

# ANNUAL REPORT OF REPRESENTED ENTITY

### FORM L1-L Reporting For Cal Endar Year 2010

2011 FEB 14 P 1:59

Amendment



#### 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

Name of Represented Entity New Jersey American	Water		
Business 1035 Laurel Oak Road			
Address - 1000 Education Out House			
City Voorhees		State NJ	Zip Code 08043
*(Area Code) Telephone Number 856.782.2373			· · —
Provide the following information regarding the Gove	ernmental Affairs Agent(s) employed	by the Represent	ted Entity named above.
1. Name Jason Gonzaelz	· · · · · · · · · · · · · · · · · · ·	•	·
Registration Number 1014-21	Job Title Vice President-Gove	ernment Affairs	
Business Address 1035 Laurel Oak Road			
City Voorboos	-	State NJ	Zip Code 08043
*(Area Code) Telephone Number 856.782.2317			
2. Name Robert Brabston			_
Registration Number 1014-19	Job Title Corporate Counsel		-
	_ 300 fille Corporate Couriser		_
Business Address 1035 Laurel Oak Road		s NI	7: 6 1: 00043
City Voorhees		State NJ	Zip Code <u>08043</u>
*(Area Code) Telephone Number 973.564.5716			-
3. Name Kevin Watsey		C	
Registration Number 1014-20	_ Job Title Government Affairs	Specialist	
Business Address 1035 Laurel Oak Road	_		
City Voorhees		State NJ	Zip Code <u>08043</u>
*(Area Code) Telephone Number 856.782.2373			
4. Name Frank X. Simpson			
Registration Number 1014-15	Job Title Manager, Rates & Re	gulations	_
Business Address 1035 Laurel Oak Road		_	
City Voorhees		State NJ	Zip Code <u>08043</u>
*(Area Code) Telephone Number 856.782.2351			

1. Provide the following information regarding the Gov	vernmental Affairs Agent(s) empl	oyed by the Repres	ented Entity named abov
1. Name Steve Tambini			
Registration Number 1014-16	Job Title Vice President,	Operations	
Business Address 1025 Laurel Oak Road			
City Voorhees		State NJ	Zip Code 08043
*(Area Code) Telephone Number 856.782.2305			
. Name John Bigelow			
Registration Number 1014	Job Title President		
Business Address 1025 Laurel Oak Road			
City Voorhees		State NJ	Zip Code 08043
*(Area Code) Telephone Number 856.782.2301			
. Name			
Registration Number			
Business Address			
City			Zip Code
*(Area Code) Telephone Number			
. Name			
Registration Number			
Business Address			
City			Zip Code
*(Area Code) Telephone Number			
*Leave this field blank if your telephone number is unlisted. Pursuant to	NJ.S.A. 47:1A-1.1, an unlisted telephone numb	per is not a public record an	d must not be provided on this form

Entity.	tal Affairs Agent(s) retained or otherwise engaged by the Represented
Name of Agent or Firm     Salmon Ventures Limited	
Business Address 207 Bogden St., Suite D	
City Millville	State NJ Zip Code 08332
*(Area Code) Telephone Number 856.825.0500	Occupation/Business Consultant
2. Name of Agent or Firm Pathways Government Relat	ions LLC
Business Address 207 Bogden St., Suite D	,
City Millville	State NJ Zip Code 08332
*(Area Code) Telephone Number 856.825.0500	Occupation/Business Consultant
SCH	HEDULE A
Legislature, or by any Agency, Department or other ins  No If "no," continue on to the next question.  Name of Governmental Affairs Agent  Name of Authority, Board, or Commission  Date When Term of Service Expires  Name of Governmental Affairs Agent  Date When Term of Service Expires	New Jersey; or, colution, or by executive order of the Governor, or by the ctrumentality of the State?  Yes If "yes," please provide the following information:
Name of Authority, Board, or Commission  Date When Term of Service Expires	
Name of Governmental Affairs Agent  Name of Authority, Board, or Commission	
Dillah Community Mills A	
<ol><li>Did the Governmental Affairs Agent(s) named on page 1, quest during the calendar year covered by this Annual Report?</li></ol>	ion 1 file all Notices of Representation and Quarterly Reports required
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 <u>N.J.S.A.</u> 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 Entity.	Affairs Agent(s) retained or otherwise enga	ged by the Represented
Name of Agent or Firm Richard S. Mroz		
Business Address 207 Bogden St., Suite D		
City Millville	State NJ	Zip Code 08332
*(Area Code) Telephone Number 856.825.0500	Occupation/Business Consultant	
2. Name of Agent or Firm Optimus Partners LLC		
Business Address 50 W. State Street, Suite 1000		
City Trenton	State NJ	Zip Code 08608
*(Area Code) Telephone Number 609.393.9330	Occupation/Business Consultant	
	DULE A	
Name of Authority, Board, or Commission  Date When Term of Service Expires	ew Jersey; or, ition, or by executive order of the Governor	information:
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		
<ol><li>Did the Governmental Affairs Agent(s) named on page 1, questio during the calendar year covered by this Annual Report?</li></ol>	n 1 file all Notices of Representation and Qu	arterly Reports required
Yes If "yes," continue on to Schedule B.	No If "no," please file the necessary rep	oorts immediately.
*Leave this field blank if your telephone number is unlisted. Pursuant to <u>N.J.S.A.</u> 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.

 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.

ς .	9,600.00

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
Salmon Ventures Limited	Government/Public Affairs Consulting	\$ 42,000.00
2. Pathways Govenment Relations LLC	Government/Public Affairs Consulting	36,000.00
3. Richard S. Mroz	Government/Public Affairs Consulting	30,000.00
4. Optimus Partners LLC	Government/Public Affairs Consulting	26,250.00
5.		
6.		
7.		
		134,250.00
	SCHEDULE B TOTAL \$	143,850.00

#### 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 \$		0.00
	1	

#### 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 1 - For assessments, membership fees, or dues exceeding \$100 for the calendar year:

DATE	PAYEE	DESCRIPTION (A,M, or D)	AMOUNT
	N/A		\$ 0.00
		Part I TOTAL \$	0.00
PART II – For assess	sments, membership fees, or dues \$100 or less for the calendar year:	Part II TOTAL \$	0.00
	(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 1 - For assessments, membership fees, or dues exceeding \$100 for the calendar year:

AMOUNT	DESCRIPTION (A,M, or D)	DATE PAYEE
0.0		
0.00	Part I TOTAL \$	
0.00	Part II TOTAL \$	RT II – For assessments, membership fees, or dues \$100 or less for the calendar year:
0.00	chedule D-2 TOTAL \$	(Part I and Pa
0.00	hedule D-2 TOTAL \$	Schedule D-1 A

#### **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	AM	MOUNT
Printed Materials	\$	0.00
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet		0.00
Postage		0.00
Telephone, Telegram, Facsimile		0.00
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)		0.00
Other (please describe)		
SCHEDULE E TO	OTAL \$	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	
Jason Gonzalez	\$	152.50	
Frank X. Simpson		365.00	
Kevin Watsey		65.00	
		-	
	SCHEDULE F TOTAL \$	582.50	

#### **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	N/A			
Date	Description			mount \$
Name and Address of Payee Name	Nendor	-		
Address				
City		State	Zip Code	
If benefit was reimbursed, pl Date	lease report the date, the description, a	nd the amount of	the reimbursement.	
Description				
Name of Benefit Recipient				
	Description			nount \$
Name and Address of Payee,	Vendor			
If benefit was reimbursed, pl	ease report the date, the description, a Amount \$	nd the amount of		
Description				
Date	Description		An	nount \$
Name and Address of Payee/ Name	Vendor			
			Zip Code	
If benefit was reimbursed, ple	ease report the date, the description, ar Amount \$	nd the amount of	the reimbursement.	
Description				
Name of Benefit Recipient				
Date				nount \$
Name and Address of Payee/ Name	Vendor			
City			Zip Code	
If benefit was reimbursed, ple Date	ase report the date, the description, an Amount \$		the reimbursement.	

SLIMMARY OF RENEFIT PASSING	
	•

<b>PURPOSE:</b> To report the total amount of providing benefits to State officials covered by the Act and their immediate family members.
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		SCHEDULE G	-1* SC	HEDULE G-2**		AMOUNT
ntertainment		\$	+\$		_ =\$ _	
ood and Bevera	ge		+		_ = _	
Γravel			+		. = _	
odging			+		. = _	
Honoraria			+		_ = _	
oans	•		+ '	_	. = _	
Gifts			+	_	. = _	
Other(specify)			+		_ = _	
· · · -		٠			<b>=</b> \$	0.0
After completir * Enter, by categ	ng all entries on Schedule G-1, lory, the value of benefit passir	BENEFITS, IF ANY.	egory. iture did NOT excee		SC SC	CHEDULE G-1 AND CHEDULE G-2 TOTAL endar year threshold
After completir * Enter, by categ	AL AMOUNT OF REIMBURSED	provide totals by cate ng where the expendi	egory. iture did NOT excee	ed the \$25/day or 	SC SC	CHEDULE G-1 AND CHEDULE G-2 TOTAL endar year threshold
After completir * Enter, by categ	AL AMOUNT OF REIMBURSED THIS AMOUNT FROM BENEF	provide totals by cate ng where the expending BENEFITS, IF ANY. FIT PASSING AMOUN	egory. iture did NOT excee	ed the \$25/day or \$ _ JRES	\$200/cale	CHEDULE G-1 AND CHEDULE G-2 TOTAL endar year threshold
After completing the second se	AL AMOUNT OF REIMBURSED THIS AMOUNT FROM BENEF	provide totals by cate ng where the expende BENEFITS, IF ANY. FIT PASSING AMOUN	egory. iture did NOT excee NTS.	ed the \$25/day or \$ _ JRES	\$200/cale	CHEDULE G-1 AND CHEDULE G-2 TOTAL endar year threshold
After completing the second se	AL AMOUNT OF REIMBURSED THIS AMOUNT FROM BENEF	provide totals by cate ng where the expende BENEFITS, IF ANY. FIT PASSING AMOUN	egory. iture did NOT excee NTS.	s	\$200/cale	CHEDULE G-1 AND CHEDULE G-2 TOTAL endar year threshold .0
After completing the second se	AL AMOUNT OF REIMBURSED THIS AMOUNT FROM BENEF SUMI ES  1. Salary and Compensation	provide totals by cate ng where the expending BENEFITS, IF ANY. FIT PASSING AMOUN MARY OF LOBBY	egory. iture did NOT excee  NTS. ING EXPENDITU	s	\$200/cale	endar year threshold:  .0  143,850.0
After completing the second se	SUMI  1. Salary and Compensation 2. Support Personnel	provide totals by cate ng where the expendi BENEFITS, IF ANY. FIT PASSING AMOUN MARY OF LOBBY on (Add the total from	egory. iture did NOT excee  NTS. ING EXPENDITU	s Schedule C	\$C \$	endar year threshold: .0 .0 .0 .0 .0
After completing the second se	AL AMOUNT OF REIMBURSED THIS AMOUNT FROM BENEF  SUMI  1. Salary and Compensation 2. Support Personnel 3. Assessments, Membersh	provide totals by cate ng where the expendi BENEFITS, IF ANY. FIT PASSING AMOUN MARY OF LOBBY on (Add the total from	egory. iture did NOT excee  NTS. ING EXPENDITU	\$	\$200/cale	endar year threshold:  .0  143,850.0  0.0
After completing the second se	SUMI  1. Salary and Compensation 2. Support Personnel 3. Assessments, Membersh 4. Communication Expense	provide totals by cate ng where the expendi BENEFITS, IF ANY. FIT PASSING AMOUN MARY OF LOBBY on (Add the total from	egory. iture did NOT excee  NTS. ING EXPENDITU  n questions 1 & 2)  Schedule D-1 a	\$	Fotal \$ Total Total	143,850.0 0.0 582.5

#### **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:

DATE	SOURCE	ADDRESS	AMOUNT
			\$
		Part I Total \$	0.0
ART II - For con	tributions, loans, membership fees, dues, o dar vear:	or assessments \$100 or Part II Total \$	0.0
	,	Receipts Table 1 Total (Part I and II) \$	0.0
eceipts Table 2	Malan Brown and		
JRPOSE: To rep	port the pro rata amount of contributions, l	oans, membership fees, dues, or assessments <u>received b</u>	
URPOSE: To rep ntity. Note: If a r Major Purpose" r gulations, gove	port the pro rata amount of contributions, leceipt was already reported on Receipts Treceipts. If the receipts were received by the rnmental processes, or to communicate w	able 1 as a "Specific Intent" receipt, DO NOT report again Represented Entity whose major purpose is to influence ith the general public, please provide the information be	as a legislation, low:
URPOSE: To rep ntity. Note: If a r Major Purpose" r Egulations, gove rovide the perce	port the pro rata amount of contributions, leceipt was already reported on Receipts Treceipts. If the receipts were received by the rnmental processes, or to communicate wentage of activity which constituted lobbyi	able 1 as a "Specific Intent" receipt, DO NOT report again Represented Entity whose major purpose is to influence ith the general public, please provide the information be ing (this figure must be more than 50%):	as a legislation, low:
URPOSE: To rep ntity. Note: If a r Major Purpose" r egulations, gove rovide the perce or each receipt,	port the pro rata amount of contributions, leceipt was already reported on Receipts Treceipts. If the receipts were received by the rnmental processes, or to communicate wentage of activity which constituted lobbyi	able 1 as a "Specific Intent" receipt, DO NOT report again Represented Entity whose major purpose is to influence ith the general public, please provide the information being (this figure must be more than 50%):	as a legislation, low: %
URPOSE: To repose; Note: If a repose; Note: If a repose; regulations, gove rovide the percent each receipt, and together all review each net receipt and together all review each net receipt and rece	port the pro rata amount of contributions, leceipt was already reported on Receipts Teceipt. If the receipts were received by the rumental processes, or to communicate wentage of activity which constituted lobbyic multiply the percentage indicated by the anet receipt amounts to arrive at the aggregate receipt amount. Any net receipt in excess of	able 1 as a "Specific Intent" receipt, DO NOT report again Represented Entity whose major purpose is to influence ith the general public, please provide the information being (this figure must be more than 50%):  mount of the receipt to arrive at a net receipt amount pate total.  Receipts Table 2 Total \$  of \$100 should be listed below:	as a legislation, low: 
URPOSE: To rep ntity. Note: If a r Major Purpose" r gulations, gove rovide the perce or each receipt, dd together all r	port the pro rata amount of contributions, leceipt was already reported on Receipts Teeceipt. If the receipts were received by the transported processes, or to communicate wentage of activity which constituted lobbying multiply the percentage indicated by the anet receipt amounts to arrive at the aggregate.	able 1 as a "Specific Intent" receipt, DO NOT report again Represented Entity whose major purpose is to influence ith the general public, please provide the information being (this figure must be more than 50%):	as a legislation, low: %
URPOSE: To rep ntity. Note: If a rep Major Purpose" regulations, gove rovide the perce or each receipt, and together all re eview each net	port the pro rata amount of contributions, leceipt was already reported on Receipts Teceipt. If the receipts were received by the rumental processes, or to communicate wentage of activity which constituted lobbyic multiply the percentage indicated by the anet receipt amounts to arrive at the aggregate receipt amount. Any net receipt in excess of	able 1 as a "Specific Intent" receipt, DO NOT report again Represented Entity whose major purpose is to influence ith the general public, please provide the information being (this figure must be more than 50%):  mount of the receipt to arrive at a net receipt amount pate total.  Receipts Table 2 Total \$  of \$100 should be listed below:	as a legislation, low: 
URPOSE: To rep ntity. Note: If a rep Major Purpose" regulations, gove rovide the perce or each receipt, and together all re eview each net	port the pro rata amount of contributions, leceipt was already reported on Receipts Teceipt. If the receipts were received by the rumental processes, or to communicate wentage of activity which constituted lobbyic multiply the percentage indicated by the anet receipt amounts to arrive at the aggregate receipt amount. Any net receipt in excess of	able 1 as a "Specific Intent" receipt, DO NOT report again Represented Entity whose major purpose is to influence ith the general public, please provide the information being (this figure must be more than 50%):  mount of the receipt to arrive at a net receipt amount pate total.  Receipts Table 2 Total \$  of \$100 should be listed below:	as a legislation, low:  %  0.00  AMOUNT
URPOSE: To rep ntity. Note: If a re Major Purpose" re egulations, gove rovide the perce or each receipt, dd together all re eview each net	port the pro rata amount of contributions, leceipt was already reported on Receipts Teceipt. If the receipts were received by the rumental processes, or to communicate wentage of activity which constituted lobbyic multiply the percentage indicated by the anet receipt amounts to arrive at the aggregate receipt amount. Any net receipt in excess of	able 1 as a "Specific Intent" receipt, DO NOT report again Represented Entity whose major purpose is to influence ith the general public, please provide the information being (this figure must be more than 50%):  mount of the receipt to arrive at a net receipt amount pate total.  Receipts Table 2 Total \$  of \$100 should be listed below:	as a legislation, low:  %  0.00
URPOSE: To rep ntity. Note: If a re Major Purpose" re egulations, gove rovide the perce or each receipt, dd together all re eview each net	port the pro rata amount of contributions, leceipt was already reported on Receipts Traceipt. If the receipts were received by the rannental processes, or to communicate we entage of activity which constituted lobbyic multiply the percentage indicated by the anet receipt amounts to arrive at the aggregate receipt amount. Any net receipt in excess communicate were receipt amount. Source	able 1 as a "Specific Intent" receipt, DO NOT report again Represented Entity whose major purpose is to influence ith the general public, please provide the information being (this figure must be more than 50%):  mount of the receipt to arrive at a net receipt amount pate total.  Receipts Table 2 Total \$  of \$100 should be listed below:	as a legislation, low:   0.00  AMOUNT

CF	RTI	FI	CA	TI	ON	1
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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, Kevin Watsey
(print name)
hereby certify that I am duly authorized by
New Jersey American Water
(print name of Represented Entity)
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.  2/14/1/  Signature  Date