

ANNUAL REPORT OF REPRESENTED ENTITY

FORM L1-L Reporting For Calendar Year 2010

FOR STATE USE ONLY

ELEC RECEIVED MAR 07 2011

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)

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	Website: www.elec.state.nj.us			Amendment	
Name of F	Represented Entity Drug Policy Alliance				
Business Address	16 West Front Street				
Address	Suite 101A				
City Trea	nton		State NJ	Zip Code 08608	
*(Area Co	ode) Telephone Number 609-396-8613				
1. Provide	the following information regarding the Governmen	tal Affairs Agent(s) er	mployed by the Represe	nted Entity named abov	/e.
1. Name	Roseanne Scotti				
Registra	ation Number 1327-1 Job	Title Director			
Busines	ss Address 16 West Front Street, Suite 101A				
City Tr	renton		State NJ	Zip Code 08608	
*(Area (Code) Telephone Number 609-396-8613				
2. Name	Meagan Glaser			_	
Registra	ation Number 1327-2 Job	Title Policy Coord	inator		
Busines	ss Address 16 West Front Street, Suite 101A				
City Tr	enton		State NJ	Zip Code 08608	
*(Area (Code) Telephone Number 609-396-8613				
3. Name					
Registra	ation Number Job				
Busines	ss Address				
City			State	Zip Code	
*(Area (Code) Telephone Number				
4. Name					
Registra	ation Number Job 1	Title			
Busines	s Address				
				Zip Code	
*(Area C	Code) Telephone Number				

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.

ς.	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	COMPENSATION		
Princeton Public Affairs Group	Lobbying elected officials on issues/ legislation	\$ 60,000.00		
2. ,				
3.				
4.				
5.				
6.				
7.		·		
	Total \$	60,000.00		
	SCHEDULE B TOTAL \$	75,000.00		

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

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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.

l,	Roseanne Scotti	
	(print name)	
here	by 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. I am aware that if any of the foregoing statements are willfully false, I may be subject to punishment.

Boston Stignature

3 - 4 - /(February 10, 2011