

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2019 JAN 29 PM 12:55  
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 10001-2938

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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <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 checked="" 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 MM / DD / YYYYYY 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 MM / DD / YYYYYY in the State of  

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

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 \_\_\_\_\_

Signature of Treasurer R. C. ... Date MM / DD / YYYYYY

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:

/   /    
12 / 01 / 2018

To:

/   /    
12 / 31 / 2018

COLUMN A  
This Period

COLUMN B  
Calendar Year-to-Date

6. (a) Cash on Hand January 1, <input type="text" value="YYYYYY"/> <input type="text" value="YYYYYY"/>	<input type="text" value="YYYYYY"/> <input type="text" value="YYYYYY"/>	<input type="text" value="YYYYYY"/> <input type="text" value="YYYYYY"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="YYYYYY"/> <input type="text" value="YYYYYY"/>	<input type="text" value="YYYYYY"/> <input type="text" value="YYYYYY"/>
(c) Total Receipts (from Line 19).....	<input type="text" value="YYYYYY"/> <input type="text" value="YYYYYY"/>	<input type="text" value="YYYYYY"/> <input type="text" value="YYYYYY"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="YYYYYY"/> <input type="text" value="YYYYYY"/>	<input type="text" value="YYYYYY"/> <input type="text" value="YYYYYY"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="YYYYYY"/> <input type="text" value="YYYYYY"/>	<input type="text" value="YYYYYY"/> <input type="text" value="YYYYYY"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="YYYYYY"/> <input type="text" value="YYYYYY"/>	<input type="text" value="YYYYYY"/> <input type="text" value="YYYYYY"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="YYYYYY"/> <input type="text" value="YYYYYY"/>	<input type="text" value="YYYYYY"/> <input type="text" value="YYYYYY"/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="YYYYYY"/> <input type="text" value="YYYYYY"/>	<input type="text" value="YYYYYY"/> <input type="text" value="YYYYYY"/>

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 Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

*Drug Policy Reform Fund*

Report Covering the Period: From:

**MM / DD / YYYY**  
*12 / 01 / 2018*

To:

**MM / DD / YYYY**  
*12 / 31 / 2018*

**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).....

*0.00*

*5,000.00*

(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).....▶

*0.00*

*5,000.00*

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.....

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)).....▶

*0.00*

*5,000.00*

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

*0.00*

*5,000.00*

UNRECORDED COPY FILED IN 101-101-010

**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 .....	15.01	56.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	15.01	56.67
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0.00	13,000.00
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)) ..	15.01	13,056.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	15.01	13,056.67

NON-FEDERAL DONATIONS

**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) .....		

20160501 10:00 AM

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

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

Amount of Each Receipt this Period

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

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

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

NOTICE OF INFORMATION CONCERNING

**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 /

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

Date of Disbursement

A. *Drug Policy Alliance*

M M	D D	Y Y Y Y
1 2	0 5	2 0 1 8

Mailing Address  
*131 WEST 33RD STREET 15th Fl*

FEC Identification Number

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

C	1 1 9 4 0 6 5
---	---------------

Purpose of Disbursement  
*COURIER SERVICES*

Amount of Each Disbursement this Period

Candidate Name

0.01
------

15.01
-------

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

Memo Item

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

M M	D D	Y Y Y Y

City State Zip Code

FEC Identification Number

Purpose of Disbursement

C	
---	--

Candidate Name

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. Mailing Address

M M	D D	Y Y Y Y

City State Zip Code

FEC Identification Number

Purpose of Disbursement

C	
---	--

Candidate Name

Amount of Each Disbursement this Period

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

Memo Item

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

15.01
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TOTAL This Period (last page this line number only).....

15.01
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# FEDEX

## Express

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2019 JAN 29 PM 12:59

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5320 F  
01/29

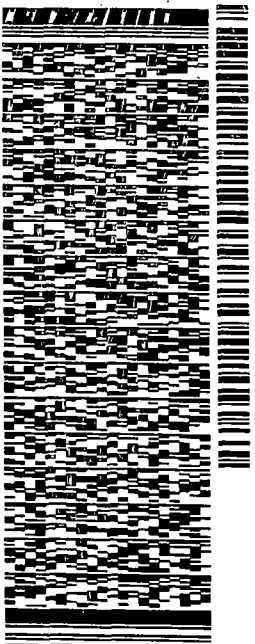
Sender: You must seal flap before shipping.  
Align top of FedEx Express shipping label here.

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DRUG POLICY ALLIANCE  
131 WEST 33RD STREET  
15TH FLOOR  
NEW YORK, NY 10001  
UNITED STATES US

SHIP DATE: 28 JAN 19  
ACTWGT: 0.50 LB  
CAD: 103348557IN/ET4100  
BILL SENDER

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

WASHINGTON DC 20463  
REF: (202) 694-1100  
INV. PO. DEPT:



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0201

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Federal Election Commission  
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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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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FED-EX</i>	Shipping Date <i>1-28-19</i>
	Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*mf*  
 PREPARER  
 (3/2015)

*1-30-19*  
 DATE PREPARED

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