# FORM L1-A Réporting For Calendar Year 2010

# ANNUAL REPORT OF GOVERNMENTAL AFFAIRS AGENT



FEB 1 6 2011

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### FOR STATE USE ONLY

Amendment |

# **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

Name of Gov	remmental Affairs Agent or Govern	mental Affairs Agent Firm:		
Henry K. Le	vari, Jr.			
Business Address	235 Maple Terrace			
City	Buena		State NJ	Zip Code <u>08310</u>
*(Area Code)	Telephone Number 856-305-4			
I. Provide th	e following information regarding	the Governmental Affairs Agent(s) on w	hose behalf this re	port is filed.
I. Name Ho	enry K. Levari, Jr.			
Registratio	on Number 1453-1	Occupation or Business Con	sultant: E3	
Business A	ddress 235 Maple Terrace			
City Buer			- NI	Zip Code 08310
-	le) Telephone Number 856-305-			
2. Name				
		Occupation or Business		
				Zip Code
	n Number			
		Occupation or Business		
			r	Zip Code
			<u> </u>	
I. Name				
	n Number			
Business A	ddress			
City				Zip Code
*(Area Cod	e) Telephone Number			

Note: For each Represented Entity, Form L-2 must	be filed.
Name of Represented Entity None	
BusinessAddress	Lobbying") was the <b>only</b> lobbying
City	State Zip Code
Type of Business	
2. Name of Represented Entity	
Business	Check if communication with the
Address	Lobbying") was the <b>only</b> lobbying activity for this entity.
City	State Zip Code
Type of Business	
Name of Represented Entity	
Business	Check if communication with the general public ("Grassroots
AddressAddress	Lobbying ") was the <b>only</b> lobbying activity for this entity.
City	State Zip Code
Type of Business	
4. Name of Represented Entity	
Business	Check if communication with the general public ("Grassroots
Address	Lobbying") was the <b>only</b> lobbying activity for this entity.
City	State Zip Code
Type of Business	
5. Name of Represented Entity	
Business	Check if communication with the
Address	Lobbying") was the <b>only</b> lobbying activity for this entity.
City	State Zip Code
Type of Business	

Name of Rep	resented Entity Excellent Education for Everyone(E3)			
Business Address	45 Academy St. Suite 501			Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
City Newark		State	NJ	Zip Code <u>07102</u>
Type of Busines	Education Non-Profit 501c(3)			
2. Name of Rep	resented Entity American Federation For Children, Inc.			
Business	1660 L Street, NW			Check if communication with the general public ("Grassroots
Address	Suite 1000			Lobbying") was the <b>only</b> lobbying activity for this entity.
City Washing	ton	State	DC	Zip Code 20036
Type of Business	Non Profit Education Foundation			
3. Name of Rep	resented Entity Alliance for School Choice	_		
Business	1660 L Street, NW			Check if communication with the general public ("Grassroots
Address	Suite 1000			Lobbying") was the <b>only</b> lobbying activity for this entity.
City Washing	ton	State	DC	Zip Code 20036
Type of Business	Non Profit Education Foundation			
4. Name of Repi	resented Entity			
Business			_	Check if communication with the general public ("Grassroots
Address			Ш	Lobbying") was the <b>only</b> lobbying activity for this entity.
City		State		Zip Code
	;			
Type of Business				
	resented Entity			
5. Name of Repr	resented Entity			Check if communication with the
	resented Entity			Check if communication with the general public ("Grassroots Lobbying") was the <b>only</b> lobbying activity for this entity.
5. Name of Repr Business Address		State		general public ("Grassroots Lobbying") was the <b>only</b> lobbying

SCHEDULE A	
. 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;	
<ul><li>any inter-State or bì-State authority as a member from New Jersey; or,</li></ul>	
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:	
lame of Governmental Affairs Agent	
lame of Authority, Board, or Commission	
Date When Term of Service Expires	
lame of Governmental Affairs Agent	
Oate When Term of Service Expires	
lame of Governmental Affairs Agent	
lame of Authority, Board, or Commission	
Date When Term of Service Expires	
lame of Governmental Affairs Agent	
lame of Authority, Board, or Commission	
Pate When Term of Service Expires	
Did all Governmental Affairs Agent(s) named in this Annual Report file all Notices of Representation and Quarterly Report required during the calendar year covered by this Annual Report?	s
Yes If "yes," continue on to Schedule B.   No If "no," please file the necessary reports immediately.	

SCHEDULE B-SA	ALARY & COMPENSATION	
PURPOSE: To report the salary and compensation paid to the Include the reimbursement of an Agent's expense		AMOUNT \$ 50,399.00
<b>NOTE:</b> Only the pro rata share of each Governmental Affairs spends only a portion of his/her time on lobbying actions.		ncluded if the Agent
NAME OF GOVERNMENTAL AFFA	AIRS AGENT	AMOUNT
Henry K. Levari, Jr.	<u> </u>	50,399.0
	SCHEDULE B TOTAL \$	50,399.00
SCHEDULE C-	SUPPORT PERSONNEL	
<b>PURPOSE:</b> To report the costs of support personnel who, over hours supporting the activities of the Government		y spend 450 or more
After determining to which person(s) this applies supporting the activities of the Governmental Aft		

processes, or communicating with the general public.

# NO SCHEDULE D FOR GOVERNMENTAL AFFAIRS AGENTS

0.00

SCHEDULE C TOTAL \$

# **SCHEDULE E - COMMUNICATION EXPENSES**

**PÙRPOSE:** 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.

	A	MOUNT
Printed Materials	\$	0.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet		0.00
Postage		240.00
Telephone, Telegram, Facsimile		1,422.00
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)		0.00
Other (please describe):		
COUEDING E TOTAL A		1,662.00
SCHEDULE F - TRAVEL/LODGING  PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents on whose behalf this reinfluencing legislation, regulations, governmental processes, or communicating with the general	port is file	
initialiting registation, regulations, governmental processes, or confinding with the general		AMOUNT
NAME OF GOVERNMENTAL AFFAIRS AGENT	_	7,251.00
	\$	***
NAME OF GOVERNMENTAL AFFAIRS AGENT		

# **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	THORIC			
Date	Description		Amount \$	
Name and Address of Payer Name	e/Vendor			
Address				
City		State	Zip Code	
If benefit was reimbursed, p Date	olease report the date, the description, a Amount \$		t of the reimbursement.	
Description				
Name of Benefit Recipient		_		
Date				
Name and Address of Payer Name	e/Vendor			
			Zip Code	
If benefit was reimbursed, p	olease report the date, the description, a Amount \$	nd the amoun	t of the reimbursement.	
Description				
Date	Description		Amount \$	
Name and Address of Payer	e/Vendor			
Name and Address of Payer Name	e/Vendor			
Name and Address of Payer Name	e/Vendor			
Name and Address of Payer Name Address City	e/Vendor	State	Zip Code	
Name and Address of Payer Name Address City If benefit was reimbursed, p	e/Vendor	State	Zip Code	
Name and Address of Payer Name Address City If benefit was reimbursed, p Date Description	e/Vendor	State nd the amoun	Zip Code of the reimbursement.	
Name and Address of Payer Name Address City If benefit was reimbursed, p Date Description	e/Vendor  Delease report the date, the description, a  Amount \$	State nd the amoun	Zip Code of the reimbursement.	
Name and Address of Payer Name Address City If benefit was reimbursed, p Date Description  Name of Benefit Recipient Date Name and Address of Payer	e/Vendor  please report the date, the description, a Amount \$  Description	State nd the amoun	Zip Code t of the reimbursement.  Amount \$	
Name and Address of Payer Name Address City If benefit was reimbursed, p Date Description  Name of Benefit Recipient Date Name and Address of Payer Name	e/Vendor  Delease report the date, the description, a Amount \$  Description	State nd the amoun	Zip Code t of the reimbursement.  Amount \$	
Name and Address of Payer Name Address City If benefit was reimbursed, p Date Description  Name of Benefit Recipient Date Name and Address of Payer Name	e/Vendor  Description  Description	State nd the amoun	Zip Code t of the reimbursement.  Amount \$	
Name and Address of Payer Name Address City If benefit was reimbursed, p Date Description  Name of Benefit Recipient Date Name and Address of Payer Name Address City	Description  Please report the date, the description, a Amount \$  Description	State State	Zip Code of the reimbursement.  Amount \$  Zip Code	
Name and Address of Payer Name Address City If benefit was reimbursed, p Date Description  Name of Benefit Recipient Date Name and Address of Payer Name Address City If benefit was reimbursed, p Date	Description  Description  Please report the date, the description, a Amount \$	State State State nd the amount	Zip Code Amount \$  Zip Code Zip Code Zip Code Zip the reimbursement.	

SUMMAR	RY OF E	ENEFIT	<b>PASSING</b>
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**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	\$	+\$	=\$0.00
			CCHERNIE C 4 AND

SCHEDULE G-1 AND SCHEDULE G-2 TOTAL

<sup>\*\*</sup> 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.
ı	DO NOT DEDUCT THIS AMOUNT FROM BENEFIT PASSING AMOUNTS.

\$

0.00

### **SUMMARY OF LOBBYING EXPENDITURES**

## **EXPENDITURES**

1. Salary and Compensation	Schedule B Total	\$ 50,399.00
2. Support Personnel	Schedule C Total	0.00
3. Communication Expenses	Schedule E Total	1,662.00
4. Travel and Lodging	Schedule F Total	7,251.00
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	0.00
	Total Lobbying Expenditures	\$ 59,312.00

<sup>\*</sup> After completing all entries on Schedule G-1, provide totals by category.

# **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		AJ	MOUNT
Excellent Education for Everyone		\$	29,312.00
2. American Federation for Children, Inc.			10,000.00
3. Alliance for School Choice			20,000.00
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
	TOTAL RECEIPTS	s	59,312.00
Now long of Loting law Enforcement Commission			Burisad Sant 2010

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Form L1-A Revised Sept. 2010

New Jersey Election Law Enforcement Commission

CERTIFICATION	
This certification shall be signed by either the Governmental Affairs Agent fil Managing or Principal Partner or Chief Executive Officer of the Governmenta	
ı, Henry K. Levari, Jr.	
(print name)	
hereby certify that I am duly authorized by	
(print name of firm)	<del></del>
to file and certify the accuracy and correctness of this Annual Report of Lobb I certify that the statements made herein are true and accurate. I am aware to false, I may be subject to punishment.	
Signature	