

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2018 DEC 05 AM 9:31  
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  
15th FLOOR  
New York NY 10001-2938

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)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)  General (12G)  Runoff (12R)
  - Convention (12C)  Special (12S)

Election on MM / DD / YYYY in the State of  

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on 11 / 06 / 2018 in the State of  

5. Covering Period 09 / 30 / 2018 through 11 / 30 / 2018

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 12 / 04 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

*Drug Policy Reform Fund*

Report Covering the Period: From: 

M	M
0	9

 / 

D	D
3	0

 / 

Y	Y	Y	Y
2	0	1	8

 To: 

M	M
1	1

 / 

D	D
3	0

 / 

Y	Y	Y	Y
2	0	1	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																								
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	1	8	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
Y	Y	Y	Y																							
2	0	1	8																							
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																
(c) Total Receipts (from Line 19) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																
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UNRECORDED INFORMATION

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



**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 .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....		
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	13,000,000.00	13,041,666.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13,000,000.00	13,041,666.66

DISBURSEMENTS AND CONTRIBUTIONS

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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

CONFIDENTIAL - NOT FOR DISTRIBUTION

**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 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*

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

\_\_\_\_\_

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

\_\_\_\_\_

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

\_\_\_\_\_

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

\_\_\_\_\_

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

\_\_\_\_\_

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

\_\_\_\_\_

Memo Item

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

\_\_\_\_\_ 00.00

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

\_\_\_\_\_ 00.00

DISBURSED TO THE CAMPAIGN

**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

21b  22  23  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)

*ROSEN FOR NEVADA*

Mailing Address

*PO BOX 27195*

City

*LAS VEGAS*

State

*NV*

Zip Code

*89126*

Purpose of Disbursement

*POLITICAL CONTRIBUTION*

Candidate Name

*JACKY ROSEN*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: *NV*

District:

Date of Disbursement

*10 / 22 / 2018*

FEC Identification Number

*C00606939*

Amount of Each Disbursement this Period

*1,000.00*

Memo Item

Full Name (Last, First, Middle Initial)

*BILL NELSON FOR US SENATE*

Mailing Address

*972 W. WHITEMIRE DR.*

City

*MELBOURNE*

State

*FL*

Zip Code

*32935*

Purpose of Disbursement

*POLITICAL CONTRIBUTION*

Candidate Name

*BILL NELSON*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: *FL*

District:

Date of Disbursement

*10 / 22 / 2018*

FEC Identification Number

*C00344051*

Amount of Each Disbursement this Period

*2,000.00*

Memo Item

Full Name (Last, First, Middle Initial)

*COLIN ALLRED FOR CONGRESS*

Mailing Address

*PO BOX 601631*

City

*DALLAS*

State

*TX*

Zip Code

*75360*

Purpose of Disbursement

*POLITICAL CONTRIBUTION*

Candidate Name

*COLLIN ALLRED*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: *TX*

District: *32*

Date of Disbursement

*10 / 22 / 2018*

FEC Identification Number

*C00637868*

Amount of Each Disbursement this Period

*5,000.00*

Memo Item

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

*8,000.00*

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

*8,000.00*

**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 2

21b  22  23  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)

**A.** *THE FRIENDS OF TRACY MITRANO COMMITTEE*

Mailing Address

*PO Box 752*

City

*PENN YAN*

State

*NY*

Zip Code

*14527*

Purpose of Disbursement

*Political Contribution*

**0.1.1**

Candidate Name

*TRACY MITRANO*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: *NY*

District: *23*

Date of Disbursement

**1.0** / **2.2** / **2018**

FEC Identification Number

**C00654525**

Amount of Each Disbursement this Period

**1,000.00**

Memo Item

Full Name (Last, First, Middle Initial)

**B.** *FRIENDS OF DANA BALTER*

Mailing Address

*2200 S. SALINA ST #701*

City

*SYRACUSE*

State

*NY*

Zip Code

*13205*

Purpose of Disbursement

*Political Contribution*

**0.1.1**

Candidate Name

*DANA BALTER*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: *NY*

District: *24*

Date of Disbursement

**1.0** / **2.2** / **2018**

FEC Identification Number

**C00655183**

Amount of Each Disbursement this Period

**2,000.00**

Memo Item

Full Name (Last, First, Middle Initial)

**C.** *KULKARNI FOR CONGRESS*

Mailing Address

*PO Box 842113*

City

*PEARLAND*

State

*TX*

Zip Code

*77584*

Purpose of Disbursement

*Political Contribution*

**0.1.1**

Candidate Name

*SRI KULKARNI*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: *TX*

District: *22*

Date of Disbursement

**1.0** / **2.2** / **2018**

FEC Identification Number

**C00662874**

Amount of Each Disbursement this Period

**2,000.00**

Memo Item

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

**5,000.00**

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

**13,000.00**



RECEIVED  
FEC MAIL CENTER  
2019 DEC -6 AM 9:12

ORIGIN ID:TSSA (212) 613-8041  
LORRAINE VITTORIOSA  
DRUG POLICY ALLIANCE  
131 WEST 33RD STREET  
15TH FLOOR  
NEW YORK, NY 10001  
UNITED STATES US

SHIP DATE: 05DEC18  
ACTWGT: 0.50 LB  
CAD: 103348557/INET4040

BILL SENDER

3 10:30 F 0104 12:06  
695  
552,27F  
SS®

TO FEDERAL ELECTION COMMISSION  
FEDERAL ELECTION COMMISSION  
999 E STREET, NW

WASHINGTON DC 20463

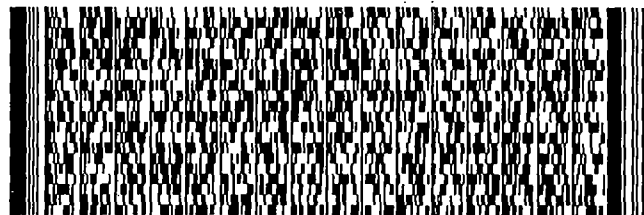
(202) 694-1100

REF:

INV:

PO:

DEPT:



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Express



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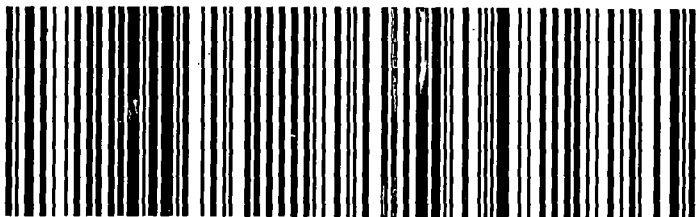
THU - 06 DEC 10:30A  
PRIORITY OVERNIGHT

TRK#  
0201

7738 9204 0104

EP RDVA

20463  
DC-US IAD



WASHINGTON DC 20463

