

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2016 JAN 20 AM 8:30
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

DRUG POLICY REFORM FUND

ADDRESS (number and street) 131 WEST 33RD STREET

Check if different than previously reported. (ACC) 15th FLOOR
NEW YORK NY 10001-

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00461236

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - Convention (12C)
 - General (12G)
 - Special (12S)
 - Runoff (12R)
- Election on MM / DD / YYYYYY in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)
- Election on MM / DD / YYYYYY in the State of

5. Covering Period 10 / 07 / 2015 through 12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer RYAN CHAVEZ

Signature of Treasurer R Chavez Date 01 / 08 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

2016-01-20 10:00:00 AM

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

DRUG POLICY REFORM FUND

Report Covering the Period: From: M M M ' D D ' Y Y Y Y M M M ' D D ' Y Y Y Y To: M M M ' D D ' Y Y Y Y M M M ' D D ' Y Y Y Y M M M ' D D ' Y Y Y Y

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand January 1, 2015		3069837
(b) Cash on Hand at Beginning of Reporting Period.....	3715450	
(c) Total Receipts (from Line 19)	500000	1500000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4215450	4569837
7. Total Disbursements (from Line 31)	402193	756580
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3813257	3813257
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

2016101014

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

DRUG POLICY REFORM FUND

Report Covering the Period: From:

10 / **01** / **2015**

To:

12 / **31** / **2015**

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees
(i) Itemized (use Schedule A).....

500000

1500000

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

500000

1500000

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

500000

1500000

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

500000

1500000

NON-FEDERAL AND LEVIN FUNDS

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	21,933	106,580
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	21,933	106,580
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,000.00	6,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	402,193	756,580
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	402,193	756,580

NON-FEDERAL SHARE

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)		
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2193	106580
37. Offsets to Operating Expenditures (from Line 15, page 3).....		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2193	106580

NON-FEDERAL CAMPAIGN DISBURSEMENTS

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 7
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
DRUG POLICY REFORM FUND

A. Full Name (Last, First, Middle Initial)
GRANIERI ROBERT A.

Mailing Address
1 UNION SQUARE SOUTH

City **NEW YORK** State **NY** Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer **JANE STREET CAPITAL** Occupation **DIRECTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 23 / 2015

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶ **5000.00**

TOTAL This Period (last page this line number only).....▶ **5000.00**

20150408 10:00 AM

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE / OF /

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

DRUG POLICY REFORM FUND

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. DRUG POLICY ALLIANCE MM / DD / YYYY
10 / 07 / 2015

Mailing Address: **131 W. 33rd STREET**

City: **NEW YORK** State: **NY** Zip Code: **10001**

Purpose of Disbursement: **COURIER SERVICES** Category/Type: **001**

Candidate Name: _____

Amount of Each Disbursement this Period: **2193**

Office Sought: House Senate President Disbursement For: Primary General
 Other (specify) ▼

State: _____ District: _____

B.

Full Name (Last, First, Middle Initial) _____ Date of Disbursement MM / DD / YYYY

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____ Category/Type _____

Candidate Name _____

Amount of Each Disbursement this Period _____

Office Sought: House Senate President Disbursement For: Primary General
 Other (specify) ▼

State: _____ District: _____

C.

Full Name (Last, First, Middle Initial) _____ Date of Disbursement MM / DD / YYYY

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____ Category/Type _____

Candidate Name _____

Amount of Each Disbursement this Period _____

Office Sought: House Senate President Disbursement For: Primary General
 Other (specify) ▼

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional)..... **2193**

TOTAL This Period (last page this line number only)..... **2193**

NON-FUNCTIONAL DISBURSEMENT

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE / OF 2
	<input type="checkbox"/> 21b <input checked="" type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
DRUG POLICY REFORM FUND

A. Full Name (Last, First, Middle Initial) JUSTIN AMASH FOR CONGRESS Mailing Address 1500 E. BELTLINE AVENUE City GRAND RAPIDS State MI Zip Code 49506 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name JUSTIN AMASH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 3rd Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Date of Disbursement MM ' DD ' YYYY 10 ' 01 ' 2015 Amount of Each Disbursement this Period \$ 1,000.00 Category/Type 011
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B. Full Name (Last, First, Middle Initial) ROHRBACHER FOR CONGRESS Mailing Address P.O. BOX 3011 City NEWPORT BEACH State CA Zip Code 92639 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name DANA ROHRBACHER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48th Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Date of Disbursement MM ' DD ' YYYY 10 ' 01 ' 2015 Amount of Each Disbursement this Period \$ 1,000.00 Category/Type 011
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C. Full Name (Last, First, Middle Initial) JEFFRIES FOR CONGRESS Mailing Address 3430 CONNECTICUT AVENUE NW City WASHINGTON State DC Zip Code 20008 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name HAKHEM JEFFRIES Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 8th Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Date of Disbursement MM ' DD ' YYYY 11 ' 03 ' 2015 Amount of Each Disbursement this Period \$ 1,000.00 Category/Type 011
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SUBTOTAL of Disbursements This Page (optional).....▶	\$ 3,000.00
TOTAL This Period (last page this line number only).....▶	

2015-01-10 10:00:00

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Floor
York, NY 10001

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999 "E" Street, NW
Washington, D.C. 20463 0001

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 The FEC added this page to the end of this filing to indicate how it was received.

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Other (Specify): Date of Receipt or Postmarked


 PREPARER

1/20/16
 DATE PREPARED

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