

**FEC
FORM 3X**

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

RECEIVED

2013 MAY -1 PM 3:27
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FB4M5 **FEC MAIL CENTER**

DRUG POLICY REFORM FUND

ADDRESS (number and street)

131 WEST 33rd STREET

15th FLOOR

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:

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

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

11' 06' 2012

in the State of

5. Covering Period

10' 18' 2012

through

11' 26' 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

R Chavez

Date

04' 25' 2013

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

13031064055

**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:

10 / 18 / 2012

To:

11 / 26 / 2012

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1, 2012		21,664.34
(b) Cash on Hand at Beginning of Reporting Period.....	150,963.5	
(c) Total Receipts (from Line 19)	-0-	11,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	150,963.5	32,664.34
7. Total Disbursements (from Line 31)	116,000.00	29,167.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34,963.5	34,963.5
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

13031064056

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:

70' 18' 2012

To:

11' 26' 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).....

- 0 -

10,000.00

(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 -

10,000.00

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.....

- 0 -

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)).....▶

- 0 -

11,000.00

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

- 0 -

11,000.00

13031064057

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))	- 0 -	2067.99
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	11600.00	27100.00
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)) ..	11600.00	29167.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	11600.00	29167.99

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

- 0 -

206799

13031064059

**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 1 OF 4

<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

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 (Last, First, Middle Initial) A. SHELLEY ADLER FOR CONGRESS		Date of Disbursement 10 / 18 / 2012
Mailing Address P.O. Box 1242		Amount of Each Disbursement this Period 1,000.00
City MT. LAUREL	State NJ	
Zip Code 08054		
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type 011
Candidate Name SHELLEY ADLER		
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) 2012	
State: NJ District: 3rd		

Full Name (Last, First, Middle Initial) B. BERA FOR CONGRESS		Date of Disbursement 10 / 19 / 2012
Mailing Address P.O. Box 582496		Amount of Each Disbursement this Period 1,000.00
City ELK GROVE	State CA	
Zip Code 95758		
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type 011
Candidate Name AMI BERA		
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) 2012	
State: CA District: 7th		

Full Name (Last, First, Middle Initial) C. SCHNEIDER FOR CONGRESS		Date of Disbursement 10 / 19 / 2012
Mailing Address P.O. Box 1318		Amount of Each Disbursement this Period 1,000.00
City DEER FIELD	State IL	
Zip Code 60015		
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type 011
Candidate Name BRAD SCHNEIDER		
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) 2012	
State: IL District: 10th		

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

13031064060

**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 7

<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) COMMITTEE TO RE-ELECT

A. **CONGRESSMAN DANA ROHRBACHER**

Mailing Address

P.O. BOX 623

City State Zip Code

HUNTINGTON BEACH CA 92648

Purpose of Disbursement

POLITICAL CONTRIBUTION

Candidate Name

DANA ROHRBACHER

011
Category/
Type

Date of Disbursement

10 / 31 / 2012

Amount of Each Disbursement this Period

700.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **CA**

District: **48th**

2012

Full Name (Last, First, Middle Initial)

B. **NEBRASKANS FOR KERREY**

Mailing Address

P.O. BOX 45820

City State Zip Code

OMAHA NE 68145

Purpose of Disbursement

POLITICAL CONTRIBUTION

Candidate Name

J. ROBERT KERREY

011
Category/
Type

Date of Disbursement

10 / 31 / 2012

Amount of Each Disbursement this Period

200.000

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **NE**

District:

2012

Full Name (Last, First, Middle Initial)

C. **FRIENDS OF CHRIS MURPHY**

Mailing Address

P.O. BOX 127

City State Zip Code

CHESHIRE CT 06410

Purpose of Disbursement

POLITICAL CONTRIBUTION

Candidate Name

CHRISTOPHER S. MURPHY

011
Category/
Type

Date of Disbursement

10 / 31 / 2012

Amount of Each Disbursement this Period

1500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **CT**

District:

2012

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

4200.00

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

13031064061

**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 4

<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. BALDWIN FOR SENATE

Mailing Address

P.O. Box 696

City

MADISON

State

WI

Zip Code

53701

Purpose of Disbursement

POLITICAL CONTRIBUTION

Candidate Name

TAMMY BALDWIN

011

Category/
Type

Date of Disbursement

10 / 31 / 2012

Amount of Each Disbursement this Period

1500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State: **WI**

District:

2012

Full Name (Last, First, Middle Initial)

B. BERKLEY FOR SENATE

Mailing Address

7437 S. EASTERN AVENUE

City

LAS VEGAS

State

NV

Zip Code

89123

Purpose of Disbursement

POLITICAL CONTRIBUTION

Candidate Name

011

Category/
Type

Date of Disbursement

10 / 31 / 2012

Amount of Each Disbursement this Period

1500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State: **NV**

District:

2012

Full Name (Last, First, Middle Initial)

C. JOE MIKLOSI FOR CONGRESS

Mailing Address

P.O. BOX 3975

City

GREENWOOD

State

CO

Zip Code

80155

Purpose of Disbursement

POLITICAL CONTRIBUTION

Candidate Name

JOE MIKLOSI

011

Category/
Type

Date of Disbursement

10 / 31 / 2012

Amount of Each Disbursement this Period

700.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State: **CO**

District: **6th**

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

3700.00

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

13031064062

**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 **4** OF **4**

<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. JULIA BROWNLEY FOR CONGRESS

Mailing Address

728 W. EDNA PLACE

City

COVINA

State

CA

Zip Code

91722

Purpose of Disbursement

POLITICAL CONTRIBUTION

Candidate Name

JULIA BROWNLEY

011

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **CA**

District: **26th**

2012

Date of Disbursement

7/0 / 31 / 2012

Amount of Each Disbursement this Period

700.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

700.00

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

11600.00

13031064063

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
4/3/13
 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

AmP
 PREPARER

5/1/13
 DATE PREPARED

13031064064