

**FORM L1-A**  
**Reporting For Calendar Year 2010**

**ANNUAL REPORT**  
**OF**  
**GOVERNMENTAL AFFAIRS AGENT**



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N.J. ELECTION  
LAW ENFORCEMENT  
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FOR STATE-USE ONLY

**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](http://www.elec.state.nj.us)

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Richard S. Mroz, Consulting

Business Address 128 West State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number (856) 261-3066

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

1. Name Richard S. Mroz

Registration Number 1528-1 Occupation or Business Consulting/Government Relations

Business Address 128 West State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number (856) 261-3066

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 \_\_\_\_\_

**2. REPRESENTED ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY**

Provide the following information concerning those Represented Entities who have designated this report to include their activity.

Note: For each Represented Entity, Form L-2 must be filed.

1. Name of Represented Entity Enernoc

Business Address 101 Federal Street, Suite 1100

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Boston State MA Zip Code 02110

Type of Business Demand Response Company

2. Name of Represented Entity Southern New Jersey Rail Group, LLC

Business Address 700 Beidemen Ave

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Camden State NJ Zip Code 08105

Type of Business Railway

3. Name of Represented Entity Lighthouse Behavioral

Business Address 5034 Atlantic Ave

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Mays Landing State NJ Zip Code 08330

Type of Business Human Services Provider

4. Name of Represented Entity Keating Project Development, Inc

Business Address The Phoenix - Sutie 300  
1600 Arch St

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Philadelphia State PA Zip Code 19103-2028

Type of Business Construction and Development Co

5. Name of Represented Entity SMG Worldwide

Business Address One Convention Boulevard

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Atlantic City State NJ Zip Code 08401

Type of Business Convention Center Management Co.

**2. REPRESENTED ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY**

Provide the following information concerning those Represented Entities who have designated this report to include their activity.

Note: For each Represented Entity, Form L-2 must be filed.

1. Name of Represented Entity McGraw Hill Educational

Business Address 27 Hazelhurst Drive

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Voorhees State NJ Zip Code 08403

Type of Business Educational Materials Provider

2. Name of Represented Entity Urban America Fund

Business Address 30 Broad Street 31st Floor

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City New York State NY Zip Code 10004

Type of Business Urban Redevelopment Finance Co

3. Name of Represented Entity \_\_\_\_\_

Business Address \_\_\_\_\_

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

4. Name of Represented Entity \_\_\_\_\_

Business Address \_\_\_\_\_

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

5. Name of Represented Entity \_\_\_\_\_

Business Address \_\_\_\_\_

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity American Water

Business Address 1025 Laurel Oak Road NJ

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Voorhees State NJ Zip Code 08043

Type of Business Water Utility

2. Name of Represented Entity AGL Resources / Elizabethtown Gas

Business Address 300 Connell Dr.  
Suite 3000

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Berkeley Heights State NJ Zip Code 07922

Type of Business Gas Utility

3. Name of Represented Entity Bancroft NeuroHealth

Business Address Hopkins Lane

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Haddonfield State NJ Zip Code 08033

Type of Business Residential and Educational Institution for Developmentally Disabled

4. Name of Represented Entity Atlantic City Electric Co. / Pepco Holdings Inc.

Business Address 5100 Harding Highway

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Mays Landing State NJ Zip Code 08330

Type of Business Electric Distribution Company

5. Name of Represented Entity New Jersey American Water Co

Business Address 1025 Laurel Oak Road NJ

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Voorhees State NJ Zip Code 08043

Type of Business Water Utility

**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity New Jersey Energy Coalition

Business Address c/o Airport Executive Complex Suite D  
7 Easterwood Street

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Millville State NJ Zip Code 080332

Type of Business Coalition for Grass Roots Issues Regarding Energy

2. Name of Represented Entity New Jersey Conference of Mayors

Business Address 150 West State St

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Trenton State NJ Zip Code 08608-1105

Type of Business Trade Association

3. Name of Represented Entity \_\_\_\_\_

Business Address \_\_\_\_\_

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

4. Name of Represented Entity Power Survey Co, LLC

Business Address 77 S. Hackensack Avenue  
Building 104

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Kearny State NJ Zip Code 07032

Type of Business Electrical and Energy Leakage Detection Services

5. Name of Represented Entity Calpine Corp

Business Address 500 Delaware Ave

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Wilmington State DE Zip Code 19801

Type of Business Electric Generation Co.

**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entites.

1. Name of Represented Entity Develcom

Business Address 204 Harding Avenue

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Bellmawr State NJ Zip Code 08031

Type of Business Redevelopment Co

2. Name of Represented Entity Verizon New Jersey

Business Address 540 Broad St.

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Newark State NJ Zip Code 07102

Type of Business Communications Utility

3. Name of Represented Entity Exelon Corp

Business Address 300 Exelon Way

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Kennett Square State PA Zip Code 19348

Type of Business Electric Generation Co.

4. Name of Represented Entity Crown Landing LLC

Business Address 1185 Avenue of the Americas

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City New York State NY Zip Code 10036

Type of Business Liquefied Natural Gas Co

5. Name of Represented Entity Kennedy Health Systems, Inc

Business Address 1099 White Horse Road

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Voorhees State NJ Zip Code 08043

Type of Business Hospital

**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entites.

1. Name of Represented Entity SunPower Corp

Business Address 700 South Clinton Avenue

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Trenton State NJ Zip Code 08611

Type of Business Solar Generation Manufacturer and Development Co

2. Name of Represented Entity PJM Interconnect

Business Address 955 Jefferson Avenue  
Valley Forge Corporate Center

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Norristown State PA Zip Code 19403

Type of Business Electric Grid Operator

3. Name of Represented Entity Mentor Network

Business Address 80 Cottontail Lane Suite 330

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Somerset State NJ Zip Code 08873

Type of Business Human Services Provider

4. Name of Represented Entity Revel Entertainment Resort

Business Address 1301 Atlantic Avenue  
Suite 200

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Atlantic City State NJ Zip Code 08401

Type of Business Proposed Casino Hotel

5. Name of Represented Entity Trump Entertainment Resorts

Business Address 15 South Pennsylvania Ave

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Atlantic City State NJ Zip Code 08401

Type of Business Casino Hotel

**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entities.

**1. Name of Represented Entity** \_\_\_\_\_

Business  
Address \_\_\_\_\_  
\_\_\_\_\_

Check if communication with the  
general public ("Grassroots  
Lobbying") was the **only** lobbying  
activity for this entity.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

**2. Name of Represented Entity** \_\_\_\_\_

Business  
Address \_\_\_\_\_  
\_\_\_\_\_

Check if communication with the  
general public ("Grassroots  
Lobbying") was the **only** lobbying  
activity for this entity.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

**3. Name of Represented Entity** \_\_\_\_\_

Business  
Address \_\_\_\_\_  
\_\_\_\_\_

Check if communication with the  
general public ("Grassroots  
Lobbying") was the **only** lobbying  
activity for this entity.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

**4. Name of Represented Entity** \_\_\_\_\_

Business  
Address \_\_\_\_\_  
\_\_\_\_\_

Check if communication with the  
general public ("Grassroots  
Lobbying") was the **only** lobbying  
activity for this entity.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

**5. Name of Represented Entity** \_\_\_\_\_

Business  
Address \_\_\_\_\_  
\_\_\_\_\_

Check if communication with the  
general public ("Grassroots  
Lobbying") was the **only** lobbying  
activity for this entity.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_



**SCHEDULE A**

1. Did any Governmental Affairs Agent named in this Annual Report 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      Richard S. Mroz

Name of Authority, Board, or Commission Ethics Advisory Panel for the Office of the Governor

Date When Term of Service Expires      Serve at the pleasure of the Governor

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 all Governmental Affairs Agent(s) named in this Annual Report 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.

**SCHEDULE B - SALARY & COMPENSATION**

**PURPOSE:** To report the salary and compensation paid to the Governmental Affairs Agents on whose behalf this report is filed. Include the reimbursement of an Agent's expenses in amounts reported.

**NOTE:** Only the pro rata share of each Governmental Affairs Agent's salary and compensation need to be included if the Agent spends only a portion of his/her time on lobbying activity.

<b>NAME OF GOVERNMENTAL AFFAIRS AGENT</b>	<b>AMOUNT</b>
Richard S. Mroz	\$ 586,397.70
<b>SCHEDULE B TOTAL \$</b>	<b>586,397.70</b>

**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 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 Governmental Affairs Agent(s) in influencing legislation, regulations, governmental processes, or communicating with the general public.

**SCHEDULE C TOTAL \$** 0.00

**NO SCHEDULE D FOR GOVERNMENTAL AFFAIRS AGENTS**



**SCHEDULE G-1**

**ITEMIZATION OF BENEFITS WHICH EXCEEDED \$25 PER DAY OR \$200 PER CALENDAR YEAR TO STATE OFFICIALS AND THEIR IMMEDIATE FAMILY MEMBERS**

**PURPOSE:** To report detailed information concerning benefits passed to State officials covered by the Act, as well as the immediate family members of these officials. If the value of a benefit exceeded \$25 per day or \$200 per calendar year, report below.

*(Select one description item for each entry from the drop down list. When selecting "O - Other", enter a description in the space provided.)*

Name of Benefit Recipient _____		
Date _____	Description _____	Amount \$ _____ 0.00
Name and Address of Payee/Vendor		
Name _____		
Address _____		
City _____	State _____	Zip Code _____
If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.		
Date _____	Amount \$ _____	
Description _____		
Name of Benefit Recipient _____		
Date _____	Description _____	Amount \$ _____
Name and Address of Payee/Vendor		
Name _____		
Address _____		
City _____	State _____	Zip Code _____
If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.		
Date _____	Amount \$ _____	
Description _____		
Name of Benefit Recipient _____		
Date _____	Description _____	Amount \$ _____
Name and Address of Payee/Vendor		
Name _____		
Address _____		
City _____	State _____	Zip Code _____
If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.		
Date _____	Amount \$ _____	
Description _____		
Name of Benefit Recipient _____		
Date _____	Description _____	Amount \$ _____
Name and Address of Payee/Vendor		
Name _____		
Address _____		
City _____	State _____	Zip Code _____
If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.		
Date _____	Amount \$ _____	
Description _____		

### 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) _____	_____		+ _____		= _____
<b>Total</b>	<b>\$ _____</b>		<b>+ \$ _____</b>		<b>= \$ _____ 0.00</b>

**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.**

\$ \_\_\_\_\_ 0.00

### SUMMARY OF LOBBYING EXPENDITURES

**EXPENDITURES**

1. Salary and Compensation	Schedule B Total	\$	_____ 586,397.70
2. Support Personnel	Schedule C Total		_____ 0.00
3. Communication Expenses	Schedule E Total		_____ 1,010.54
4. Travel and Lodging	Schedule F Total		_____ 2,331.43
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total		_____ 0.00
<b>Total Lobbying Expenditures</b>		<b>\$</b>	<b>_____ 589,782.24</b>



**RECEIPTS TABLE**

**PURPOSE:** To report all fees, retainers, allowances, reimbursement of expenses, or other compensation received from Represented Entities for the purpose of influencing legislation, regulations, governmental processes, or communicating with the general public.

**NOTE:** Report only the pro rata share of each receipt which is related to influencing legislation, regulations, governmental processes, or communicating with the general public.

REPRESENTED ENTITY	AMOUNT
1. Verizon New Jersey	\$ 18,000.00
2. Power Survey Co	6,000.00
3. Revel Entertainment	67,500.00
4. Southern New Jersey Rail Group, LLC	13,737.55
5. Trump Entertainment Resorts	70,000.00
6. SMG Worldwide, Inc	10,000.00
7. SunPower Corp	30,000.00
8. T D Associates, LLC	1,642.20
9. Urban America Fund	3,333.00
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
<b>TOTAL RECEIPTS</b>	<b>\$ 586,397.70</b>

**CERTIFICATION**

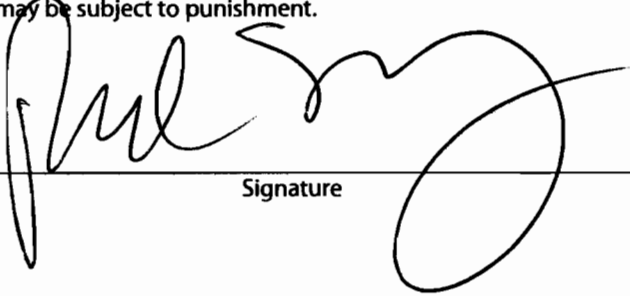
This certification shall be signed by either the Governmental Affairs Agent filing this Annual Report on his/her own behalf, or by the Managing or Principal Partner or Chief Executive Officer of the Governmental Affairs Agent Firm.

I, Richard S. Mroz  
*(print name)*

hereby certify that I am duly authorized by

Richard S Mroz Consulting  
*(print name of firm)*

to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year 2010.  
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 7, 2011  
\_\_\_\_\_  
Date