

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Medicinal Cannabis Superpac

ADDRESS (number and street)

2218 Maryann dr



(Check if address is changed)

Turlock

CITY ▲

Ca

STATE ▲

95390

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

federalcannabis@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

medcannsuperpac.org

2. DATE

01

14

2014

3. FEC IDENTIFICATION NUMBER ►

C00534529

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

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

Type or Print Name of Treasurer

JOSEPH C HOUSTON

Signature of Treasurer

Joseph C Houston

Date

01

14

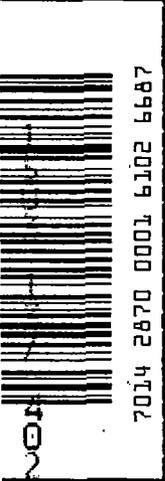
2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)



7014 2870 0001 6102 6687

FROM
667 MLC

TO:

166
9996 ST NW
Wash DC
201163

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

00004 1 1/15/15 1 1/15/15

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04	1/21/15
PREPARER (8/2013)	DATE PREPARED