



**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.elcc.state.nj.us

DUPLICATE FORM L1-L
Reporting For Calendar Year 2009

**ELEC RECEIVED
MAR 02 2010**

FOR STATE USE ONLY

Amendment

Name of Represented Entity Atlantic City Electric

Business Address 5100 Harding Highway

City Mays Landing

State NJ

Zip Code 08330

*(Area Code) Telephone Number 609-656-2001

**RECEIVED
VIA FAX**

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

1. Name Robert Revelle

Registration Number 1210-03

Job Title Director, New Jersey State Relations

Business Address Atlantic City Electric, 150 West State Street

City Trenton

State NJ

Zip Code 08330

*(Area Code) Telephone Number 609-656-2001

2. Name Robert K. Marshall

Registration Number 1210-2

Job Title Regional Vice President

Business Address 5 Collins Drive

City Carneys Point

State NJ

Zip Code 08069

*(Area Code) Telephone Number 856-351-7310

3. Name Wayne W. Barndt

Registration Number 1570-1

Job Title Manager, Regulatory Strategy and Policy

Business Address Atlantic City Electric, 401 Eagle Run Road, PO Box 9239

City Newark

State DE

Zip Code 19714

*(Area Code) Telephone Number 302-454-4597

4. Name Gary Helm

Registration Number 1659-1

Job Title Senior Environmental Consultant

Business Address 500 N. Wakefield Drive

City Newark

State DE

Zip Code 19714

*(Area Code) Telephone Number 302-451-5077

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 Thurman Barnes

Date Dec 21, 2009 Description L - Lodging Amount \$ 143.19

Name and Address of Payee/Vendor

Name Radisson Largo

Address 9100 Basil Court

City Largo State MD Zip Code 20774

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient Thurman Barnes

Date Dec 21, 2009 Description E - Entertainment Amount \$ 108.90

Name and Address of Payee/Vendor

Name W.F.I. Stadium Inc

Address 1600 FEDEX WAY

City HYATTSVILLE State MD Zip Code 20785

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 \$ 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 \$ 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 _____

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

1. Susan M. Coan
(print name)

hereby certify that I am duly authorized by

Atlantic City Electric
(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.

[Handwritten Signature]
Signature

3/2/10
Date