

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2016 JUL 13 PM 2:17  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

DRUG POLICY REFORM FUND

ADDRESS (number and street) 131 WEST 33RD STREET  
15th FLOOR  
 Check if different than previously reported. (ACC) NEW YORK NY 10001

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00461236

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on MM / DD / YYYYYY in the State of   

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

General (30G)  Runoff (30R)  Special (30S)

Election on MM / DD / YYYYYY in the State of   

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

04 / 01 / 2016 through 06 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer RYAN CHAVEZ

Signature of Treasurer *R Chavez* Date MM / DD / YYYYYY

07 / 08 / 2016

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

2016 JUL 13 PM 2:17

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

*Drug Policy Reform Fund*

Report Covering the Period: From:

To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="38,132.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="40,132.57"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="0.00"/>	<input type="text" value="50,000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<input type="text" value="40,132.57"/>	<input type="text" value="43,132.57"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="1,000.00"/>	<input type="text" value="4,000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="39,132.57"/>	<input type="text" value="39,132.57"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

NON-FUNCTIONAL DOCUMENT

**DETAILED SUMMARY PAGE**  
of Receipts

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Page 3

Write or Type Committee Name

*Drug Policy Reform Fund*

Report Covering the Period:

From:

MM / DD / YYYY  
04 / 01 / 2016

To:

MM / DD / YYYY  
06 / 30 / 2016

**I. Receipts**

**COLUMN A**  
Total This Period

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

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees  
(i) Itemized (use Schedule A).....

0.00

5,000.00

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0.00

5,000.00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

0.00

5,000.00

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

0.00

5,000.00

NOTED BY FIN ON 08/08/16

**DETAILED SUMMARY PAGE**  
of Disbursements

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**II. Disbursements**

**COLUMN A**  
Total This Period

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

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1,000,000	4,000,000
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1,000,000	4,000,000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1,000,000	4,000,000

NON-FEDERAL SHARE

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	<input type="text"/>	<input type="text"/>
34. Total Contribution Refunds (from Line 28(d)) .....	<input type="text"/>	<input type="text"/>
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	<input type="text"/>	<input type="text"/>
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	<input type="text"/>	<input type="text"/>
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	<input type="text"/>	<input type="text"/>
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	<input type="text"/>	<input type="text"/>

NOTATION: THIS IS A BOONVILLE



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE / OF /

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

*Drug Policy Reform Fund*

Full Name (Last, First, Middle Initial)

**A.**

Full Name (Last, First, Middle Initial) *Colorado Ohio Victory Fund*

Date of Disbursement  /  /

Mailing Address *928 BROADWAY #504*

City *NEW YORK* State *NY* Zip Code *10010*

Purpose of Disbursement *POLITICAL CONTRIBUTION*  Category/Type

Candidate Name *MICHAEL BENNET*  Amount of Each Disbursement this Period

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

State: *CO* District:

**B.**

Full Name (Last, First, Middle Initial) *Colorado Ohio Victory Fund*

Date of Disbursement  /  /

Mailing Address *928 BROADWAY #504*

City *NEW YORK* State *NY* Zip Code *10010*

Purpose of Disbursement *POLITICAL CONTRIBUTION*  Category/Type

Candidate Name *TED STRICKLAND*  Amount of Each Disbursement this Period

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

State: *OH* District:

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement  /  /

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name  Amount of Each Disbursement this Period

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

State: District:

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

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

<input type="text" value=""/>
<input type="text" value="1,000.00"/>

20150310 10:11:00 AM





