

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

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="2010"/> | | 35395.77 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 37812.77 | |
| (c) Total Receipts (from Line 19) | 8283.00 | 23200.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 46095.77 | 58595.77 |
| 7. Total Disbursements (from Line 31)..... | 14000.00 | 26500.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 32095.77 | 32095.77 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Report Covering the Period: From: / / To: / /

| 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)..... | 5490.00 | 12850.00 |
| (ii) Unitemized | 2793.00 | 10350.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 8283.00 | 23200.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 8283.00 | 23200.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (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))..... ▶ | 8283.00 | 23200.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 8283.00 | 23200.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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 | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 14000.00 | 26500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 14000.00 | 26500.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 14000.00 | 26500.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 8283.00 | 23200.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 8283.00 | 23200.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 0.00 | 0.00 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 12
(check only one)
 11a 11b 11c 12
 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.

NAME OF COMMITTEE (In Full)
Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A. James Cook
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 Musconetcong River Rd.
 City State Zip Code
 Hampton NJ 08827-3021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed Consulting
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2010
Transaction ID : SA11AI.10824
 Amount of Each Receipt this Period
 120.00
 78500634_MMXXXPXXXXX_PAC

B. James Cook
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 Musconetcong River Rd.
 City State Zip Code
 Hampton NJ 08827-3021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed Consulting
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2010
Transaction ID : SA11AI.10880
 Amount of Each Receipt this Period
 120.00
 78500634_MMXXXPXXXXX_PAC

C. James Cook
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 Musconetcong River Rd.
 City State Zip Code
 Hampton NJ 08827-3021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed Consulting
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2010
Transaction ID : SA11AI.10920
 Amount of Each Receipt this Period
 120.00
 78500634_SPXXXP01A1X_PAC

SUBTOTAL of Receipts This Page (optional)..... ▶ 360.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 7 OF 12 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)
Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A. Matthew J. Hammett
 Full Name (Last, First, Middle Initial)
 Mailing Address 11505 Underoak Ct.
 City Reston State VA Zip Code 20191-2265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FEDERAL AVIATION ADMIN. Occupation engineer
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2010
Transaction ID : SA11AI.10788
 Amount of Each Receipt this Period
 2000.00
 78560250_WWXXXPXX00X_PAC

B. Matthew J. Hammett
 Full Name (Last, First, Middle Initial)
 Mailing Address 11505 Underoak Ct.
 City Reston State VA Zip Code 20191-2265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FEDERAL AVIATION ADMIN. Occupation engineer
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2010
Transaction ID : SA11AI.10849
 Amount of Each Receipt this Period
 3000.00
 78560250_SPXXXP01A1X_PAC

C. Michael Newman
 Full Name (Last, First, Middle Initial)
 Mailing Address 27141 Lerma
 City Mission Viejo State CA Zip Code 92691-2103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation hearing instrument specialist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2010
Transaction ID : SA11AI.10869
 Amount of Each Receipt this Period
 50.00
 78506615_MMXXXPXXXXX_PAC

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5050.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 8 OF 12 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Michael Newman | | Date of Receipt |
| Mailing Address 27141 Lerma | | <input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2010"/> |
| City Mission Viejo State CA Zip Code 92691-2103 | | Transaction ID : SA11AI.10909 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| Name of Employer Self Employed Occupation hearing instrument specialist | | <input type="text" value="50.00"/> |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | 78506615_MMXXXPXXXXX_PAC |
| Aggregate Year-to-Date ▼ | | <input type="text" value="300.00"/> |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. William Waring | | Date of Receipt |
| Mailing Address 152 Berrywood Dr. | | <input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2010"/> |
| City Severna Park State MD Zip Code 21146-2032 | | Transaction ID : SA11AI.10915 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| Name of Employer Self-employed Occupation Consulting | | <input type="text" value="30.00"/> |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | 78556370_MMXXXPXXXXX_PAC |
| Aggregate Year-to-Date ▼ | | <input type="text" value="230.00"/> |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. | | Date of Receipt |
| Mailing Address | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City State Zip Code | | |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| Name of Employer Occupation | | <input type="text"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Aggregate Year-to-Date ▼ | | <input type="text"/> |

| | |
|---|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional)..... | <input type="text" value="80.00"/> |
| TOTAL This Period (last page this line number only)..... | <input type="text" value="5490.00"/> |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Full Name (Last, First, Middle Initial)

A. AMERICA FORWARD LEADERSHIP PAC

Mailing Address 1831 BAY STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

AMERICA FORWARD LEADERSHIP PAC

Category/Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 25 / 2010

Transaction ID : SB23.10958

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. BARBARA LEE FOR CONGRESS

Mailing Address 1736 FRANKLIN STREET #400

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement

011

Candidate Name

BARBARA LEE FOR CONGRESS

Category/Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: CA District: 09

Date of Disbursement

MM / DD / YYYY
05 / 25 / 2010

Transaction ID : SB23.10949

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BARNEY FRANK FOR CONGRESS COMMITTEE

Mailing Address P O BOX 260

City NEWTONVILLE State MA Zip Code 02460

Purpose of Disbursement

011

Candidate Name

BARNEY FRANK FOR CONGRESS COMMITTEE

Category/Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: MA District: 04

Date of Disbursement

MM / DD / YYYY
05 / 25 / 2010

Transaction ID : SB23.10965

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

**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)

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

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 1212 S. Victory Blvd
SUITE 211

City BURBANK State CA Zip Code 91502

Purpose of Disbursement

011

Candidate Name

COMMITTEE TO RE-ELECT LINDA SANCHEZ

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 39

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 5 | | 2 | 0 | 1 | 0 |

Transaction ID : SB23.10971

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAN MAFFEI

Mailing Address PO Box 74

City Syracuse State NY Zip Code 13214

Purpose of Disbursement

011

Candidate Name

FRIENDS OF DAN MAFFEI

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 5 | | 2 | 0 | 1 | 0 |

Transaction ID : SB23.10956

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MAURICE HINCHEY

Mailing Address PO Box 4497

City Kingston State NY Zip Code 12402

Purpose of Disbursement

011

Candidate Name

FRIENDS OF MAURICE HINCHEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 22

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 1 | | 2 | 0 | 1 | 0 |

Transaction ID : SB23.10942

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

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

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

**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)

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

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SCHUMER

Mailing Address 509 MADISON AVE SUITE 1902

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement

011

Category/
Type

Candidate Name

FRIENDS OF SCHUMER

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 00

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 5 | | 2 | 0 | 1 | 0 |

Transaction ID : SB23.10944

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. JACKIE SPEIER FOR CONGRESS

Mailing Address Post Office Box 112

City Burlingame State CA Zip Code 94011

Purpose of Disbursement

011

Category/
Type

Candidate Name

JACKIE SPEIER FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 5 | | 2 | 0 | 1 | 0 |

Transaction ID : SB23.10967

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. LOEBSACK FOR CONGRESS

Mailing Address PO Box 1457

City Iowa City State IA Zip Code 52244

Purpose of Disbursement

011

Category/
Type

Candidate Name

LOEBSACK FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 5 | | 2 | 0 | 1 | 0 |

Transaction ID : SB23.10934

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**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)

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

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Full Name (Last, First, Middle Initial)

A. Nadler for Congress

Mailing Address Village Station PO Box 40

City New York State NY Zip Code 10014

Purpose of Disbursement

011

Category/
Type

Candidate Name

Nadler for Congress

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 08

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 5 | | 2 | 0 | 1 | 0 |

Transaction ID : SB23.10951

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Full Name (Last, First, Middle Initial)

B. SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement

011

Category/
Type

Candidate Name

SCHAKOWSKY FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 5 | | 2 | 0 | 1 | 0 |

Transaction ID : SB23.10946

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Full Name (Last, First, Middle Initial)

C. TIM WALZ FOR US CONGRESS

Mailing Address PO BOX 938

City MANKATO State MN Zip Code 56002

Purpose of Disbursement

011

Category/
Type

Candidate Name

TIM WALZ FOR US CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MN District: 01

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 5 | | 2 | 0 | 1 | 0 |

Transaction ID : SB23.10969

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |