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ANNUAL REPORT OF REPRESENTED ENTITY

FORM L1-L Reporting For Calendar Year 2010

ELEC RECEIVED FEB 24 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

FOR STATE USE ONLY

Name of Represented Entity Statewide Parent Advocacy Network of New Jersey (SPAN)

Business Address 35 Halsey Street

City Newark State NJ Zip Code 07102

*(Area Code) Telephone Number 973-642-8100

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

1. Name Diana MTK Autin

Registration Number Job Title Executive Co-Director

Business Address 35 Halsey Street

City Newark State NJ Zip Code 07102

*(Area Code) Telephone Number (973) 642-8100

2 Name Margaret Kinsell

Registration Number Job Title Policy Director

Business Address SPAN, 35 Halsey Street

City Newark State NJ Zip Code 07102

*(Area Code) Telephone Number (973) 642-8100

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. 17 1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

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	\$ 250.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	300.00
Postage	440.00
Telephone, Telegram, Facsimile	1,200.00
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	
Other (please describe)	
SCHEDULE E TOTAL \$	2,190.00

SCHEDULE F - TRAVEL/LODGING

PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents who are employees of the Represented Entity named on page 1, question 1, related to influencing legislation, regulations, governmental processes, or communicating with the general public

NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
Peg Kinsell	\$ 2,000.00
Diana MTK Autin	1,000.00
SCHEDULE F TOTAL \$	3,000.00

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 \$	15,000.00
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	2,190.00
5. Travel and Lodging	Schedule F Total	3,000.00
6. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____
Total Lobbying Expenditures \$		20,190.00

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, Diana MTK Autin

(print name)

hereby certify that I am duly authorized by

Statewide Parent Advocacy Network

(print name of Represented Entity)

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.

Diana MTK Autin

Signature

February 11, 2010

Date

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, Diana MTK Autin
(print name)

hereby certify that I am duly authorized by

Statewide Parent Advocacy Network
(print name of Represented Entity)

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.

Diana MTK Autin
Signature

February 23, 2010
Date