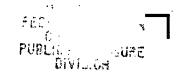
# 3031002104

#### FEC FORM 3X

### REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee



2013 JAN 10 AM 9: 46

FEC FORM 3X Rev. 12/2004

| 1.                                               | NAME (<br>COMMI                                                                                                                                | OF<br>ITEE (in full)                                      | TYPE OF | PRINT ▼                |                      | mple: If ty |                     | 12F            | E4M5           |                   |                                             |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------|------------------------|----------------------|-------------|---------------------|----------------|----------------|-------------------|---------------------------------------------|
| L                                                | Natio                                                                                                                                          | nal Organi                                                | zation  | for the                | e Reform             | of Ma       | arijuar             | a Lav          | vs Politi      | cal,              |                                             |
| Li                                               | Actio                                                                                                                                          | n Committe                                                | e       |                        |                      | 1.1.        |                     |                | <u> </u>       |                   |                                             |
| ΑĐ                                               | DRESS (1                                                                                                                                       | number and street)                                        | 160     | 00 K Str               | eet NW,              | Męzza       | nine M              | -100 <u>,</u>  |                | <u> </u>          |                                             |
| F                                                |                                                                                                                                                | eck if different                                          |         | <u></u>                |                      |             |                     |                |                |                   |                                             |
| 2                                                |                                                                                                                                                | n previously<br>orted. (ACC)                              | Was     | hington                |                      |             |                     | DC             | 2000           | 6                 | 2832                                        |
| 2.                                               | FEC ID                                                                                                                                         | ENTIFICATION N                                            | UMBER ' | <b>7</b>               | CITY A               |             |                     | STATE          | <b>A</b>       | ZIP CO            | DE 🛦                                        |
|                                                  |                                                                                                                                                | 0383604                                                   |         |                        | 3. IS THIS<br>REPORT | X           | NEW<br>(N) <b>O</b> | R [            | AMENDED<br>(A) |                   |                                             |
| 4.                                               | TYPE<br>(Choose                                                                                                                                | OF REPORT One)                                            | ÌΈ      | onthly port            | Feb 20 (M2)          |             | May 20 (M           | 15)            | Aug 20 (M8)    |                   | Nov 20 (M11)<br>(Non-Election<br>Year Only) |
|                                                  | (a) Qu                                                                                                                                         | arterly Reparts:                                          | D       | ue On:                 | Mar 20 (M3)          |             | Jun 20 (M           | 6)             | Sep 20 (M9)    |                   | Dec 20 (M12)<br>(Non-Election<br>Year Only) |
|                                                  | <b>F1</b>                                                                                                                                      | April 15                                                  |         |                        | Apr 20 (M4)          |             | Jul 20 (M7          | 7)             | Oct 20 (M10)   |                   | Jan 31 (YE)                                 |
|                                                  |                                                                                                                                                | Quarterly Report ( July 15                                | (6)     | 12-Day<br>PRE-Election | on C                 | Primary (1  | 2P)                 |                | General (12G)  |                   | Runoff (12R)                                |
|                                                  | X                                                                                                                                              | Quarterly Report ( October 15 Quarterly Report (          |         | Report for             | the:                 | Convention  | n (12C)             |                | Special (12S)  |                   |                                             |
|                                                  |                                                                                                                                                | January 31<br>Year-End Report (                           |         | I                      | Election on          | WW W        | / [D   D            | / <b>[**</b> * |                | in the<br>State o | f                                           |
|                                                  |                                                                                                                                                | July 31 Mid-Year<br>Report (Non-electi<br>Year Only) (MY) | (d)     | POST-Elec              | Secret 1             | General (3  | 30G)                | [] F           | Runoff (30R)   |                   | Special (30S)                               |
|                                                  |                                                                                                                                                | Termination Repor<br>(TER)                                | t       | Report for             | Election on          |             | / [0 = 0 ]          | / <b>[</b>     |                | in the<br>State o | of [                                        |
| 5.                                               | 5. Covering Period 07 01 2012 through 09 30 2012                                                                                               |                                                           |         |                        |                      |             |                     |                |                |                   |                                             |
| Ιc                                               | 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 Allen St. Pierre |                                                                                                                                                |                                                           |         |                        |                      |             |                     |                |                |                   |                                             |
| Sig                                              | Signature of Treasurer Date Date Date                                                                                                          |                                                           |         |                        |                      |             |                     |                |                |                   |                                             |
| NC                                               | 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

# 13031002105

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

| w   | rite or Type Committee Name                                                               | · · · · · · · · · · · · · · · · · · ·                                   |                                   |
|-----|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|
|     | rite or Type Committee Name<br>Jational Organization for<br>Committee                     | the Reform of Marijuana                                                 | Laws Political Action             |
| Re  | eport Covering the Period: From: 0.                                                       | 7 01 2012                                                               | To: 09 30 2012                    |
|     |                                                                                           | COLUMN A<br>This Period                                                 | COLUMN B<br>Calendar Year-to-Date |
| 6.  | (a) Cash on Hand January 1, 2012                                                          |                                                                         | 5,136.13                          |
|     | (b) Cash on Hand at Beginning of Reporting Period                                         | 5,464.99                                                                |                                   |
|     | (c) Total Receipts (from Line 19)                                                         | 5,950,00                                                                | 6,778,86                          |
|     | (d) Subtotal (add Lines 6(b) and 6(c) for Celumn A and Lines 6(a) and 6(c) for Column B)  | 11,414.99                                                               | 11,914.99                         |
| 7.  | Total Disbursements (from Line 31)                                                        | 4,200.00                                                                | 4,700,00                          |
| 8.  | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                | 7,214.99                                                                | 7,214.99                          |
| 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 multic                                                  | andidate committee. (see FEC FORM 1M)                                   |                                   |
|     |                                                                                           | For further information contact:                                        |                                   |
|     |                                                                                           | Federal Election Commission<br>999 E Street, NW<br>Washington, DC 20463 |                                   |
|     |                                                                                           | Toll Free 800-424-9530<br>Local 202-694-1100                            |                                   |

## MONTOOL TON

FEC Form 3X (Rev. 06/2004)

#### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

0 0 0

Write or Type Committee Name National Organization for the Reform of Marijuana Laws Political Action Committee

07 01 2012 09 30 2012 Report Covering the Period: From: To: **COLUMN B COLUMN A** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 5,700.00 (i) Itemized (use Schedule A)..... 250.00 ,078.86 (ii) Unitemized ..... (iii) TOTAL (add ,778.86 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 6,778.86 5,950.00 Totals to Line 33, page 5) ...... 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), 950.00 12, 13, 14, 15, 16, 17, and 18(c)).......▶ 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ....... ▶ 5,950.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

|             | II. Disbursements                                                                     | COLUMN A<br>Total This Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | COLUMN B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 21.         | Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | Iotal Tills Fellou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Calendar Year-to-Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|             | (i) Federal Share                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | (ii) Non-Federal Share                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | (b) Other Federal Operating                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | Expenditures                                                                          | The state of the s |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | (c) Total Operating Expenditures                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | (add 21(a)(i), (a)(ii), and (b))▶                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 22.         | Transfers to Affiliated/Other Party                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 23.         | Contributions to                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | Federal Candidates/Committees and Other Political Committees                          | 1 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4,700.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 24.         | Independent Expenditures                                                              | 4,200,00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | (use Schedule E)                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>25</b> . | Coordinated Party Expenditures                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | (2 U.S.C. §441a(d))<br>(use Schedule F)                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>26</b> . | 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))▶                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | (400 =1100 =0(0)) (0))                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 29.         | Other Disbursements                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             |                                                                                       | Anna Aran Aran Aran Aran Aran Aran Aran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Annual Control of Cont |
| 30.         | Federal Election Activity (2 U.S.C. §431(20))                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | (a) Allocated Federal Election Activity                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | (from Schedule H6) (i) Federal Share                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | (i) I ederal Ollare                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | (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))▶                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 21          | Total Disbursements (add Lines 21(c), 22,                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| σı.         | 23, 24, 25, 26, 27, 28(d), 29 and 30(c))                                              | 4,200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4 700 00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|             | ,,,,,,,,,,                                                                            | 7,200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4,700.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 32.         | Total Federal Disbursements                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | (subtract Line 21(a)(ii) and Line 30(a)(ii)                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | from Line 31)                                                                         | 4,200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4,700.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|             |                                                                                       | THE PROPERTY OF THE PROPERTY O |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| 111 | Net Contributions/Operating Expenditures                                 | COLUMN A Total This Period | COLUMN B<br>Calendar Year-to-Date                                                                               |
|-----|--------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------|
| 33. | Total Contributions (other than loans) (from Line 11(d), page 3)         | 5,950.00                   | 6,778.86                                                                                                        |
| 34. | Total Contribution Refunds (from Line 28(d))                             |                            |                                                                                                                 |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33)     | 5,950.00                   | 6,778.86                                                                                                        |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ |                            |                                                                                                                 |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3)                 |                            | and the first of the second |
| 38. | Net Operating Expenditures (subtract Line 37 from Line 36)               |                            |                                                                                                                 |

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| SCHEDULE A   | (FEC         | Form | 3X) |
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| ITEMIZED REC | <b>EIPTS</b> | }    |     |

FOR LINE NUMBER: (check only one) PAGE 1 OF Use separate schedule(s)

| T           | EMIZED RECEIPTS                                                                                                                                                                                                                                                                      |                      | for each category of the<br>Detailed Summary Page | X 11a 11b 11c 12<br>13 14 15 16 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. |                      |                                                   |                                    |  |  |  |
| $\setminus$ | NAME OF COMMITTEE (m Full)<br>National Organization fo                                                                                                                                                                                                                               | r the                | Reform of Mariju                                  | ana Laws Political Action          |  |  |  |
| <u>/</u>    | Committee                                                                                                                                                                                                                                                                            |                      |                                                   |                                    |  |  |  |
| A.          | Full Name (Last, First, Middle Initial) Amy K. Stout                                                                                                                                                                                                                                 |                      |                                                   | Date of Receipt                    |  |  |  |
|             | Mailing Address 571 Terrace Avenue NE                                                                                                                                                                                                                                                |                      |                                                   | 08 / 20 / 2012                     |  |  |  |
|             | City Atlanta                                                                                                                                                                                                                                                                         | State GA             |                                                   | Amount of Each Receipt this Period |  |  |  |
|             | FEC ID number of contributing federal political committee.                                                                                                                                                                                                                           | C,                   |                                                   | 200.00                             |  |  |  |
|             | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                | Occupation<br>Resear | ch Project Coord                                  |                                    |  |  |  |
|             |                                                                                                                                                                                                                                                                                      |                      | Year-to-Date ▼                                    |                                    |  |  |  |
|             | 1 1 7 11                                                                                                                                                                                                                                                                             | 200.0                |                                                   |                                    |  |  |  |
| В.          | Full Name (Last, First, Middle Initial) Patrick Ogelsby                                                                                                                                                                                                                              |                      |                                                   | Date of Receipt                    |  |  |  |
|             | Mailing Address 1830 N Lakeshore Drive                                                                                                                                                                                                                                               |                      |                                                   | 08 / 22 / 2012                     |  |  |  |
|             | Chapel Hill                                                                                                                                                                                                                                                                          | State N              | IC 27514                                          | Amount of Each Receipt this Period |  |  |  |
|             | FEC ID number of contributing federal political committee.                                                                                                                                                                                                                           | C                    |                                                   | 500.00                             |  |  |  |
|             | Name of Employer Self-employed                                                                                                                                                                                                                                                       | Occupation           | Lawyer                                            |                                    |  |  |  |
|             | Receipt For:    Primary   X   General                                                                                                                                                                                                                                                | Aggregate            | Year-to-Date ▼                                    |                                    |  |  |  |
|             | Other (specify)                                                                                                                                                                                                                                                                      | 500.0                |                                                   |                                    |  |  |  |
| c.          | Full Name (Last, First, Middle Initial) Phil Harvey & Harriet W.                                                                                                                                                                                                                     |                      | er                                                | Date of Receipt                    |  |  |  |
|             | Mailing Address 1701 K Street NW, Suite                                                                                                                                                                                                                                              |                      |                                                   | 08 22 2012                         |  |  |  |
|             | Washington                                                                                                                                                                                                                                                                           | State Do             | C Zip Code 20006                                  | Amount of Each Receipt this Period |  |  |  |
|             | FEC ID number of contributing federal political committee.                                                                                                                                                                                                                           | C .                  |                                                   | 5,000.00                           |  |  |  |
|             | DKT International                                                                                                                                                                                                                                                                    | Occupation           | Philanthropist                                    |                                    |  |  |  |
|             | Receipt For:    Primary   X   General                                                                                                                                                                                                                                                |                      | Year-to-Date ▼                                    |                                    |  |  |  |
|             | Other (specify)                                                                                                                                                                                                                                                                      | 5,000                |                                                   |                                    |  |  |  |
| ٤           | SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                                            |                      | <b>•</b>                                          | 5,700.00                           |  |  |  |
| Ĺ           | OTAL This Period (last page this line number on                                                                                                                                                                                                                                      | ly)                  |                                                   | 5,700.00                           |  |  |  |

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| SCHEDULE B (FEC FOIII 3X)                                                                                 | Line concrete cohodulo(c)                         |                                         | NUMBER: PAGE 1 OF 2                        |  |  |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------|--------------------------------------------|--|--|
| ITEMIZED DISBURSEMENTS                                                                                    | Use separate schedule(s) for each category of the | (check only                             |                                            |  |  |
|                                                                                                           | Detailed Summary Page                             | 21b                                     | 22 X 23 24 25 26<br>28a 28b 28c 29 30b     |  |  |
| r                                                                                                         |                                                   | 27                                      | 1 1 2 1 1 2 1 1 2 2 1                      |  |  |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the name | e and address of any political                    | committee to                            | solicit contributions from such committee. |  |  |
| NAME OF COMMITTEE (In Full)<br>National Organization for                                                  | the Reform of Ma                                  | arijuan                                 | a Laws Political Action                    |  |  |
| Committee                                                                                                 |                                                   |                                         |                                            |  |  |
| Full Name (Last, First, Middle Initial)                                                                   |                                                   |                                         | Date of Disharanan                         |  |  |
| A. Mark Pocan for Congress                                                                                |                                                   | j                                       | Date of Disbursement                       |  |  |
| Mailing Address<br>212 W Gorham                                                                           |                                                   |                                         | 07 13 2012                                 |  |  |
| City                                                                                                      | tate WI Zip Code 537                              | .02                                     |                                            |  |  |
| Madison                                                                                                   | WI 537                                            | 03                                      |                                            |  |  |
| Purpose of Disbursement Contribution                                                                      |                                                   | 023                                     | Amount of Each Disbursement this Period    |  |  |
| Candidate Name                                                                                            | ————— <b>L.</b>                                   |                                         | Amount of Each Disbursement this Period    |  |  |
| Mark Pocan                                                                                                |                                                   | Category/<br>Type                       | 500.00                                     |  |  |
| Office Sought: House Disbursem                                                                            | ent For:                                          | . , , , ,                               |                                            |  |  |
| _                                                                                                         | Primary X General                                 |                                         |                                            |  |  |
|                                                                                                           | Other (specify) ▼                                 |                                         |                                            |  |  |
| State: WI District: 2                                                                                     |                                                   |                                         | AND                                        |  |  |
| Full Name (Last, First, Middle Initial)                                                                   |                                                   |                                         | Date of Dishurgarant                       |  |  |
| B. Joe Benning for State Sen                                                                              | ate                                               | Ì                                       | Date of Disbursement                       |  |  |
| Mailing Address P O Box 142                                                                               |                                                   |                                         | 08 / 14 / 2012                             |  |  |
| City _ S                                                                                                  |                                                   |                                         |                                            |  |  |
| Lyndonville                                                                                               | VT 2p Code 058!                                   | <u> </u>                                |                                            |  |  |
| Purpose of Disbursement Contribution                                                                      |                                                   | A C C                                   | Amount of Each Disbursement this Period    |  |  |
| Candidate Name                                                                                            |                                                   | 023                                     |                                            |  |  |
| Joe Benning                                                                                               | !                                                 | Category/<br>Type                       | 500.00                                     |  |  |
| Office Sought: House Disbursem                                                                            | ent For:                                          | .,,,,,                                  |                                            |  |  |
| Senate                                                                                                    | Primary X General                                 |                                         |                                            |  |  |
| President                                                                                                 | Other (specify) ▼                                 |                                         |                                            |  |  |
| State: VT District: Caledonia                                                                             |                                                   |                                         | · · · · · · · · · · · · · · · · · · ·      |  |  |
| Full Name (Last, First, Middle Initial)                                                                   |                                                   |                                         | Date of Dishumana                          |  |  |
| C. Shumlin for Governor                                                                                   |                                                   |                                         | Date of Disbursement                       |  |  |
| Mailing Address P O Box 5353                                                                              |                                                   |                                         | 08 14 2012                                 |  |  |
|                                                                                                           | VT Zip Code 05402                                 | 2-5353                                  |                                            |  |  |
| Purpose of Disbursement                                                                                   | For                                               | encycles against,                       |                                            |  |  |
| Contribution                                                                                              | 023                                               | Amount of Each Disbursement this Period |                                            |  |  |
| Candidate Name                                                                                            |                                                   | Category/                               | 2,000.00                                   |  |  |
| Peter Shumlin  Office Sought:   House   Disbursen                                                         | nent For                                          | Туре                                    |                                            |  |  |
|                                                                                                           | Primary General                                   |                                         |                                            |  |  |
| President X                                                                                               | Other (specify)                                   |                                         |                                            |  |  |
| State: VT District:                                                                                       | Governor                                          |                                         |                                            |  |  |
|                                                                                                           | 3,000.00                                          |                                         |                                            |  |  |
| SUBTOTAL of Disbursements This Page (optional)                                                            | 3,000.00                                          |                                         |                                            |  |  |
|                                                                                                           |                                                   |                                         |                                            |  |  |
| TOTAL This Period (last page this line number only)                                                       | •••••                                             |                                         |                                            |  |  |

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| SCHEDULE B (FEC Form 3X)                                       |                                                   | FOR LINE          | NUMBER: PAGE 2 OF 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
|----------------------------------------------------------------|---------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| ITEMIZED DISBURSEMENTS                                         | Use separate schedule(s) for each category of the | (check only       | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
|                                                                | Detailed Summary Page                             | 21b<br>27         | 22 X 23 24 25 26 28a 28b 28c 29 30b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| Any information copied from such Reports and Statem            | ents may not be sold or used                      |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| or for cammercial purposes, other than using the nam           | e and address of any political                    | committee to      | solicit contributions from such committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| NAME OF COMMITTEE (In Full) National Organization for          | the Reform of M                                   | arijuan           | a Laws Political Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| / Committee                                                    |                                                   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Full Name (Last, First, Middle Initial)  A                     |                                                   | ł                 | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| Holmes for Seattle  Mailing Address                            |                                                   |                   | 08 / 28 / 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| P O Box 2214                                                   |                                                   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| City S<br>Seattle                                              | tate Zip Code<br>WA 981                           | 11                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Purpose of Disbursement                                        |                                                   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Contribution Candidate Name                                    |                                                   | 023               | Amount of Each Disbursement this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| Pete Holms                                                     |                                                   | Category/<br>Type | 700.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| Office Sought: House Disbursem                                 |                                                   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                | Primary ☐ General Other (specify) ▼               |                   | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| State: District:                                               | City Attorney                                     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Full Name (Last, First, Middle Initial)                        |                                                   |                   | D. (D)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| B. Mark Pocan for Congress                                     |                                                   |                   | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| Mailing Address<br>212 W. Gorham                               |                                                   |                   | 09 18 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| City Madison                                                   | State WI Zip Code 537                             | 03                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Purpose of Disbursement Contribution                           |                                                   | 023               | Amount of Each Disbursement this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| Candidate Name                                                 |                                                   | Category/         | 500.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| Mark Pocan                                                     |                                                   | Туре              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Office Sought: House Disburser                                 | nent For: Primary X General                       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| President                                                      | Other (specify) ▼                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| State: WI District: 2  Full Name (Last, First, Middle Initial) |                                                   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| C. (2004) 1004 1004 1004 1004 1004 1004 1004                   |                                                   |                   | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| Mailing Address                                                |                                                   |                   | Man / Dad / Yavavav                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| City                                                           | State Zip Code                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Purpose of Disbursement                                        | Purpose of Disbursement                           |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Candidate Name                                                 |                                                   | Category/<br>Type | Amount of Each Disbursement this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| Office Sought: House Disbursen                                 |                                                   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                | Primary General                                   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| President                                                      | Other (specify) ▼                                 |                   | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
|                                                                |                                                   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| SUBTOTAL of Disbursements This Page (optional)                 |                                                   | <b>&gt;</b>       | 1,200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| TOTAL This Period (last page this line number only)            |                                                   |                   | 4,200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| i (act bage and me nemed only)                                 |                                                   |                   | Branch Committee of the |  |  |

## Federal Election Commission

| The FEC added this page to the end of this filing |                               |
|---------------------------------------------------|-------------------------------|
| Hand Delivered                                    | Date of Receipt               |
| USPS First Class Mail                             | Postmarked 1/4/13             |
| USPS Registered/Certified                         | Postmarked (R/C)              |
| USPS Priority Mail                                | Postmarked                    |
| Delivery Confirmation <sup>™</sup> or Signa       | ture Confirmation™ Label      |
| USPS Express Mail                                 | Postmarked                    |
| Postmark Illegible                                |                               |
| No Postmark                                       |                               |
| Overnight Delivery Service (Specify):             | Shipping Date                 |
| Ne                                                | ext Business Day Delivery     |
| Received from House Records & Registration (      | Date of Receipt<br>Office     |
| Received from Senate Public Records Office        | Date of Receipt               |
| Received from Electronic Filing Office            | Date of Receipt               |
| Other (Specify):                                  | Date of Receipt or Postmarked |
| Imp.                                              | 1/10/13                       |
| PREPARER                                          | DATE PREPARED                 |

(3/2005)