

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) **126 C STREET NW**
SUITE #300
 Check if different than previously reported. (ACC) **WASHINGTON DC 20001**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00528026 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 / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2017 through / / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Correia, Michael, James, ,
Type or Print Name of Treasurer

Signature of Treasurer Correia, Michael, James, , [Electronically Filed] Date / / 2017

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

NATIONAL CANNABIS INDUSTRY ASSOCIATION 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="2017"/>		<input type="text" value="27450.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="27450.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="53800.00"/>	<input type="text" value="53800.00"/>
(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="81250.00"/>	<input type="text" value="81250.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="25000.00"/>	<input type="text" value="25000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="56250.00"/>	<input type="text" value="56250.00"/>
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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

NATIONAL CANNABIS INDUSTRY ASSOCIATION 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).....	35800.00	35800.00
(ii) Unitemized	13000.00	13000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	48800.00	48800.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	53800.00	53800.00
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)).....▶	53800.00	53800.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	53800.00	53800.00

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	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.....	25000.00	25000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	25000.00	25000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25000.00	25000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	53800.00	53800.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53800.00	53800.00
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: (check only one)	PAGE 6 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
NATIONAL CANNABIS INDUSTRY ASSOCIATION PAC

A. Bingham, Roy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Spring Street
 City Wakefield State RI Zip Code 02879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BDS Analytics Occupation (for Individual) Founder
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 30 / 2017
Transaction ID : SA11AI.4377
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Curren, Ben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 NW 8th Ave
 City Portland State OR Zip Code 97209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Green Bits Occupation (for Individual) Founder
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 17 / 2017
Transaction ID : SA11AI.4366
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Dayton, Troy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 169 11th Street
 City San Francisco State CA Zip Code 94103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ArcView Group Occupation (for Individual) Co-Founder
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2017
Transaction ID : SA11AI.4363
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4000.00
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 20
<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)
NATIONAL CANNABIS INDUSTRY ASSOCIATION PAC

A. DeAngelo, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1940 Embarcadero
 City Oakland State CA Zip Code 94606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harborside Health Center Occupation (for Individual) Co-Founder and Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **03 / 13 / 2017**
Transaction ID : SA11AI.4372
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. Donahoe, Sean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 Oak Street
 City Oakland State CA Zip Code 94607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Operative Campaigns, LLC Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 13 / 2017**
Transaction ID : SA11AI.4391
 Amount of Each Receipt this Period 500.00
 Memo Item

C. English, Jamie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 436 Mesa Drive
 City Loveland State CO Zip Code 80301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Surna, Inc. Occupation (for Individual) Marketing Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 17 / 2017**
Transaction ID : SA11AI.4381
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3500.00
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 20
<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)
NATIONAL CANNABIS INDUSTRY ASSOCIATION PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Fontan, Etienne, , ,			Date of Receipt
Mailing Address 1700 Shattuck Ave. #207			<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2017"/>
City Berkeley	State CA	Zip Code 94709	Transaction ID : SA11AI.4355
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Name of Employer (for Individual) Berkeley Patients Group		Occupation (for Individual) Co-Owner	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gibson, Phil, , ,			Date of Receipt
Mailing Address 1281 Reamwood Ave.			<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2017"/>
City Sunnyvale	State CA	Zip Code 94089	Transaction ID : SA11AI.4393
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer (for Individual) AEssense Corporation		Occupation (for Individual) Vice President of Marketing	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Held, Liana, , ,			Date of Receipt
Mailing Address P.O. Box 11515			<input type="text" value="01"/> / <input type="text" value="08"/> / <input type="text" value="2017"/>
City Oakland	State CA	Zip Code 94811	Transaction ID : SA11AI.4357
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1200.00"/>
Name of Employer (for Individual) Liana Limited		Occupation (for Individual) CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="6700.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 9 OF 20
<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)
NATIONAL CANNABIS INDUSTRY ASSOCIATION PAC

A. Hopkins, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1553 Oak Street
 City Eugene State OR Zip Code 97401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keep Eugene Green Occupation (for Individual) owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 17 / 2017
Transaction ID : SA11AI.4368
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Janjic, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 17th Street Suite 2800
 City Denver State CO Zip Code 80202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amercanex Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 07 / 2017
Transaction ID : SA11AI.4395
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Johnson, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 318 Cayuga Street
 City Salinas State CA Zip Code 92901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) L&G LLP Attorneys at Law Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 17 / 2017
Transaction ID : SA11AI.4370
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
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 10 OF 20
<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)
NATIONAL CANNABIS INDUSTRY ASSOCIATION PAC

A. Khalatbari, Kayvan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 877 Lipan Street
 City Denver State CO Zip Code 80204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Denver Relief Occupation (for Individual) Co-Founder
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 16 / 2017
Transaction ID : SA11AI.4359
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Khoja, Khurshid, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4020 24th Street Apt. 1
 City San Francisco State CA Zip Code 94114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greenbridge Corporate Counsel Occupation (for Individual) Founder
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 03 / 04 / 2017
Transaction ID : SA11AI.4356
 Amount of Each Receipt this Period 2100.00
 Memo Item

C. Kiel, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1961 Main Street Unit 239
 City Watsonville State CA Zip Code 95076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ethnobotanica Occupation (for Individual) Co-owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 24 / 2017
Transaction ID : SA11AI.4375
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4100.00
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 11 OF 20
<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)
NATIONAL CANNABIS INDUSTRY ASSOCIATION PAC

A. Krane, Kris, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5060 North 40th Street

City Phoenix	State AZ	Zip Code 85018
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 4 Front Partners	Occupation (for Individual) Founder
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2017

Transaction ID : SA11AI.4358

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 115 Blanchard Street

City Seattle	State WA	Zip Code 98121
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Have a Heart	Occupation (for Individual) Owner
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2017

Transaction ID : SA11AI.4389

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 1714 Duchess Drive

City Longmont	State CO	Zip Code 80501
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bridge West CPA's	Occupation (for Individual) Owner
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2017

Transaction ID : SA11AI.4385

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4500.00
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 12 OF 20
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL CANNABIS INDUSTRY ASSOCIATION PAC

A. McManamon, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1991 Crocker Road
 City Westlake State OH Zip Code 44145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cannasure Insurance Service Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 28 / 2017
Transaction ID : SA11AI.4364
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Mundell, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 Jefferson Street #12
 City Jefferson City State MO Zip Code 65101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MAVO Occupation (for Individual) Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 17 / 2017
Transaction ID : SA11AI.4360
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Ott, Lance, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16904 SE 1st Street Suite 102
 City Vancouver State WA Zip Code 98684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Guardian Data Systems Occupation (for Individual) Founder and CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 20 / 2017
Transaction ID : SA11AI.4383
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00
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 13 OF 20
<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)
NATIONAL CANNABIS INDUSTRY ASSOCIATION PAC

A. Seeb, Ean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Broadway Street
 City Denver State CO Zip Code 80203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Denver Relief Occupation (for Individual) Co-Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 22 / 2017
Transaction ID : SA11AI.4361
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Sklarin, Eli, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2420 17th Street
 City Denver State CO Zip Code 80202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baker Technologies Occupation (for Individual) Marketing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 22 / 2017
Transaction ID : SA11AI.4387
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Vaughn, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24540 NE 11th Street
 City Sammamish State WA Zip Code 98074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greenbridge Corporate Counsel Occupation (for Individual) Managing Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 10 / 2017
Transaction ID : SA11AI.4319
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 14 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
NATIONAL CANNABIS INDUSTRY ASSOCIATION PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wykowski, Henry, , ,

Mailing Address 235 Montgomery Street
#657

City San Francisco State CA Zip Code 94104

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Henry Wykowski and Associates Occupation (for Individual) Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 15 / 2017

Transaction ID : SA11AI.4362

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	35800.00

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

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

FOR LINE NUMBER: PAGE 15 OF 20
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
NATIONAL CANNABIS INDUSTRY ASSOCIATION PAC

A. MARIJUANA POLICY PROJECT PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 77492 -- CAPITOL HILL

City WASHINGTON	State DC	Zip Code 20013
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00389882

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	10	/	2017

Transaction ID : SA11C.4354

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

**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"/> 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)
NATIONAL CANNABIS INDUSTRY ASSOCIATION PAC

A. BUCK FOR COLORADO

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 338018

City GREELEY State CO Zip Code 80633

Purpose of Disbursement

Candidate Name
BUCK, KENNETH R, , ,

Office Sought: House Senate President
State: CO District: 04

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement: 03 / 29 / 2017

FEC Identification Number: **C00573378**
Transaction ID : **SB23.4345**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. DENNY HECK FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 235

City OLYMPIA State WA Zip Code 98507

Purpose of Disbursement

Candidate Name
HECK, DENNIS, , ,

Office Sought: House Senate President
State: WA District: 10

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement: 03 / 28 / 2017

FEC Identification Number: **C00472159**
Transaction ID : **SB23.4328**
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. DIANA DEGETTE FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 61337

City DENVER State CO Zip Code 80206

Purpose of Disbursement

Candidate Name
DEGETTE, DIANA L., , ,

Office Sought: House Senate President
State: CO District: 01

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement: 06 / 29 / 2017

FEC Identification Number: **C00311639**
Transaction ID : **SB23.4329**
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

3000.00

**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"/> 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)
NATIONAL CANNABIS INDUSTRY ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. HUFFMAN FOR CONGRESS 2014		Date of Disbursement MM / DD / YYYY 03 / 16 / 2017
Mailing Address P.O. BOX 151563		FEC Identification Number C00536680 Transaction ID : SB23.4415 Amount of Each Disbursement this Period 1000.00
City SAN RAFAEL	State CA	Zip Code 94915
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 02	

Full Name (Last, First, Middle Initial) B. JAMIE RASKIN FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address P.O. BOX 5418		FEC Identification Number C00575126 Transaction ID : SB23.4342 Amount of Each Disbursement this Period 1000.00
City TAKOMA PARK	State MD	Zip Code 20913
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MD	District: 08	

Full Name (Last, First, Middle Initial) C. KURT SCHRADER FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 28 / 2017
Mailing Address PO BOX 3314		FEC Identification Number C00446906 Transaction ID : SB23.4407 Amount of Each Disbursement this Period 1000.00
City OREGON CITY	State OR	Zip Code 97045
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OR	District: 05	

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

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

3000.00

**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"/> 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)
NATIONAL CANNABIS INDUSTRY ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. MCCLINTOCK FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 29 / 2017
Mailing Address 2150 RIVER PLAZA DR. #150		FEC Identification Number C00446815 Transaction ID : SB23.4326
City SACRAMENTO	State CA	Zip Code 95833
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name MCCLINTOCK, THOMAS, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 04	

Full Name (Last, First, Middle Initial) B. NEW DEMOCRAT COALITION PAC		Date of Disbursement MM / DD / YYYY 05 / 01 / 2017
Mailing Address 700 13TH STREET, NW SUITE 600		FEC Identification Number C00409730 Transaction ID : SB23.4352
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement		Amount of Each Disbursement this Period 5000.00
Candidate Name NEW DEMOCRAT COALITION PAC		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) C. RICHARD E NEAL FOR CONGRESS COMMITTEE		Date of Disbursement MM / DD / YYYY 03 / 03 / 2017
Mailing Address 76 MAGNOLIA TERRACE		FEC Identification Number C00226522 Transaction ID : SB23.4411
City SPRINGFIELD	State MA	Zip Code 01108
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MA	District: 01	

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

8500.00

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"/> 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)
NATIONAL CANNABIS INDUSTRY ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. ROHRBACHER FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 28 / 2017
Mailing Address 9070 IRVINE CENTER DRIVE, #150		FEC Identification Number C00224691 Transaction ID : SB23.4322 Amount of Each Disbursement this Period 2500.00
City IRVINE	State CA	Zip Code 92618
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 48	

Full Name (Last, First, Middle Initial) B. ROHRBACHER FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 23 / 2017
Mailing Address 9070 IRVINE CENTER DRIVE, #150		FEC Identification Number C00224691 Transaction ID : SB23.4325 Amount of Each Disbursement this Period 2500.00
City IRVINE	State CA	Zip Code 92618
Purpose of Disbursement		Category/ Type
Candidate Name ROHRBACHER, DANA, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: CA	District: 48	

Full Name (Last, First, Middle Initial) C. ROSEN FOR NEVADA		Date of Disbursement MM / DD / YYYY 03 / 21 / 2017
Mailing Address PO BOX 27195		FEC Identification Number C00606939 Transaction ID : SB23.4339 Amount of Each Disbursement this Period 1000.00
City LAS VEGAS	State NV	Zip Code 89126
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NV	District: 03	

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

6000.00

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

25000.00