

FORM L1-A
Reporting For Calendar Year 2009

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



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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

RECEIVED
VIA FAX

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Laurenti Consultants LLC

Business Address

18 Bank St., Ste. 201

City

Marritown

State

NJ

Zip Code

07960

*(Area Code) Telephone Number

973.984.7800

1. Provide the following information regarding the Governmental Affairs Agent(s) on whose behalf this report is filed.

1. Name

SHAWN K. LAURENTI

Registration Number

1771-1

Occupation or Business

Consultant

Business Address

18 Bank St. Ste. 201

City

Marritown

State

NJ

Zip Code

07960

*(Area Code) Telephone Number

973.984.7800

2. Name

Registration Number

Occupation or Business

Business Address

City

State

Zip Code

*(Area Code) Telephone Number

3. Name

Registration Number

Occupation or Business

Business Address

City

State

Zip Code

*(Area Code) Telephone Number

4. Name

Registration Number

Occupation or Business

Business Address

City

State

Zip Code

*(Area Code) Telephone Number

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	Schedule B Total	\$ <u>85,866.</u>
2. Support Personnel	Schedule C Total	<u>0</u>
3. Communication Expenses	Schedule E Total	<u>1,820.</u>
4. Travel and Lodging	Schedule F Total	<u>1,200.</u>
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	<u>0</u>
Total Lobbying Expenditures		\$ <u>88,866.</u> <u>88,886.⁰⁰</u>

CERTIFICATION

This certification shall be signed by either the Governmental Affairs Agent filing this Annual Report on his/her own behalf, or by the Managing or Principal Partner or Chief Executive Officer of the Governmental Affairs Agent Firm.

I, SHAWN LAURENTI
(print name)

hereby certify that I am duly authorized by

LAURENTI CONSULTANTS, LLC
(print name of firm)

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.

Shawn K. Laurenti
Signature

Feb 15, 2010
Date

Amended Version:

Shawn K. Laurenti

Feb. 19, 2010