

FORM L1-A
Reporting For Calendar Year 2009

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



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FEB 19 2010
FOR STATE USE ONLY

DUPLICATE
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

RECEIVED
VIA FAX

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm.

Business Address Public Affairs Consultants
117 West End Avenue
City Somerville State NJ Zip Code 08876
*(Area Code) Telephone Number (908) 526-6666

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

1. Name Raymond H. Bateman
Registration Number # 360 Occupation or Business Public Affairs Consultants
Business Address 117 West End Avenue
City Somerville State NJ Zip Code 08876
*(Area Code) Telephone Number _____

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	\$	12,000.00
2. Support Personnel	Schedule C Total	_____	_____
3. Communication Expenses	Schedule E Total	_____	_____
4. Travel and Lodging	Schedule I Total	_____	_____
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____	_____
Total Lobbying Expenditures		\$	12,000.00

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, Raymond H. Bateman

(print name)

hereby certify that I am duly authorized by

Public Affairs Consultants, Inc.

(print name of firm)

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.



Signature

02 09 2010

Date