

ANNUAL REPORT OF REPRESENTED ENTITY



FORM L1-L Reporting For Calendar Year 2010

ELEC RECEIVED MAR 0 4 2011

FOR STATE USE ONLY

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

| | 0.5td.c.19.05 | | Amendment | |
|---|--|---------------------------------|-------------------------------------|-----|
| Name of Represented Entity Drug Policy A | lliance | | | |
| Business Address 16 West Front Street | | | | |
| Suite 101A | | | | |
| cu. Tronton | | | Zip Code 08608 | |
| *(Area Code) Telephone Number 609-396- | | | | |
| 1. Provide the following information regarding | | ploved by the Repres | sented Entity named abov | Je. |
| 1 Name Roseanne Scotti | , and the second second | | , | |
| | Job Title Director | | | |
| Business Address 16 West Front Street, S | Suito 101A | | | |
| | Suite 101A | | | |
| *(Area Code) Telephone Number 609-396- | -8613 | | | |
| Name Meagan Glaser | | | | |
| Registration Number 1327-2 | Joh Title Policy Coordina | | | |
| | | 3101 | | |
| Business Address 16 West Front Street, S | | State MI | | |
| | 9612 | | | |
| *(Area Code) Telephone Number 609-396- 3. Name | 8613 | | | |
| Registration Number | | | | |
| | | | | |
| Business Address City | | | 7:o Code | |
| | | | 210 0000 | |
| *(Area Code) Telephone Number 4. Name | | | | |
| Registration Number | Job Title | | | |
| Business Address | | | | |
| City | | | Zip Code | |
| *(Area Code) Telephone Number | | | | |
| | | | | |
| "t eave this field blank if your telephone number is unlisted. Pr | ursuant to N.J.S.A. 47 1A-1 1, an unlisted telephone num | nber is not a public record and | d must not be provided on this form | 1. |

SCHEDULE B - SALARY & COMPENSATION

| Pί | JRI | 20 | SE: |
|----|-----|----|-----|
|----|-----|----|-----|

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.

15,000.00

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 | COMPENS | COMPENSATION | |
|--------------------------------|--|---------|--------------|--|
| Princeton Public Affairs Group | Lobbying elected officials on issues/ legislation | \$ 60, | .00.00 | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| | Total | \$ 60,0 | 00.00 | |
| | SCHEDULE B TOTAL | \$ 75,0 | 00.00 | |

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.

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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.

Roseanne Scotti

(print name)

hereby certify that I am duly authorized by

Drug Policy Alliance

(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 1 am aware that if any of the foregoing statements are willfully false, I may be subject to punishment.

Sosean Signature

3-4-11

February 10, 2011

Date