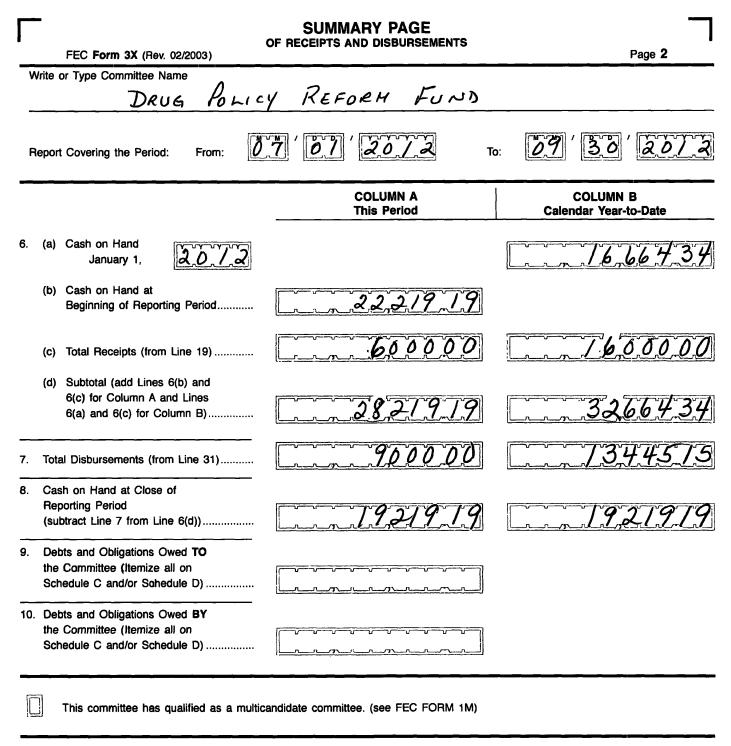
FEC FORM 3X	AND DISB	OF RECEIPTS URSEMENTS Authorized Committee		RECEIVED
1. NAME OF COMMITTEE (in f	TYPE OR PRINT ▼ ull)	Example: If typing, over the lines.	type 12FE4M5	FECTMAIL CENTER
$\begin{bmatrix} \mathbf{D}_{i}\mathbf{R}_{i}\mathbf{V}_{i}\mathbf{G}_{i} & \mathbf{P}_{i}\mathbf{O}_{i} \end{bmatrix}$	L, I,C,Y, ,R,E,F,O,R,H	F, <b>υ,ν</b> , <b>Ϸ</b> ,	┛┛┙┛┛┛┛┛╸┫	
ADDRESS (number and		T 33rd STI	$R_1 \mathcal{E}_1 \mathcal{E}_1 \mathcal{T}_1 + \dots + \mathcal{T}_n$	<u> </u>
Check if diffe than previous reported. (AC				<u> </u> _0_0_0_1]- <u> </u> ]
2. FEC IDENTIFICA	ATION NUMBER V			
C0.046	1236	3. IS THIS NE REPORT (N)		ENDED
4. TYPE OF REP (Choose One) (a) Quarterly Rep	Report Due On:	Mar 20 (M3)	n 20 (M6)	20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election Year Only) 20 (M10) Jan 31 (YE)
July 15 Quarterly	Report (Q1) Report (Q2) 15 Report (Q3)	(Treat)	C)	
January :	31	Election on		State of
July 31 M Report (N Year Only	Non-election	السيا	Runoff (3	0R)
Terminati (TER)	on Report			in the State of
5. Covering Period	87101120	through	09130	2012
•	amined this Report and to the b	• •		l complete.
Type or Print Name of Signature of Treasurer	$\overline{\rho}$	YAN CHAVEZ	Date	1/2/2012
Office	alse, erroneous, or incomplete info	rmation may subject the person	n signing this Report to th	FEC FORM 3X
Use Only				Rev. 12/2004

. ۲

,

.

FE6AN026



#### For further information contact:

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

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

1	DETAILED SUMMARY PAGE of Receipts										
FEC Form 3X (Rev. 06/2004) Write or Type Committee Name		Page 3									
DRUG	POLICY REFORM	FUND									
Report Covering the Period: From:	7 07 2072	To: 07'30'2012									
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date									
<ul> <li>11. Contributions (other than loans) From: <ul> <li>(a) Individuals/Persons Other</li> <li>Than Political Committees</li> <li>(i) Itemized (use Schedule A)</li></ul></li></ul>	$\begin{bmatrix} & & & & & & & & & & & & & & & & & & &$										
(c) Total Transfers (add 18(a) and 18(b))											
<ol> <li>19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))</li></ol>	6,00000	<u> </u>									

.

.

FE64N026

٠

а.

#### DETAILED SUMMARY PAGE

of Disbursements

Page 4

### FEC Form 3X (Rev. 02/2003) **II. Disbursements**

(a) Allocated Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

24. Independent Expenditures

Contributions to Federal Candidates/Committees and Other Political Committees....

(use Schedule E) ..... Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....

Committees..

23

25.

(i) Federal Share .....

(ii) Non-Federal Share.....

(add 21(a)(i), (a)(ii), and (b)) ..... ▶

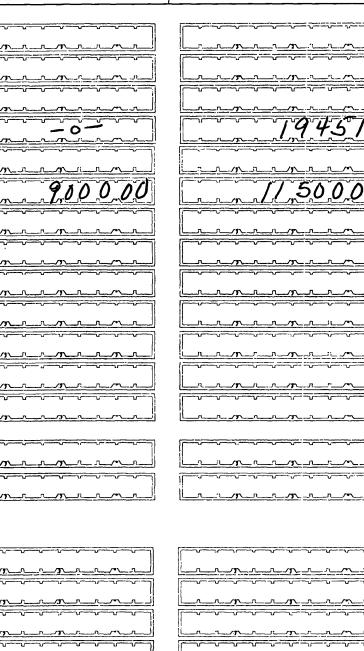
.....

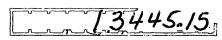
Expenditures ..... (c) Total Operating Expenditures

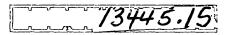
21. Operating Expenditures:

#### **COLUMN A Total This Period**

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







N
•
ΝŊ
C)
Ю
C
<b>Ç</b> D
C
ΝŊ
C
(N
anal

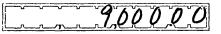
#### 27. Loans Made. 28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees

(b) Political Party Committees .....

26. Loan Repayments Made .....

- (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)) ...
- 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....





#### DETAILED SUMMARY PAGE

of Disbursements

#### FEC Form 3X (Rev. 02/2003)

(from Line 11(d), page 3) .....

(from Line 28(d)) .....

(subtract Line 34 from Line 33) .....

(add Line 21(a)(i) and Line 21(b)) ......▶

(from Line 15, page 3).....

(subtract Line 37 from Line 36) .....

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

#### Page 5

## III. Net Contributions/Operating Expenditures COLUMN A 33. Total Contributions (other than loans) Total This Period

	<b>-</b>					-0-			r	
<u> </u>	<u> </u>	~n_	_r_		m.	_^	<u></u>	_ <u>~~</u> _		ل_
			=						~~~~	7
 		m.			_n_		_r.	_~~_		
[]			~~~				~~~			
	_		_	_		-			-	1
- T		-m			-n	- i L			أ	_
<u> </u>			-;	~~	T'G	15	ľ		1''	
			- <del>.</del>		19	'4		5_1	ľ (	5
		- <u>/r</u> - -/ <u>r</u> -			19	4	Ľ (	5_/	ľ (	5
					[].9 _n	4		5_/	/`` <i>L</i>	5
					<u> </u> 9 _~	4		5_/	ľ (	5
		-/r_ -/r_ -/r_ -/r_			<u> </u> 	4	<i>Ľ (</i>	5./		5

COLUMN B

**Calendar Year-to-Date** 

# 12030903033

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         OF         /           (check only one)         11a         11b         11c         12           113         14         15         16         17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the n	tements ma ame and a	ay not be sold or used by any per ddress of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
$\left \right\rangle$	DRUG POLICY RE	E G D R	eh Fund	
Α.	Full Name (Last, First, Middle Initial)         JACOBS       IRWIN         Mailing Address         J710       INVERNE			Date of Receipt
	City LA JOLLA	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	5,0,0,0,0,0		
	Name of Employer	-		
	Receipt For: Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5_0_0_0_0_0	-
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address	State	Zip Code	
	FEC ID number of contributing federal political committee.		· ····································	Amount of Each Receipt this Period
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ <u> ^^</u>	-
с.	Full Nsme (Last, First, Middle Initial)			Date of Receipt
	Mailing Address	State	Zio Codo	
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer	Occupation	1	
	Receipt For: Primary ☐ General Other (specify) ▼		Year-to-Date ▼	
G	UBTOTAL of Receipts This Page (optional)		•	5,0,0,0,0
ין	OTAL This Period (last page this line number or	nly)	••••••	5,000.00

. •

FEC Schedule A (Form 3X) Rev. 02/2003

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		for each c	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER:         PAGE         OF           (check only one)         11a         11b         11c         12           13         14         15         16         17
Ai	y information copied from such Reports and St for commercial purposes, other than using the	tatements managements managements and a	ay not be solo ddress of any	l or used by any per political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) DRUG POLICY	REF	ORM	FUND	
Α.	Full Name (Last, First, Middle Initial) ALAN LOWENTHAL	FOR	CONG	RESS	Date of Receipt
	Mailing Address 6380 WILSHIRE	BLVI			0717612072
	LOS ANGELES	State CA	Zip Code	90048	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			100000
	Name of Employer	Occupation			
	Receipt For: Primary General Other (specify) ▼	•• •	Year-to-Date		
н.	Full Name (Last, First, Middle Initial)	<u></u>	<u>.</u>		Date of Receipt
υ.	Mailing Address				
	City	State	Zip Code	)	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.				
	Name of Employer	Occupation	I	<u> </u>	
	Receipt For: Primary General Other (specify) ▼		A		
-	Full Name (Last, First, Middle Initial)		anifette an official and reading.		
C.	Mailing Address				Date of Receipt
	City	State	Zip Code	)	Amount of Each Respire this Boried
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period
	Name of Employer	Occupation	. <u></u>		1
	Receipt For: Primary General Other (specify) ▼	-		▼ 	
ſ	UBTOTAL of Receipts This Page (optional)			····· •	
ſ	OTAL This Period (last page this line number o	only)		••••••	100000

FE6AN026

·

. .

ITEMIZED DISBURSEMENTS       Ubs separate schedule(s) basked Summary Page       (asec, toty, one) (asec, tot, o	SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE / OF 3
Any Information copied from such Reports and Statements may not be tok or und by any periods of the propose of soliding contributions from such contreliable such from from such contributions from such contributions	ITEMIZED DISBURSEMENTS	for each category of the	(check only	one)
or for commencial purposes, other than using the name and address of any policial committee to solicit contributions tree such committee.         NAME OF COMMITTEE (in Fun)         DR UG       Policity         Relin Name (Last, First, Middle Initial)         A.       ConVERS         Gity       MAILING Address         Q28       Q40         State       ZIP Code         Purpose of Disbursement       Disbursement         State:       M1         Purpose of Disbursement       Primary         General       Disbursement         Purpose of Disbursement       Disbursement         Mailing Address       PO: DOY         State:       M HE: NRICH       For Server         Mailing Address       PO: DOY       Disbursement         Candidate Name       DA 25 F0 3         City       ALB UQUER QUE       Disbursement         Mailing Address       PO: DOY       Disbursement         Purpose of Disbursement		Detailed Summary Page	27	28a 28b 28c 29 30b
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$				
Full Name (Last, First, Middle Initial)       A.       ConVFERS       For ConVGRESS         Mailing Address       Q28       Q MD       STREET       SE         City       WASH IN GTD N       State       ZID Code       200 03         Purpose of Disbursement       Do that ConVFRS       Category       The convert of Each Disbursement this Period         Candidate Name       John       ConVFRS       Category       The convert of Each Disbursement this Period         Candidate Name       John       ConVFRS       Category       The convert of Each Disbursement this Period         Candidate Name       John       ConVFRS       Category       The convert of Each Disbursement this Period         Candidate Name       John       ConVFRS       Category       The convert of Each Disbursement this Period         State:       M1       Distate:       HP       Disbursement For:       Date of Disbursement         Mailing Address       RO:       BOY       25763       Diffue Convert of Each Disbursement the Period         City       ALB U Q U E R Q U E       NM       State       Zip Code       R1/JON         Candidate Name       ARC11       ME (Intel Disbursement For:       Disbursement For:       Disbursement         Candidate Name       Disbursement For:				
A. $ConYFERS$ FOR $CONGRESS$ Date of Disbursement         Mailing Address $228$ $24D$ $STREET$ $SE$ City $MASHIP INSTDN$ $DC$ $20003$ Purpose of Disbursement Chi $ConVFRS$ $OIDD/I$ Purpose of Disbursement For: $DENO OIDD/I         Office Sought       House       Disbursement For:       Oiner (specify)          Full Name (Last, First, Middle Initial)       B.       MARTIN HEINRICH For SENATE       Date of Disbursement         Mailing Address       PO. DOY 25703 Oiner (specify)        Date of Disbursement         City       ALGUQUEROUE NH Zip Code TID'         Mailing Address       PO. DOY 25703 Oiner (specify)        Date of Disbursement         City       ALGUQUEROUE NH Zip Code TID'         Purpose of Disbursement       Disbursement for:       Disbursement for:       DI'         City       ALGUQUEROUE NH EIINAM       EIINAM       EIINAM         Gandidatis Name       Disbursement for:       DIsbursement for:       DI' DI'         Gandidate Name       DEIET<$		REFORM F	UND	
LONYERS       FOR       CONGRESS         Mailing Address $2 g$ $2 d$ $STREET$ $SE$ City       WASH IN GTD N       State $ZP Code$ $200 03$ Purpose of Diabursement       Point CAL       CONTR I BUTTDN $OTT$ Category       Those       Distrement For:       Category         Chice Sought:       Mailing Address       Pointer:       Pointer:         State:       M1       Distrest:       If Primary       General         Office Sought:       Maling Address       PO. BOY       26763         City       MARTIN       HE INRICH       FOR       State         Purpose of Diabursement       Diabursement For:       Diabursement For:       Diabursement For:         Mailing Address       PO. BOY       25763       Dif       Dif         City       ALBU QUER QUE       State       Zip Code       State       Primary       Category         Candidate Name       MARTIN       HEINRICH       For       Recent NH       Size       Diabursement For:         Purpose of Diabursement       Diabursement For:       Primary       General       Dif       Zigory         Chice Sought:       House       Dis				Date of Disbursement
City       WASH IN GTD N       State       Zip Code       20003         Purpose of Dibursement       DOLITICAL CONTRIBUTION       OLL       Amount of Each Disbursement this Period         Candidate Name       John       Converse       Category/ Type       Amount of Each Disbursement this Period         Office Sought       Anount of Each Disbursement for:       Senate       Category/ Type       Category/ Type         State:       M1       District       House       Disbursement       Disbursement         B.       MARTIN       HEINARICH       For SENATE       Date of Disbursement         Mailing Address       P.O. BOX       25763       City       Amount of Each Disbursement         Purpose of Disbursement       Poli TICAL       CONTRIBUTION       DIT       Amount of Each Disbursement this Period         Candidate Name       MARTIN       HEINARICH       For SENATE       Date of Disbursement this Period         Candidate Name       MARTIN       HEINARICH       For SENATE       Date of Disbursement this Period         Candidate Name       Senate       Primary       General       Disbursement       Disbursement this Period         Candidate Name       Senate       Primary       General       Disbursement       Disbursement         Cother	CONYERS FOR CO			NA 1521 1 3013
WASH IN GTD N       bc       20003         Purpose of Diblurement POLITICAL CONTRIBUTION       DILITICAL CONTRIBUTION       DILITICAL CONTRIBUTION         Candidate Name       John       Convy Erss       Category/ Type         Office Sought:       House       Diebursement For: Senate       Category/ Primary       Category/ General         State:       M1       District:       1/4*       Diebursement For: Primary       Category/ General       Date of Disbursement         B.       MARTIN       HEINRICH       For SENATE       Date of Disbursement         Mailing Address       P.O. BOX       25763       Dif/       Dif/       2072         Chy ALGUQUER QUE       State       Disbursement       Dif/       Category/ Type       Amount of Each Disbursement         Office Sought:       House       Disbursement For: Senate       Disbursement For: Purpose of Disbursement For: Senate       Disbursement For: Category/ Type       Category/ Type       Date of Disbursement this Period         Candidate Name       Last, First, Middle Initial)       General       Other (specify) ▼       Date of Disbursement         State:       NH       District:       State       Disbursement For: Senate       Disbursement       Dif/         Purpose of Disbursement       Discret:       State				
POLITICAL       ConTRIBUTION $OII         Candidate Name       JOHN       CONYERS       Catagory         Office Sought:       Jouse       Disbursement For:       Type         Office Sought:       House       Disbursement For:       Primary       General         Part Mare (Last, First, Middle Initia)       Primary       General       Date of Disbursement         B.       HARTIN       HEINARICH       For SENATE       Date of Disbursement         Mailing Address       PO. BOX       25763       ALBUQUER QUE       NH       State       Zip Code         State:       NH       MARTIN       HEINRICH       For Senate       Date of Disbursement         Purpose of Disbursement       Poli TICAL       CONTRIBUTION       OII (27)       Amount of Each Disbursement this Period         Candidate Name       MARTIN       HEINRICH       For Senate       Disbursement For:       OIF (2000000)         Office Sought:       House       Disbursement For:       Primary       General       OIF (2000000)         Office Sought:       House       Disbursement For:       Primary       General       OIF (2000000)         Office Sought:       House       Disbursement For:       Senate       Primary       General     $	WASHINGTON		03	
Candidate Name $J_{OHN}$ $C_{ONYERS}$ Category/Type         Office Sought:       House       Disbursement For:       General         State:       M1       Districe: $I_{P}$ officer         Full Name (Last, First, Middle Initial)       B.       HARTIN       HEINRICH       For SENATE         Mailing Address       P.O. BOX       25763       Date of Disbursement         City       ALBUQUER QUE       State       Zip Code         Purpose of Disbursement       POLITICAL       CONTRIBUTION       Districe:         Candidate Name       Benate       President       Distreament For:         State:       NH       Distreament For:       Category         Office Sought:       House       Distreament For:       Category         President       Distreament For:       President       Distreament For:         President       Distreament For:       President       Distreament For:         Full Name (Last, First, Middle Initial)       GRISHMAN       Date of Disbursement         Candidate Name       Distreament For:       State       Zip Code         Purpose of Disbursement       To ELECT       HUHAHAN       Date of Disbursement         Candidate Name       Distreament For:       S	Purpose of Disbursement POLITICAL CONTRI	IBUTTON	011	Amount of Each Disbursement this Period
Office Sought:       House Senate Senate       Disbursement For: District:       Image: Charles of the construction of the cons	Candidate Name	[L		100000
State:       MI       District:       14 <sup>2</sup> Other (specify) ▼         Full Name (Last, First, Middle Initia)       MARTIN       HEINRICH       For SENATE       Data of Disbursement         Mailing Address       P.O. BOX       25763       Data of Disbursement         Other (specify)       ALBUQUER OUE       NH       2072         Purpose of Disbursement       Poli TICAL       CoNTRIBUTION       011         Candidate Name       MARTIN       HEINRICH       Category/ Type       Arount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       General       Other (specify)       Data of Disbursement         State:       NM       District:       General       Other (specify)       Data of Disbursement         C.       Control Cast, First, Middle Initial)       GRISHHAN       Data of Disbursement         C.       Control Cast, First, Middle Initial)       GRISHHAN       Data of Disbursement         C.       Control Cast, First, Middle Initial)       GRISHHAN       Data of Disbursement         District:       State       NH       State       Disbursement         Proceed Disbursement       Other (specify)       TD       Amount of Each Disbursement this Period         Cast of Disbursement	Office Sought: K House Disburser	ment For:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Initial)       Date of Disbursement         Mailing Address       P.O. BOX       25763         City       ALBUQUEROUE       NH       87125         Purpose of Disbursement       POLITICAL       CONTRIBUTION       DI         Candidate Name       MARTIN       HEINRICH       For Server         Office Sought:       House       Disbursement For:       Category/ Type       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       Category/ Type       Disbursement for:         State:       NM       District:       President       Office Sought:       District:         Full Name (Last, First, Middle Initial)       GRISHHAN       Date of Disbursement         C.       COMHITTEE TD ELECT HICHELE LUJAN       Date of Disbursement         Mailing Address       District:       State       State         Purpose of Disbursement       OM K       STAS       Amount of Each Disbursement this Period         Cardidate Name       Disbursement For:       Category/ Type       Disbursement for:         City L DUS E ROUE       NH       877.25       Amount of Each Disbursement this Period         Cardidate Name       Disbursement For:       Category/ Type       Disbursement for:	President			
MARTIN       HEINRICH       For       SENATE         Mailing Address $P.O.BOX$ 25763         City $ALBUQUEROUE$ $NH$ $87125$ Purpose of Disbursement $POLITICAL$ $CoNTRIBUTION$ $DIJ$ Candidate Name $HARTIN$ $HEINRICH$ $OEgory'$ Office Sought       House       Disbursement For:       Category'         Office Sought:       House       Disbursement For: $Other (specify) \checkmark$ State:       NH       Distruct: $Other (specify) \checkmark$ City $President$ $Other (specify) \checkmark$ Date of Disbursement         Mailing Address $P.O.BOX$ $25422$ Date of Disbursement         City $P.O.BOX$ $25422$ Discursement         City $ALBUQUERQUE$ $NH$ $871225$ Purpose of Disbursement $Site$ $Zip Code$ $Zip Code$ ALBUQUERQUERQUE $NH$ $871225$ Purpose of Disbursement $DI T I LAL$ $CoNTRIBUTION$ $OII I$ Category/ $TILAL$ $CoNTRIBUTION$ $OII I$ $Category'$ $TILOUCO$ Office Sought:       House				
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	B. MARTIN HEINRICH	FOR SENATE		Date of Disbursement
ALBUQUER QUE       NM $87/25$ Purpose of Disbursement       POLITICAL       CONTRIBUTION       DIT         Candidate Name       MARTIN       HEINRICH       Category/ Type       Amount of Each Disbursement this Period         Office Sought:       HOUSE       Disbursement For:       Category/ Type       Amount of Each Disbursement this Period         Office Sought:       HOUSE       Disbursement For:       Category/ Type       District:         Full Name (Last, First, Middle Initial)       GRISHMAN       Date of Disbursement         Column (Last, First, Middle Initial)       GRISHMAN       Date of Disbursement         Column (Last, First, Middle Initial)       GRISHMAN       Date of Disbursement         Column (Last, First, Middle Initial)       GRISHMAN       Date of Disbursement         Column (Last, First, Middle Initial)       GRISHMAN       Date of Disbursement         City       DO (DE ROUE       NH $87/25$ Purpose of Disbursement       POLITICAL       CONTRIBUTION       DI         Candidate Name       Disbursement For:       Category/ Type       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       Category/ Type       Amount of Each Disbursement this Period         Office Sought:	Mailing Address P.O. BOX 257	163		07 10 2012
Pulpose of Disbursement Fill       POLITICAL CONTRIBUTION       DI// Category/ Type       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       General         President       District:       Primary       General         State:       NM       District:       District:         Full Name (Last, First, Middle Initial)       GRISHMAN       Date of Disbursement         Content of the conte	ALBUQUERQUE	State Zip Code	1125	
HARTIN       HEINRICH       Category/ Type         Office Sought:       House       Disbursement For:         President       Primary       General         Other (specify)       Other (specify)         State:       NM       District:         Full Name (Last, First, Middle Initial)       GRISHHAN         C.       COHHITTEE TO ELECT HICHELE LUJAN         Mailing Address       P.O. BOX       25422         City       ALBUQUE ROUE       NH         Purpose of Disbursement       DUI TICAL         PUDLI TICAL       CONTRIBUTION         Category/       Type         Office Sought:       House         State:       NM         District:       IS         State:       NM         State:       NM         Bustorement       Contrait BUTON         Category/       Type         Amount of Each Disbursement this Period         Category/       Type         Office Sought:       House         Senate       President         President       Other (specify)         State:       NM         District:       IS         Subtottal of Disbursements This Page (optional)     <	POLITICAL CON		0//	Amount of Each Disbursement this Period
Senate       Primary       Caeneral         State:       NM       District:       Other (specify)         Full Name (Last, First, Middle Initial)       GRISHMAN       Date of Disbursement         Common Mailing Address       Probability       Date of Disbursement         Probability       State       City       State       City         ALBUQUERQUE       State       Zip Code       Mailing Address         Purpose of Disbursement       POLITILAL       CONTRIBUTION       DI         Candidate Name       Disbursement For:       Senate       Primary       General         Office Sought:       House       Disbursement For:       Other (specify)       Amount of Each Disbursement this Period         State:       NM       District:       IS       Primary       General         Office Sought:       House       Disbursement For:       Primary       General         Subtrotal of Disbursements This Page (optional)	MARTIN HEI	VRICH		200000
State:       NH       District:       Other (specify)       ✓         Full Name (Last, First, Middle Initial)       GRISHMAN       Date of Disbursement         C.       Communication (Second Communication				
Full Name (Last, First, Middle Initial)       GRISHHAN       Date of Disbursement         C.       COMMITTEE TO ELECT MICHELE LUJAN       Date of Disbursement         Mailing Address       P.O. BOX 25422       Disbursement         City       ALBUQUERQUE NM 87125         Purpose of Disbursement       DOLITILAL CONTRIBUTION       DI// Category/ Type         Office Sought:       House         State:       NM       Disbursement For: Senate         President       Disbursement For: Senate       Disbursement For: Other (specify) ▼         SUBTOTAL of Disbursements This Page (optional)	President			
Contraction	Full Name (Last, First, Middle Initial)	GRISHA	IAN	
P. O. BOX $25422$ City       State       Zip Code         ALBUQUEROUE       NM $87125$ Purpose of Disbursement $011$ $011$ POLITILAL       CONTRIBUTION $011$ Amount of Each Disbursement this Period         Candidate Name       Disbursement For: $0100000000000000000000000000000000000$	CONHITTEE TO ELECT HI	CHELE LUJAN		Date of Disbursement
City ALBUQUERQUE       State NM       Zip Code 87/25         Purpose of Disbursement POLITILAL       CONTRIBUTION       DI/1         Candidate Name       Disbursement For: Senate       Disbursement For: Primary       Amount of Each Disbursement this Period         Office Sought:       X       House       Disbursement For: President       Other (specify)         State:       NM       District:       15         SUBTOTAL of Disbursements This Page (optional)				07 11 2012
Purpose of Disbursement       POLITICAL CONTRIBUTION       DI         Candidate Name       Disbursement For:       Category/ Type         Office Sought:       X       House       Disbursement For:         Senate       Primary       General       Other (specify)         State:       NM       District:       1 ≤         SUBTOTAL of Disbursements This Page (optional)	City	State Zip Code	5	
Candidate Name       Category/ Type         Office Sought:       A House         Senate       Primary         President       Other (specify)         State:       N M         District:       1 State         SUBTOTAL of Disbursements This Page (optional)	Purpose of Disbursement			
Office Sought:       House       Disbursement For:         Senate       Primary       General         Other (specify)       Other (specify)         SUBTOTAL of Disbursements This Page (optional)			Category/	
State: NH District: 15 SUBTOTAL of Disbursements This Page (optional)	Office Sought: X House Disburse	ment For:	Туре	<u> </u>
	Senate President			
	SUBTOTAL of Disbursements This Page (optional)			40000
	······			

12030903036

. .

SCHEDULE B (FEC Form 3X)		FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 🗙 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	e and address of any political	d by any perso I committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	0-0-04	<b>F</b>	
DRUG POLACY	REFORM	FUN	
Full Name (Last, First, Middle Initial)			Date of Disbursement
JOE MIKLOSI FOR	CONGRESS		
Mailing Address <u>P.O. BOX</u> 3975			07 17 2012
<u>P.O. BOX 3975</u> City GREENWOOD VILLAGE	State Zip Code CO 80/5	5	
Purpose of Disbursement POLTICAL CONTRIN		017	Amount of Each Disbursement this Period
Candidate Name JOE MIKLOS	L	Category/	
Office Sought: X House Disburser		Туре	
	Primary X General		
State: CO District: 6 <sup>th</sup>	Other (specify)		
Full Name (Last, First, Middle Initial)			
B. BETO O'ROURKE	FOR CONGRE	ess.	Date of Disbursement
Mailing Address 1209 PROSP	FET		$0.7$ $1.4$ $\alpha$ $0.7$ $\alpha$
EL PASO	State Zip Code 79	1902	
Purpose of Disbursement POLTICAL CONTRIBU	νοπο	011	Amount of Each Disbursement this Period
Candidate Name BETO O'ROUR	U	Category/ Type	100000
Office Sought: House Disburser	nent For:		
President	Primary X General Other (specify) ▼		
State: District: 76 <sup>12</sup>			
Full Name (Last, First, Middle Initial)	F O		Date of Disbursement
Mailing Address P.O. BOX 2018	FOR LONGK	LESS	8912412012
THOUSAND OAKS	CA Zip Code 913	58	
Purpose of Disbursement POLTICAL CONTRIBU		611	Amount of Each Dishursement this Devied
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: X House Disburserr			
	Primary X General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		►	3,00000
TOTAL This Period (last page this line number only).		······ ►	

• •

SCHEDULE B (FEC For	SCHEDULE B (FEC Form 3X)							IE NUMBER: PAGE 3 OF 3									
ITEMIZED DISBURSEMEN	ITEMIZED DISBURSEMENTS				che	ck only ☐21b	v one) □ 22 🕅 23 □ 24 □ 25						25	<b>26</b>			
p <del> </del>			Summary Pag	e [		27	<u> </u> 2	Ba	F	28b	Н	28c	Н	29	30b		
Any information copied from such Rep or for commercial purposes, other than	orts and Staten	nents may ne and add	not be sold or ress of any po	used by	y an	ny perso nittee to	n for solicit	the col	purp ntrib	utions	of sol	icitin suc	g co ah co	ntribu mmitt	ions ee.		
NAME OF COMMITTEE (In Full)	0																
DRUG POLICY	REFO	RH	FUND														
Full Name (Last, First, Middle Initial							Dat	- -			meni						
" BETTY SUTTON	I FOR	<u> </u>	NGRE	\$5			ΓM.		ກີ /	100130	2		7.1	υ <b>γ</b> υ	<b>X</b> ]		
Mailing Address <i>D. 0. i30)</i>	1469	93			_		0	.7		2	3		20		<b>X</b>		
City COPELY	\$	State Oh	Zip Code	443	2	-/											
Purpose of Disbursement POLTICAL	CONTR	AUT	TON	0	7	7	Am	oun	t of	Each	Disb	ursei	nent	this	Period		
Candidate Name BETTY					itege Typ	ory/		<del>ີ .</del>	 n	مے ۔۔۔ محصف		10	0	0	00		
Office Sought: House	Disbursen						<b>L</b>										
Senate President	.    -	Primary Other (spe	[X] Genera ecify) ▼	u													
State: OH District: 16 <sup>4</sup>																	
Full Name (Last, First, Middle Initial		· · · <del>· ·</del>				ļ	Dat	e of	f Dis	sburse	ement	:					
B. CICILLINE	COHI	417					$\mathcal{N}\mathcal{A}$							5			
Mailing Address P.O. BOX	9107	7						~	1			C			2		
City PROVIDENCE	2	State R I	Zip Code	029	4	0											
Purpose of Disbursement POLTICAL		RIBU	TTON	0	]	7	Am	oun	t of	Each	Disb	ursei	ment	this	<b>Period</b>		
Candidate Name DAVID	CICIL	LIN	E	Ca		ory/	100000							00			
Office Sought: X House	Disburser			<b>-</b>													
Senate President		Primary Other (spe	Cifv) ▼	l													
State: RI District: 157																	
Full Name (Last, First, Middle Initial	1)						Dat	e of	f Dis	sburse	emen						
			<u> </u>				M	<b>т.</b> М	۱		D		יע <b>יץ</b>	- <b>ι-γ</b> -υ	<b>Y</b>		
Mailing Address							Ĺ	<u>^</u>	[ئ		ال	Ĺ	- <u>^</u>	<u></u>			
City		State	Zip Code														
Purpose of Disbursement				1	v												
Candidate Name					n	ory/	Am	oun:		Each					Period		
Office Sought:   House	Disburser	nent Ear			Тур	9		r	<u> </u>	<u>/n</u>	<u></u>	_n_	<u></u>	<u>/</u>	<u></u>		
Senate		Primary	Genera	ul III		Ì											
State: District:	` 🗆	Other (spe	ecify) 🔻														
								·				<b>•</b>			<u>^</u>		
SUBTOTAL of Disbursements This P	age (optional)					▶		л	<u></u>	<u>/</u>	 	<b>X</b> .(	0כ	<u>0</u> _	00		
TOTAL This Period (last page this liu	e number only)	)				🕨		<u>n</u>	۰ ب	<u></u>	( ]	7	00	Ø	20		

FEC Schedule B (Form 3X) Rev. 02/2003

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation <sup>™</sup> or Signature Confirm	ation <sup>™</sup> Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
V Overnight Delivery Service (Specify): Ced EX	Shipping Date
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
Date of Red Other (Specify):	ceipt or Postmarked
R	10/15/12
PREPARER	DATE PREPARED
(3/2005)	

12030303039

G