



ANNUAL REPORT OF REPRESENTED ENTITY

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

FORM L1-L Reporting For Calendar Year 2009

ELEC RECEIVED

FEB 17 2010

FOR STATE USE ONLY

Amendment []

Name of Represented Entity Greenman-Pedersen, Inc.

Business Address 100 Corporate Drive, Suite 301

City Lebanon State NJ Zip Code 08833

*(Area Code) Telephone Number (908) 236-9001

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

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

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

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 \$	138,013
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 \$		138,013

CERTIFICATION

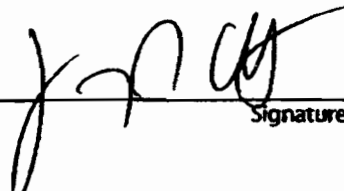
This certification shall be signed by a Governmental Affairs Agent employed by the Represented Entity or a responsible Financial or Governmental Affairs Officer of the Represented Entity.

↳ Gary T. Etter, P.E.
(print name)

hereby certify that I am duly authorized by

Greenman-Pedersen, Inc.
(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.



Signature

February 16, 2010
Date