ANNUAL REPORT OF REPRESENTED ENTITY	FORM L1-L Reporting For Calendar Year 2010
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	ELEC RECEIVED FEB 1 7 2011 FOR STATE USE ONLY
	Amendment ☐

Name of Represented Entity FirstEnergy/Jersey Central Power & Light

Business Address 150 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number (609) 656-2600

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

1. Name Julie Holman

Registration Number 209-3 Job Title State Governmental Affairs Director

Business Address 150 West State Street

City Trenton State NJ Zip Code 08608

*(Area Code) Telephone Number (609) 656-2600

2. Name Kevin Connelly

Registration Number 209-11 Job Title NJ State Regulatory Analyst V

Business Address 300 Madison Avenue, P.O. Box 1911

City Morristown State NJ Zip Code 07962-1911

*(Area Code) Telephone Number (973) 401-8708

3. Name Michael Filippone

Registration Number 209-5 Job Title Director, Rates & Regulatory Affairs

Business Address 300 Madison Avenue, P.O. Box 1911

City Morristown State NJ Zip Code 07962-1911

*(Area Code) Telephone Number (973) 401-8991

4. Name Lawrence Sweeney

Registration Number 209-6 Job Title State Governmental Affairs Manager

Business Address 300 Madison Avenue, P.O. Box 1911

City Morristown State NJ Zip Code 07962-1911

*(Area Code) Telephone Number (973) 401-8697

*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: MBI-GluckShaw
   Business Address: 212 West State Street
   City: Trenton State: NJ Zip Code: 08608
   *(Area Code) Telephone Number: (609) 392-3100 Occupation/Business: Government Relations

2. Name of Agent or Firm: Morgan, Lewis & Bockius LLP
   Business Address: 89 Headquarters Plaza North, Suite 1435
   City: Morristown State: NJ Zip Code: 07960
   *(Area Code) Telephone Number: (973) 993-3133 Occupation/Business: Law Firm

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 ______

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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.

$ 334,500.12

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. MBI-GluckShaw	Influence legislation/regulations	$ 180,000.00
2. Morgan, Lewis & Bockius LLP	Influence regulatons	24,565.40
3.		
4.		
5.		
6.		
7.		

Total $ 204,565.40

SCHEDULE B TOTAL $ 539,065.52

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 $ 8,000.00

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 (*please identify name and date of event*)	
Other (*please describe*)	

SCHEDULE E TOTAL $ 0.00

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
	$

SCHEDULE F TOTAL $ 0.00

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	$	+	$	=	$
Food and Beverage		+		=	
Travel		+		=	
Lodging		+		=	
Honoraria		+		=	
Loans		+		=	
Gifts		+		=	
Other(specify) ______		+		=	
Total	$	+	$	=	$ 0.00
					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 $	539,065.52
2. Support Personnel	Schedule C Total	8,000.00
3. Assessments, Membership Fees, or Dues	Schedule D-1 and Schedule D-2 Total	0.00
4. Communication Expenses	Schedule E Total	0.00
5. Travel and Lodging	Schedule F Total	0.00
6. Benefit Passing	Schedule G-1 and Schedule G-2 Total	0.00
	Total Lobbying Expenditures $	547,065.52

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 $

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, Julie Holman

(*print name*)

hereby certify that I am duly authorized by

FirstEnergy/Jersey Central Power & Light

(*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.

Julie Holman
Signature

February 15, 2011
Date