



**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**

**DUPLICATE**  
**ELEC RECEIVED**  
**FEB 16 2010**  
FOR STATE USE ONLY

Amendment

Name of Represented Entity Public Service Enterprise Group (PSEG/PSE&G/PSEG Power/PSEG Service Corporation)

Business Address 80 Park Plaza

City Newark State NJ Zip Code 07102

\*(Area Code) Telephone Number 973-430-6400

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

1. Name Ralph Izzo

Registration Number 1524-12 Job Title Chairman of the Board, President & CEO, PSEG

Business Address 80 Park Plaza

City Newark State NJ Zip Code 07102

\*(Area Code) Telephone Number 973-430-8394

2. Name Ralph LaRossa

Registration Number 1524-13 Job Title President & COO, PSE&G

Business Address 80 Park Plaza

City Newark State NJ Zip Code 07102

\*(Area Code) Telephone Number 973-430-8248

3. Name R. Edwin Selover

Registration Number 1524-11 Job Title EVP & General Counsel, PSEG

Business Address 80 Park Plaza

City Newark State NJ Zip Code 07102

\*(Area Code) Telephone Number 973-430-6450

4. Name Richard T. Thigpen

Registration Number 1524-18 Job Title VP State Governmental Affairs, PSEG

Business Address 80 Park Plaza

City Newark State NJ Zip Code 07102

\*(Area Code) Telephone Number 973-430-6400

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

1. Name Anne E. Hoskins

Registration Number 1524-9 Job Title VP Federal Affairs & Policy, PSEG

Business Address 80 Park Plaza

City Newark State NJ Zip Code 07102

\*(Area Code) Telephone Number 973-430-5046

2. Name William J. Walsh, Jr.

Registration Number 503-13 Job Title Director of State Public Affairs, PSEG

Business Address 80 Park Plaza

City Newark State NJ Zip Code 07102

\*(Area Code) Telephone Number 973-430-3617

3. Name Josephine DiRienzo

Registration Number 499-3 Job Title Manager-State Governmental Affairs, PSEG

Business Address 170 West State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-656-2752

4. Name Daniel Cunningham

Registration Number 1524-2 Job Title Environmental Policy Manager Air, PSEG

Business Address 80 Park Plaza

City Newark State NJ Zip Code 07102

\*(Area Code) Telephone Number 973-430-6307

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

1. Name Raymond Tripodi

Registration Number 1524-4 Job Title Manager of Corporate Licenses & Permits, PSEG

Business Address 80 Park Plaza

City Newark State NJ Zip Code 07102

\*(Area Code) Telephone Number 973-430-8832

2. Name Donald McCloskey

Registration Number 1524-5 Job Title Director of Environmental Strategy & Policy, PSEG

Business Address 80 Park Plaza

City Newark State NJ Zip Code 07102

\*(Area Code) Telephone Number 973-430-8555

3. Name Eric B. Svenson

Registration Number 1524-6 Job Title VP Environment Health & Safety, PSEG

Business Address 80 Park Plaza

City Newark State NJ Zip Code 07102

\*(Area Code) Telephone Number 973-430-5857

4. Name Mark F. Strickland

Registration Number 1525-3 Job Title Director Fossil Environmental Affairs, PSEG Power - Fossil

Business Address 80 Park Plaza

City Newark State NJ Zip Code 07102

\*(Area Code) Telephone Number 973-430-7911

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

1. Name Thomas Moran

Registration Number 1524-14 Job Title Director of Public Policy, PSEG

Business Address 80 Park Plaza

City Newark State NJ Zip Code 07102

\*(Area Code) Telephone Number 973-430-7870

2. Name George Sous

Registration Number 1831-1 Job Title Regional Public Affairs Manager, PSE&G

Business Address 80 Park Plaza

City Newark State NJ Zip Code 07102

\*(Area Code) Telephone Number 973-365-6999

3. Name Jess Melanson

Registration Number 1524-27 Job Title Director Corporate Strategy, PSEG

Business Address 80 Park Plaza

City Newark State NJ Zip Code 07102

\*(Area Code) Telephone Number 973-430-8813

4. Name Tamara Linde

Registration Number 1524-15 Job Title VP Regulatory, PSEG

Business Address 80 Park Plaza

City Newark State NJ Zip Code 07102

\*(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.

2. Provide the following information regarding the Governmental Affairs Agent(s) retained or otherwise engaged by the Represented Entity.

1. Name of Agent or Firm Princeton Public Affairs Group

Business Address 160 West State Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-393-8838 Occupation/Business Lobbying

2. Name of Agent or Firm 1868 Public Affairs

Business Address 15 West Front Street

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-394-0888 Occupation/Business Lobbying

### SCHEDULE A

1. Did any Governmental Affairs Agent named on page 1, question 1, 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 Ralph Izzo

Name of Authority, Board, or Commission Rutgers - Board of Governors

Date When Term of Service Expires 2014

Name of Governmental Affairs Agent Ralph LaRossa

Name of Authority, Board, or Commission Montclair State University - Board of Trustees

Date When Term of Service Expires 2010

Name of Governmental Affairs Agent Tamara Linde

Name of Authority, Board, or Commission NJ After 3

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 the Governmental Affairs Agent(s) named on page 1, question 1 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.

\*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.

2. Provide the following information regarding the Governmental Affairs Agent(s) retained or otherwise engaged by the Represented Entity.

1. Name of Agent or Firm Public Strategies Impact, LLC

Business Address 414 Riverview Plaza

City Trenton State NJ Zip Code 08611-3420

\*(Area Code) Telephone Number 609-393-7799 Occupation/Business Lobbying

2. Name of Agent or Firm Donald Sico & Company, LLC

Business Address P.O. Box 11

City Riverton State NJ Zip Code 08077-0011

\*(Area Code) Telephone Number 856-314-8064 Occupation/Business \_\_\_\_\_

### SCHEDULE A

1. Did any Governmental Affairs Agent named on page 1, question 1, 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 \_\_\_\_\_

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 \_\_\_\_\_

Name of Governmental Affairs Agent \_\_\_\_\_

Name of Authority, Board, or Commission \_\_\_\_\_

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\*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.

2. Provide the following information regarding the Governmental Affairs Agent(s) retained or otherwise engaged by the Represented Entity.

1. Name of Agent or Firm Jack Collins Enterprises  
Business Address 173 Sand Bridge Road  
City Pittsgrove State NJ Zip Code 08318  
\*(Area Code) Telephone Number 609-273-2259 Occupation/Business Lobbying

2. Name of Agent or Firm Issues Management LLC  
Business Address 100 Overlook Center  
City Princeton State NJ Zip Code 08540  
\*(Area Code) Telephone Number 609-252-1300 Occupation/Business Lobbying

**SCHEDULE A**

1. Did any Governmental Affairs Agent named on page 1, question 1, 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 \_\_\_\_\_  
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 \_\_\_\_\_  
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Name of Authority, Board, or Commission \_\_\_\_\_  
Date When Term of Service Expires \_\_\_\_\_

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Yes If "yes," continue on to Schedule B.  No If "no," please file the necessary reports immediately.

\*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.

2. Provide the following information regarding the Governmental Affairs Agent(s) retained or otherwise engaged by the Represented Entity.

1. Name of Agent or Firm The Marcus Group, Inc.

Business Address Overlook at Great Notch, 150 Clove Road

City Little Falls State NJ Zip Code 07424

\*(Area Code) Telephone Number 973-890-9590 Occupation/Business Lobbying

2. Name of Agent or Firm \_\_\_\_\_

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

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

\*(Area Code) Telephone Number \_\_\_\_\_ Occupation/Business \_\_\_\_\_

### SCHEDULE A

1. Did any Governmental Affairs Agent named on page 1, question 1, 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 \_\_\_\_\_

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 \_\_\_\_\_

Name of Governmental Affairs Agent \_\_\_\_\_

Name of Authority, Board, or Commission \_\_\_\_\_

Date When Term of Service Expires \_\_\_\_\_

2. Did the Governmental Affairs Agent(s) named on page 1, question 1 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.

\*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.



### SCHEDULE B - SALARY & COMPENSATION

**PURPOSE:** To report the salary and compensation paid by the Represented Entity to its Governmental Affairs Agent(s). Include the reimbursement of an Agent's expenses in amounts reported.

1. For the Governmental Affairs Agents who are employees of the Represented Entity named on page 1, question 1, please report the salary and other compensation paid. **NOTE:** Only the pro rata share of each employee's salary and compensation need be included if the employee spends only a portion of his/her time lobbying.

\$ 167,679.00

2. For the Governmental Affairs Agents named on page 2, question 2, who are retained or otherwise engaged by the Represented Entity, please provide the following information:

NAME OF PAYEE	LOBBYING PURPOSE	COMPENSATION
1. Princeton Public Affairs	Government Relations	\$ 84,000.00
2. 1868 Public Affairs	Government Relations	72,000.00
3. Public Strategies Impact, LLC	Government Relations	92,108.23
4. Donald Sico & Company, LLC	Government Relations	120,000.00
5. Jack Collins Enterprises	Government Relations	72,000.00
6. Issues Management, LLC	Government Relations	3,000.00
7. The Marcus Group, Inc.	Government Relations	25,000.00
Total \$		468,108.00
<b>SCHEDULE B TOTAL \$</b>		<b>635,787.00</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 Represented Entity or 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 Represented Entity or Governmental Affairs Agent(s) in influencing legislation, regulations, governmental processes, or communicating with the general public.

**SCHEDULE C TOTAL \$** 24,880.00

**SCHEDULES D-1 & D-2 - ASSESSMENTS, MEMBERSHIP FEES, OR DUES**

**Schedule D-1 - Specific Intent**

**PURPOSE:** To report the amount of assessments, membership fees, or dues paid by the Represented Entity. If the assessments, membership fees, or dues were paid by the Represented Entity with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

**PART I** – For assessments, membership fees, or dues exceeding \$100 for the calendar year:

DATE	PAYEE	DESCRIPTION (A,M, or D)	AMOUNT
			\$

Part I TOTAL \$ \_\_\_\_\_

**PART II** – For assessments, membership fees, or dues \$100 or less for the calendar year:

Part II TOTAL \$ \_\_\_\_\_

**(Part I AND Part II) Schedule D-1 TOTAL \$ 0.00**

**Schedule D-2 - Major Purpose**

**PURPOSE:** To report the pro rata amount of assessments, membership fees, or dues paid by the Represented Entity. If the assessments, membership fees, or dues were paid by the Represented Entity to an entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, and, was not reported on Schedule D-1, "Specific Intent," please provide the information below:

**PART I** – For assessments, membership fees, or dues exceeding \$100 for the calendar year:

DATE	PAYEE	DESCRIPTION (A,M, or D)	AMOUNT
			\$

Part I TOTAL \$ \_\_\_\_\_

**PART II** – For assessments, membership fees, or dues \$100 or less for the calendar year:

Part II TOTAL \$ \_\_\_\_\_

**(Part I and Part II) Schedule D-2 TOTAL \$ \_\_\_\_\_**

**Schedule D-1 AND Schedule D-2 TOTAL \$ 0.00**



**SCHEDULE E - COMMUNICATION EXPENSES**

**PURPOSE:** To report the costs of the preparation and distribution of materials related to influencing legislation, regulations, governmental processes, and conducting communications with the general public.

EXPENSE	AMOUNT
Printed Materials	\$
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	
Postage	
Telephone, Telegram, Facsimile	
Pro Rata Overhead Costs of Specific Events Over \$100 <i>(please identify name and date of event)</i>	
Other <i>(please describe)</i>	
<b>SCHEDULE E TOTAL \$</b> _____	

**SCHEDULE F - TRAVEL/LODGING**

**PURPOSE:** To report the travel and lodging costs of the Governmental Affairs Agents who are employees of the Represented Entity named on page 1, question 1, related to influencing legislation, regulations, governmental processes, or communicating with the general public.

NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
	\$
<b>SCHEDULE F TOTAL \$</b> _____	

**SCHEDULE E - COMMUNICATION EXPENSES**

**PURPOSE:** To report the costs of the preparation and distribution of materials related to influencing legislation, regulations, governmental processes, and conducting communications with the general public.

EXPENSE	AMOUNT
Printed Materials	\$
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet	
Postage	
Telephone, Telegram, Facsimile	
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)	
Other (please describe)	
<b>SCHEDULE E TOTAL \$</b>	

**SCHEDULE F - TRAVEL/LODGING**

**PURPOSE:** To report the travel and lodging costs of the Governmental Affairs Agents who are employees of the Represented Entity named on page 1, question 1, related to influencing legislation, regulations, governmental processes, or communicating with the general public.

NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
Anne Hoskins	\$ 103.00
Raymond Tripodi	450.00
Daniel Cunningham	150.00
Mark Strickland	6.50
George Sous	177.00
<b>SCHEDULE F TOTAL \$ 8,151.50</b>	

**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 \$ \_\_\_\_\_

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	\$ _____	+ \$ _____	= \$ _____ 0.00
Food and Beverage	_____	+ _____	= _____ 0.00
Travel	_____	+ _____	= _____ 0.00
Lodging	_____	+ _____	= _____ 0.00
Honoraria	_____	+ _____	= _____ 0.00
Loans	_____	+ _____	= _____ 0.00
Gifts	_____	+ _____	= _____ 0.00
Other(specify) _____	_____	+ _____	= _____ 0.00
<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.** \$ \_\_\_\_\_ .00

### SUMMARY OF LOBBYING EXPENDITURES

**EXPENDITURES**

1. Salary and Compensation (Add the total from questions 1 & 2)	Schedule B Total \$	635,787.00
2. Support Personnel	Schedule C Total	24,880.00
3. Assessments, Membership Fees, or Dues	Schedule D-1 and Schedule D-2 Total	0.00
4. Communication Expenses	Schedule E Total	28,764.00
5. Travel and Lodging	Schedule F Total	8,151.50
6. Benefit Passing	Schedule G-1 and Schedule G-2 Total	0.00
<b>Total Lobbying Expenditures \$</b>		<b>697,582.50</b>

**RECEIPTS TABLES 1 AND 2**

**Receipts Table 1 - Specific Intent**

**PURPOSE:** To report the amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity.

If the contributions, loans, membership fees, dues, or assessments were received by the Represented Entity with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

**PART I -** For contributions, loans, membership fees, dues, or assessments exceeding \$100 for the calendar year:

DATE	SOURCE	ADDRESS	AMOUNT
			\$

Part I Total \$ \_\_\_\_\_

**PART II -** For contributions, loans, membership fees, dues, or assessments \$100 or less for the calendar year:

Part II Total \$ \_\_\_\_\_

**Receipts Table 1 Total (Part I and II) \$ 0.00**

**Receipts Table 2 - Major Purpose**

**PURPOSE:** To report the pro rata amount of contributions, loans, membership fees, dues, or assessments received by the Represented Entity. **Note:** If a receipt was already reported on Receipts Table 1 as a "Specific Intent" receipt, DO NOT report again as a "Major Purpose" receipt. If the receipts were received by the Represented Entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below:

Provide the percentage of activity which constituted lobbying (this figure must be more than 50%): \_\_\_\_\_ %

For each receipt, multiply the percentage indicated by the amount of the receipt to arrive at a net receipt amount. Add together all net receipt amounts to arrive at the aggregate total.

**Receipts Table 2 Total \$ 0.00**

Review each net receipt amount. Any net receipt in excess of \$100 should be listed below:

DATE	SOURCE	ADDRESS	AMOUNT
			\$

**Table 1 and Table 2 Totals Receipts Total \$ 0.00**



**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.

I, Richard T. Thigpen

(print name)

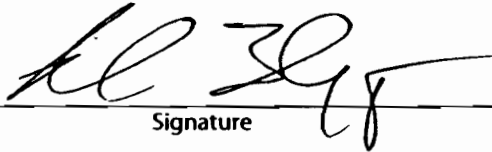
hereby certify that I am duly authorized by

Public Service Enterprise Group, Inc.

(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.

  
Signature

2-15-10

Date