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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

DRUG POLICY REFORM FUND

ADDRESS (number and street)

170 WEST 36th STREET

116th FLOOR

Check if different than previously reported. (ACC)

NEW YORK

NY

100181

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

Primary (12P)

General (12G)

Runoff (12R)

PRE-Election

Convention (12C)

Special (12S)

Report for the:

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the State of

(d) 30-Day

General (30G)

Runoff (30R)

Special (30S)

Report for the:

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the State of

5. Covering Period

01

01

2009

through

12

31

2009

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

01

27

2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

100300231171

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

DRUG POLICY REFORM FUND

Report Covering the Period:

From:

07' 01' 2009

To:

12' 31' 2009

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2009		000
(b) Cash on Hand at Beginning of Reporting Period.....	4,499.60	
(c) Total Receipts (from Line 19)	15,000.00	20,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	15,000.00	20,000.00
7. Total Disbursements (from Line 31)	1,559.20	2,059.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17,940.40	17,940.40
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	 	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	 	

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

For further information contact:

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

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

100300231172

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

DRUG POLICY REFORM FUND

Report Covering the Period:

From:

07 / 07 / 2009

To:

12 / 31 / 2009

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).....

15,000.00

20,000.00

(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)

15,000.00

20,000.00

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))..

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

15,000.00

20,000.00

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

15,000.00

20,000.00

100300231173

**DETAILED SUMMARY PAGE
of Disbursements**

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	59,20	59,60
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,500.00	20,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1,559,20	20,596,0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1,559,20	20,596,0

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)		
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	59,200	59,600
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

100300231175

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

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

FOR LINE NUMBER:		PAGE / OF /	
(check only one)			
<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) **DRUG POLICY REFORM FUND**

A. Full Name (Last, First, Middle Initial) **HARVEY, PHIL**

Mailing Address **2400 OUTRIDER TRACE**

City **CHAPEL HILL** State **NC** Zip Code **27516**

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

Name of Employer **DKT INT'L.** Occupation **EXECUTIVE**

Receipt For: Primary General Other (specify) **▼**

Aggregate Year-to-Date **▼**

Date of Receipt **09' 16' 2009**

Amount of Each Receipt this Period **5,000.00**

B. Full Name (Last, First, Middle Initial) **BENNINGSON, THOMAS**

Mailing Address **4100 REDWOOD ROAD**

City **OAKLAND** State **CA** Zip Code **94619**

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

Name of Employer **SELF-EMPLOYED** Occupation **ATTORNEY**

Receipt For: Primary General Other (specify) **▼**

Aggregate Year-to-Date **▼**

Date of Receipt **12' 03' 2009**

Amount of Each Receipt this Period **5,000.00**

C. Full Name (Last, First, Middle Initial) **VAN AMERINGEN, HENRY**

Mailing Address **37 W. 12th STREET**

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

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

Name of Employer **N/A** Occupation **RETIRED**

Receipt For: Primary General Other (specify) **▼**

Aggregate Year-to-Date **▼**

Date of Receipt **12' 29' 2009**

Amount of Each Receipt this Period **5,000.00**

SUBTOTAL of Receipts This Page (optional).....▶ **15,000.00**

TOTAL This Period (last page this line number only).....▶ **15,000.00**

100300231176

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

A. Full Name (Last, First, Middle Initial)
CONYERS FOR CONGRESS

Mailing Address
5 ROSECROFT DRIVE

City
FREDERICKSBURG State
VA Zip Code
22407

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
JOHN CONYERS, JR.

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **2010**

State: **MI** District: **14**

Date of Disbursement
09 / 29 / 2009

Amount of Each Disbursement this Period
500.00

Category/Type
011

B. Full Name (Last, First, Middle Initial)
ONE VOICE

Mailing Address
P.O. BOX 8768

City
EMERYVILLE State
CA Zip Code
94662

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **2010**

State: District:

Date of Disbursement
10 / 24 / 2009

Amount of Each Disbursement this Period
1000.00

Category/Type
011

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

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

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

1,500.00

100300231177

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label	<input type="checkbox"/>

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>1/27/10</i>
Next Business Day Delivery	<input type="checkbox"/>

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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<i>JWA</i> PREPARER	<i>1/28/10</i> DATE PREPARED
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100390231178