



ANNUAL REPORT OF REPRESENTED ENTITY

FORM L1-L Reporting For Calendar Year 2010

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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

FOR STATE USE ONLY

Amendment [checked]

Name of Represented Entity New Jersey State Federation of Teachers Business Address 629 Amboy Ave, 3rd Floor City Edison State NJ Zip Code 08837 *(Area Code) Telephone Number

1. Provide the following information regarding the Governmental Affairs Agent(s) employed by the Represented Entity named above.

1. Name John M. Abeigon Registration Number 1092-1 Job Title LEGISLATIVE DIRECTOR Business Address S/A City State Zip Code *(Area Code) Telephone Number 732-661-9393

2. Name Registration Number Job Title Business Address City State Zip Code *(Area Code) Telephone Number

3. Name Registration Number Job Title Business Address City State Zip Code *(Area Code) Telephone Number

4. Name Registration Number Job Title Business Address City State Zip Code *(Area Code) Telephone Number

*Leave this field blank if your telephone number is unlisted Pursuant to N.J.S.A. 47:1A-1, an unlisted telephone number is not a public record and must not be provided on this form.

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 Peter Guzzo - TTP Government Relations
Business Address Box 7281
City Trenton State NJ Zip Code 08628
*(Area Code) Telephone Number _____ Occupation/Business Government Affairs Agent

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 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 _____

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-1.3, 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

\$ 30,000⁰⁰

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
1. Peter Guzzo	Monitors legislation affecting Arc K thru 12 and Higher Ed	\$ 58,656 ⁰⁰
2.		
3.		
4.		
5.		
6.		
7.		

Total \$ 58,656⁰⁰

SCHEDULE B TOTALS 88,656⁰⁰

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 TOTALS _____

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

* 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.

ENTER THE TOTAL AMOUNT OF REIMBURSED BENEFITS, IF ANY.

DO NOT DEDUCT THIS AMOUNT FROM BENEFIT PASSING AMOUNTS.

\$ _____

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

1 Salary and Compensation (Add the total from questions 1 & 2)	Schedule B Total \$	<u>88,656⁰⁰</u>
2 Support Personnel	Schedule C Total	_____
3 Assessments, Membership Fees, or Dues	Schedule D-1 and Schedule D-2 Total	_____
4 Communication Expenses	Schedule E Total	_____
5 Travel and Lodging	Schedule F Total	_____
6 Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____
Total Lobbying Expenditures \$		<u>88,656⁰⁰</u>

CERTIFICATION

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

I, John M Abeigon
(print name)

hereby certify that I am duly authorized by

New Jersey State Federation of Teachers
(print name of Represented Entity)

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

John M Abeigon
Signature

3/1/2011
Date