

**FEC  
FORM 3X**

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

RECEIVED

2012 OCT 15 AM 11:02  
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5 FEC MAIL CENTER

DRUG POLICY REFORM FUND

ADDRESS (number and street)

131 WEST 33rd STREET

15th STREET

NEW YORK

NY

10001

Check if different than previously reported. (ACC)

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:

- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

(c) 12-Day PRE-Election Report for the:

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |
- Election on [ ] / [ ] / [ ] in the State of [ ]

(d) 30-Day POST-Election Report for the:

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|
- Election on [ ] / [ ] / [ ] in the State of [ ]

5. Covering Period

09 / 01 / 2012 through 09 / 30 / 2012

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

*[Handwritten Signature]*

Date

10 / 12 / 2012

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

Office Use Only

FEC FORM 3X  
Rev. 12/2004

12030903029

**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:

**07** ' **07** ' **2012**

To:

**09** ' **30** ' **2012**

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <b>2012</b>		<b>16,664.34</b>
(b) Cash on Hand at Beginning of Reporting Period.....	<b>22,219.19</b>	
(c) Total Receipts (from Line 19).....	<b>6,000.00</b>	<b>16,000.00</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<b>28,219.19</b>	<b>32,664.34</b>
7. Total Disbursements (from Line 31).....	<b>9,000.00</b>	<b>1,344.515</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<b>19,219.19</b>	<b>19,219.19</b>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		

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

12030903030

**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: **07** / **07** / **2012** To: **09** / **30** / **2012**

**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).....	5,000.00	15,000.00
(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).....▶	5,000.00	15,000.00
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.....	1,000.00	1,000.00
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)).....▶	6,000.00	16,000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6,000.00	16,000.00

12030903031

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

**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 .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	- 0 -	1945.15
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	11500.00
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))..	9000.00	13445.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9000.00	13445.15

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**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)) .....	-0-	194515
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

12030903033

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

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

FOR LINE NUMBER: PAGE / OF /  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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)  
**JACOBS IRWIN H.**

Mailing Address  
**2710 INVERNESS COURT**

City **LA JOLLA** State **CA** Zip Code **92037**

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

Name of Employer Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500000**

Date of Receipt  
**07 / 31 / 2012**

Amount of Each Receipt this Period  
**500000**

**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)..... ▶

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

**500000**

**500000**

12030903034

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE / OF /
	<input type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input checked="" type="checkbox"/> 12 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**DRUG POLICY REFORM FUND**

**A.** Full Name (Last, First, Middle Initial)  
**ALAN LOWENTHAL FOR CONGRESS**

Mailing Address  
**6380 WILSHIRE BLVD**

City **LOS ANGELES** State **CA** Zip Code **90048**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**100000**

Date of Receipt  
**07 / 16 / 2012**

Amount of Each Receipt this Period  
**100000**

**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).....▶ **100000**

**TOTAL** This Period (last page this line number only).....▶ **100000**

12030903035

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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**

Full Name (Last, First, Middle Initial)

**A. CONYERS FOR CONGRESS**

Mailing Address

**228 2<sup>ND</sup> STREET SE**

City

**WASHINGTON**

State

**DC**

Zip Code

**20003**

Purpose of Disbursement

**POLITICAL CONTRIBUTION**

**011**

Candidate Name

**JOHN CONYERS**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: **MI**

District: **14<sup>th</sup>**

Date of Disbursement

**07** / **24** / **2012**

Amount of Each Disbursement this Period

**1,000.00**

Full Name (Last, First, Middle Initial)

**B. MARTIN HEINRICH FOR SENATE**

Mailing Address

**P.O. BOX 25763**

City

**ALBUQUERQUE**

State

**NM**

Zip Code

**87125**

Purpose of Disbursement

**POLITICAL CONTRIBUTION**

**011**

Candidate Name

**MARTIN HEINRICH**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: **NH**

District:

Date of Disbursement

**09** / **10** / **2012**

Amount of Each Disbursement this Period

**2,000.00**

Full Name (Last, First, Middle Initial)

**C. GRISHMAN  
COMMITTEE TO ELECT MICHELE LUJAN**

Mailing Address

**P.O. BOX 25422**

City

**ALBUQUERQUE**

State

**NM**

Zip Code

**87125**

Purpose of Disbursement

**POLITICAL CONTRIBUTION**

**011**

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: **NH**

District: **1<sup>st</sup>**

Date of Disbursement

**09** / **17** / **2012**

Amount of Each Disbursement this Period

**1,000.00**

SUBTOTAL of Disbursements This Page (optional).....▶

**4,000.00**

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

12030903036



**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 2 OF 3	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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) <b>JOE MIKLOSI FOR CONGRESS</b>		Date of Disbursement <b>09 / 14 / 2012</b>
Mailing Address <b>P.O. BOX 3975</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>GREENWOOD VILLAGE CO</b>	State <b>CO</b>	
Zip Code <b>80155</b>		Category/Type <b>011</b>
Purpose of Disbursement <b>POLITICAL CONTRIBUTION</b>		
Candidate Name <b>JOE MIKLOSI</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <b>CO</b>	District: <b>6<sup>th</sup></b>	

B. Full Name (Last, First, Middle Initial) <b>BETO O'ROURKE FOR CONGRESS</b>		Date of Disbursement <b>09 / 14 / 2012</b>
Mailing Address <b>1209 PROSPECT</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>EL PASO</b>	State <b>TX</b>	
Zip Code <b>79902</b>		Category/Type <b>011</b>
Purpose of Disbursement <b>POLITICAL CONTRIBUTION</b>		
Candidate Name <b>BETO O'ROURKE</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <b>TX</b>	District: <b>16<sup>th</sup></b>	

C. Full Name (Last, First, Middle Initial) <b>JULIA BROWNLEY FOR CONGRESS</b>		Date of Disbursement <b>09 / 24 / 2012</b>
Mailing Address <b>P.O. BOX 2018</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>THOUSAND OAKS</b>	State <b>CA</b>	
Zip Code <b>91358</b>		Category/Type <b>011</b>
Purpose of Disbursement <b>POLITICAL CONTRIBUTION</b>		
Candidate Name <b>JULIA BROWNLEY</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <b>CA</b>	District: <b>26<sup>th</sup></b>	

SUBTOTAL of Disbursements This Page (optional).....	<b>3,000.00</b>
TOTAL This Period (last page this line number only).....	

12030903037

**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 **3** OF **3**

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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**

Full Name (Last, First, Middle Initial)

**A. BETTY SUTTON FOR CONGRESS**

Date of Disbursement

**09 / 25 / 2012**

Mailing Address

**P.O. BOX 14693**

City

**COPELY**

State

**OH**

Zip Code

**44321**

Purpose of Disbursement

**POLITICAL CONTRIBUTION**

**011**

Amount of Each Disbursement this Period

**1000.00**

Candidate Name

**BETTY SUTTON**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: **OH**

District: **16<sup>th</sup>**

Full Name (Last, First, Middle Initial)

**B. CICILLINE COMMITTEE**

Date of Disbursement

**09 / 25 / 2012**

Mailing Address

**P.O. BOX 9107**

City

**PROVIDENCE**

State

**RI**

Zip Code

**02940**

Purpose of Disbursement

**POLITICAL CONTRIBUTION**

**011**

Amount of Each Disbursement this Period

**1000.00**

Candidate Name

**DAVID CICILLINE**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: **RI**

District: **1<sup>st</sup>**

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

**MM / DD / YYYY**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

**Category/  
Type**

Amount of Each Disbursement this Period

**Category/  
Type**

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

**2000.00**

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

**9000.00**

12030903030

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed Ex* Shipping Date  
*10/12/12*  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

  
 PREPARER

*10/15/12*  
 DATE PREPARED

12030903039