

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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.....	16700.77	
(c) Total Receipts (from Line 19)	950.00	28045.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	17650.77	63440.77
7. Total Disbursements (from Line 31).....	1000.00	46790.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	16650.77	16650.77
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).....	350.00	14315.00
(ii) Unitemized	600.00	13730.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	950.00	28045.00
(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)	950.00	28045.00
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))..... ▶	950.00	28045.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	950.00	28045.00

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	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.....	1000.00	30500.00
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	16290.00
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)) ..	1000.00	46790.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	46790.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	950.00	28045.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	950.00	28045.00
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 9
	<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)
Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A. Robert J Ablon
 Full Name (Last, First, Middle Initial)
 Mailing Address 5848 Ocean View Dr.
 City Oakland State CA Zip Code 94618-1535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Passage Occupation Advertising
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2010
Transaction ID : SA11AI.11227
 Amount of Each Receipt this Period
 300.00
 78684171_MMXXXPXXXXX_PAC

B. James Cook
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 Musconetcong River Rd.
 City Hampton State NJ Zip Code 08827-3021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Consulting
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2010
Transaction ID : SA11AI.11237
 Amount of Each Receipt this Period
 120.00
 78500634_MMXXXPXXXXX_PAC

C. Dona A. Hill
 Full Name (Last, First, Middle Initial)
 Mailing Address 4039 Roberts Rd.
 City Fairfax State VA Zip Code 22032-1041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fairfax County Public Schools Occupation teacher
 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
 10 / 25 / 2010
Transaction ID : SA11AI.11232
 Amount of Each Receipt this Period
 25.00
 78516922_MMXXXPXXXXX_PAC

SUBTOTAL of Receipts This Page (optional).....▶	175.00
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 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Claudia K Little
 Full Name (Last, First, Middle Initial)
 Mailing Address 180 Logan Dr
 City Ashland State OR Zip Code 97520-6602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation Retired nurse
 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
 10 / 22 / 2010
Transaction ID : SA11AI.11225
 Amount of Each Receipt this Period
 250.00
 78679735_MMXXXPXXXXX_PAC

B. Michael F Marion
 Full Name (Last, First, Middle Initial)
 Mailing Address 865 NE Melanie Ct.
 City Bremerton State WA Zip Code 98311-3018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer U.S. Department of Defense Finance and Occupation IT Specialist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2010
Transaction ID : SA11AI.11241
 Amount of Each Receipt this Period
 25.00
 78514302_MMXXXPXXXXX_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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2010
Transaction ID : SA11AI.11220
 Amount of Each Receipt this Period
 50.00
 78506615_MMXXXPXXXXX_PAC

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 9
	<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. Jon O Novak
 Full Name (Last, First, Middle Initial)
 Mailing Address 4953 Rolling Acres Rd.
 City State Zip Code
 Center Point IA 52213-9608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A not employed
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2010
Transaction ID : SA11AI.11238
 Amount of Each Receipt this Period
 200.00
 78520806_MMXXXPXXXXX_PAC

B. Michael Stearns
 Full Name (Last, First, Middle Initial)
 Mailing Address 3240 Peralta St. Apt. 9
 City State Zip Code
 Oakland CA 94608-4130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 n/a Retired
 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
 10 / 22 / 2010
Transaction ID : SA11AI.11221
 Amount of Each Receipt this Period
 25.00
 78523456_MMXXXPXXXXX_PAC

C. William Waring
 Full Name (Last, First, Middle Initial)
 Mailing Address 152 Berrywood Dr.
 City State Zip Code
 Severna Park MD 21146-2032
 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 ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2010
Transaction ID : SA11AI.11219
 Amount of Each Receipt this Period
 30.00
 78556370_MMXXXPXXXXX_PAC

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	350.00

**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. FRIENDS OF MAURICE HINCHEY

Mailing Address PO Box 4497

City Kingston State NY Zip Code 12402

Purpose of Disbursement

Category/
Type

Candidate Name

FRIENDS OF MAURICE HINCHEY

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 22

Date of Disbursement

/ /

Transaction ID : SB23.11256

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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