

DUPLICATE

FORM L1-A
Reporting For Calendar Year 2009

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



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Amended

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
P.O. Box 185, Trenton, NJ 08625-0185
(609) 292-8700 or Toll Free Within NJ 1-800-313-ELEC (3532)
Website: www.elec.state.nj.us

FOR STATE USE ONLY

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Richard S. Mroz, Consulting

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Business Address 331 Knoll Top Lane

FEB 22 2010

City Haddonfield

State NJ

Zip Code 08033

*(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 331 Knoll Top Lane

City Haddonfield

State NJ

Zip Code 08033

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

2. Name

Registration Number

Occupation or Business

Business Address

City

State

Zip Code

*(Area Code) Telephone Number

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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 Medford Holdings, LLC

Business Address 107 Taunton Road

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

City Medford State NJ Zip Code 08055

Type of Business Real Estate Development Co

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 _____

3. Name of Represented Entity Al & John Inc

Business Address 444 Marshall St

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

City Paterson State NJ Zip Code 07503

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 T D Associates, LLC

Business Address 900 Pleasure Avenue

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

City Ocean City State NJ Zip Code 08226

Type of Business Retail Business in sales and distribution of fishing equipment

5. Name of Represented Entity New Jersey American Water Co

Business Address P. O. Box 5079

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

City Cherry Hill State NJ Zip Code 08034

Type of Business _____

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity New Jersey Coalition for Affordable Clean Reliable Energy

Business Address c/o Airport Executive Complex Sulte 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 Nova Southeastern University c/o Dr. H. Wells Singleton

Business Address Fischler Graduate School of Education & Human Services
1750 NE 167th Street

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

City North Miami Beach State FL Zip Code 33162-3017

Type of Business University

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 South Jersey Industries/South Jersey Gas

Business Address One South Jersey Plaza Route 54

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

City Folsom State NJ Zip Code 08037

Type of Business Natural Gas Utility

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. 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 Operator of Southern New Jersey Light Rail Transit System

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 Telecommunications Utility

3. Name of Represented Entity AI & John Inc

Business Address 444 Marshall St

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

City Paterson State NJ Zip Code 07503

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 _____

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 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.

| NAME OF GOVERNMENTAL AFFAIRS AGENT | AMOUNT |
|------------------------------------|---------------|
| Richard S. Mroz | \$ 132,652.10 |
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| | |
| | |

SCHEDULE B TOTAL \$ 132,652.10

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 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 | \$ 0.00 |
| Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet | 0.00 |
| Postage | 46.37 |
| Telephone, Telegram, Facsimile | 643.98 |
| Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event) | |
| | |
| | |
| | |
| | |
| | |
| | |
| Other (please describe): | |
| | |
| | |
| | |
| | |

SCHEDULE E TOTAL \$ 690.35

SCHEDULE F - TRAVEL/LODGING

PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents on whose behalf this report is filed related to influencing legislation, regulations, governmental processes, or communicating with the general public.

| NAME OF GOVERNMENTAL AFFAIRS AGENT | AMOUNT |
|------------------------------------|--------|
| | \$ |
| | |
| | |
| | |
| | |

SCHEDULE F TOTAL \$ 1,108.98

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) _____ | _____ | + | _____ | = | _____ |
| 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.

\$ _____ **0.00**

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

| | | | |
|------------------------------------|-------------------------------------|----|-------------------|
| 1. Salary and Compensation | Schedule B Total | \$ | 132,652.10 |
| 2. Support Personnel | Schedule C Total | | 0.00 |
| 3. Communication Expenses | Schedule E Total | | 690.35 |
| 4. Travel and Lodging | Schedule F Total | | 1,108.98 |
| 5. Benefit Passing | Schedule G-1 and Schedule G-2 Total | | 0.00 |
| Total Lobbying Expenditures | | \$ | 134,451.43 |

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. American Water | \$ 5,500.00 |
| 2. AGL / Elizabethtown Gas | 11,900.00 |
| 3. Bancroft NeuroHealth | 8,250.00 |
| 4. New Jersey American Water | 30,000.00 |
| 5. New Jersey Coalition for Affordable Clean Reliable Energy | 29,000.00 |
| 6. Power Survey Co | 4,500.00 |
| 7. South Jersey Industries/South Jersey Gas | 250.00 |
| 8. Verizon New Jersey | 20,110.00 |
| 9. T D Associates, LLC | 1,700.85 |
| 10. Medford Holdings, LLC | 4,306.25 |
| 11. Nova Southeastern University | 8,250.00 |
| 12. Al & John, Inc | 5,885.00 |
| 13. New Jersey Conference of Mayors | 3,000.00 |
| 14. | |
| 15. | |
| 16. | |
| 17. | |
| 18. | |
| TOTAL RECEIPTS | \$ 132,652.10 |

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 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

February 20, 2010

Date