by the a	loans, membership fees, dues, or assessments <u>received leable</u> 1 as a "Specific Intent" receipt, DO NOT report again e Represented Entity whose major purpose is to influence ith the general public, please provide the information being (this figure must be more than 50%): amount of the receipt to arrive at a net receipt amount. gate total. Receipts Table 2 Total \$	a as a e legislation, elow:	ted
PURPOSE: To report intity. Note: If a reco Major Purpose" reco egulations, governo Provide the percent for each receipt, mu add together all net	t the pro rata amount of contributions, eipt was already reported on Receipts Teipt. If the receipts were received by the mental processes, or to communicate wage of activity which constituted lobby altiply the percentage indicated by the activity amounts to arrive at the aggregations.	loans, membership fees, dues, or assessments <u>received leable</u> 1 as a "Specific Intent" receipt, DO NOT report again e Represented Entity whose major purpose is to influence ith the general public, please provide the information being (this figure must be more than 50%): amount of the receipt to arrive at a net receipt amount. gate total. Receipts Table 2 Total \$	a as a e legislation, elow:	0.00
PURPOSE: To report ntity. Note: If a reco Major Purpose" reco egulations, governor Provide the percent or each receipt, munded together all net Review each net reco	t the pro rata amount of contributions, eipt was already reported on Receipts Teipt. If the receipts were received by the mental processes, or to communicate was age of activity which constituted lobby altiply the percentage indicated by the activity amounts to arrive at the aggregation amount. Any net receipt in excess the eight amount.	loans, membership fees, dues, or assessments received hable 1 as a "Specific Intent" receipt, DO NOT report again receipt Represented Entity whose major purpose is to influence with the general public, please provide the information being (this figure must be more than 50%): Immount of the receipt to arrive at a net receipt amount pate total. Receipts Table 2 Total \$ of \$100 should be listed below:	a as a e legislation, elow:	0 %
PURPOSE: To report ntity. Note: If a reco Major Purpose" reco egulations, governor Provide the percent or each receipt, munded together all net Review each net reco	t the pro rata amount of contributions, eipt was already reported on Receipts Teipt. If the receipts were received by the mental processes, or to communicate was age of activity which constituted lobby altiply the percentage indicated by the activity amounts to arrive at the aggregation amount. Any net receipt in excess the eight amount.	loans, membership fees, dues, or assessments received hable 1 as a "Specific Intent" receipt, DO NOT report again receipt Represented Entity whose major purpose is to influence with the general public, please provide the information being (this figure must be more than 50%): Immount of the receipt to arrive at a net receipt amount pate total. Receipts Table 2 Total \$ of \$100 should be listed below:	as a e legislation, elow:	0 %
PURPOSE: To report intity. Note: If a reco Major Purpose" reco egulations, governo Provide the percent for each receipt, mu add together all net Review each net reco	t the pro rata amount of contributions, eipt was already reported on Receipts Teipt. If the receipts were received by the mental processes, or to communicate was age of activity which constituted lobby altiply the percentage indicated by the activity amounts to arrive at the aggregation amount. Any net receipt in excess the eight amount.	loans, membership fees, dues, or assessments received hable 1 as a "Specific Intent" receipt, DO NOT report again receipt Represented Entity whose major purpose is to influence with the general public, please provide the information being (this figure must be more than 50%): Immount of the receipt to arrive at a net receipt amount pate total. Receipts Table 2 Total \$ of \$100 should be listed below:	as a e legislation, elow:	0.00

CERTIFICATION				
	ertification shall be signed by a Governmental Affairs Agent employed by the vernmental Affairs Officer of the Represented Entity.	ne Represented Entity or a responsible Financial		
ı, L	ynne Strickland			
-	(print name)			
hereb	y certify that I am duly authorized by			
6	arden State Coalition of Schools			
	(print name of Represented Entity)			
l certif	and certify the accuracy and correctness of this Annual Report of Lobbying by that the statements made herein are true and accurate. I am aware that if by false, I may be subject to punishment.			
Z	ymre Anulland Signature	February 14, 2011 Date		