

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER

2016 APR 13 AM 11:08  
Office Use Only

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

12FE4M5

DRUG POLICY REFORM FUND

ADDRESS (number and street)

131 WEST 33RD STREET

15th FLOOR

NEW YORK

NY

10001-

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00461236

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

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

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

MM / DD / YYYY

in the State of

□

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

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

Election on

MM / DD / YYYY

in the State of

□

5. Covering Period

MM / DD / YYYY 01 / 01 / 2016

through

MM / DD / YYYY 03 / 31 / 2016

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

Type or Print Name of Treasurer RYAN CHAVEZ

Signature of Treasurer

*R Chavez*

Date

MM / DD / YYYY 04 / 12 / 2016

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

Office Use Only

FEC FORM 3X  
Rev. 12/2004

**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: 

MM	DD	YYYY
01	01	2016

 To: 

MM	DD	YYYY
03	31	2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date				
6. (a) Cash on Hand January 1, <table border="1"><tr><td>YYYYYY</td></tr><tr><td>2016</td></tr></table>	YYYYYY	2016	<table border="1"><tr><td>3813257</td></tr></table>	3813257	<table border="1"><tr><td>3813257</td></tr></table>	3813257
YYYYYY						
2016						
3813257						
3813257						
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1"><tr><td>3813257</td></tr></table>	3813257				
3813257						
(c) Total Receipts (from Line 19) .....	<table border="1"><tr><td>5000000</td></tr></table>	5000000	<table border="1"><tr><td>5000000</td></tr></table>	5000000		
5000000						
5000000						
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1"><tr><td>4313257</td></tr></table>	4313257	<table border="1"><tr><td>4313257</td></tr></table>	4313257		
4313257						
4313257						
7. Total Disbursements (from Line 31) .....	<table border="1"><tr><td>3000000</td></tr></table>	3000000	<table border="1"><tr><td>3000000</td></tr></table>	3000000		
3000000						
3000000						
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1"><tr><td>4013257</td></tr></table>	4013257	<table border="1"><tr><td>4013257</td></tr></table>	4013257		
4013257						
4013257						
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1"><tr><td>000</td></tr></table>	000				
000						
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1"><tr><td>000</td></tr></table>	000				
000						

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







**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 / OF /

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)

*Drug Policy Reform Fund*

Full Name (Last, First, Middle Initial)

A. *BENNIGSON THOMAS*

Mailing Address

*4100-10 Redwood Rd PMB 219*

City

*OAKLAND*

State

*CA*

Zip Code

*94619-2363*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*PUBLIC GOOD LAW CENTER*

Occupation

*LEGAL DIRECTOR*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*5000.00*

Date of Receipt

*01 / 14 / 2016*

Amount of Each Receipt this Period

*5000.00*

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

*C*

Name of Employer

Occupation

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).....▶

*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)

PAGE OF

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

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

NAME OF COMMITTEE (In Full)

*DRUG POLICY REFORM FUND*

Full Name (Last, First, Middle Initial)

**A.** *BARBARA LEE FOR CONGRESS*

Mailing Address

*505-14th St. Suite 900*

City

*OAKLAND*

State

*CA*

Zip Code

*94612*

Purpose of Disbursement

*POLITICAL CONTRIBUTION*

Candidate Name

*BARBARA LEE*

**011**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: *CA*

District: *13*

Date of Disbursement

**MM / DD / YYYY**  
*02 / 03 / 2016*

Amount of Each Disbursement this Period

**5,000.00**

Memo Item

Full Name (Last, First, Middle Initial)

**B.** *BLUMENAUER CENTURY FUND*

Mailing Address

*232 NE 9th*

City

*Portland*

State

*OR*

Zip Code

*97232*

Purpose of Disbursement

*POLITICAL CONTRIBUTION*

Candidate Name

*EARL BLUMENAUER*

**011**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: *OR*

District: *3rd*

Date of Disbursement

**MM / DD / YYYY**  
*01 / 26 / 2016*

Amount of Each Disbursement this Period

**2,500.00**

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

**011**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

**MM / DD / YYYY**

Amount of Each Disbursement this Period

**0.00**

Memo Item

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

**3,000.00**

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

**3,000.00**

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2016 APR 13

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ORIGIN ID: TSSA (212) 613-8030  
LORRAINE VITTORIOSA

DRUG POLICY ALLIANCE  
131 WEST 33RD STREET  
NEW YORK, NY 10001  
UNITED STATES US

SHIP DATE: 12APR16  
ACTWGT: 1.00 LB  
CAD: 102731572INET3730

BILL SENDER

TO FEDERAL ELECTION COMMISSION  
FEDERAL ELECTION COMMISSION  
999 E STREET, NW

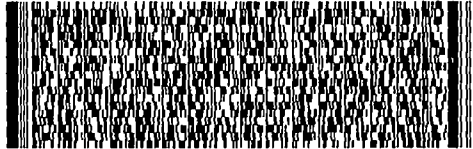
WASHINGTON DC 20463

(202) 694-1100

REF: 1010

INV:

DEPT:



WED - 13 APR 3:00P

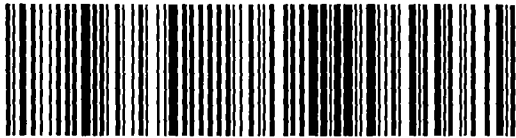
STANDARD OVERNIGHT

TRK# 7760 8471 5454  
0201

# EP RDVA

20463

DC-US IAD



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location.


176 REV 9/13

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Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <b>Fed Ex</b>	Shipping Date <b>4/12/16</b>
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 PREPARER	<b>4/13/16</b> DATE PREPARED
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