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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)

70 WEST 36th STREET

116th FLOOR

Check if different than previously reported. (ACC)

NEW YORK

NY

10018-

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

10/01/2010

through

11/22/2010

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

Signature of Treasurer

[Handwritten Signature]

Date

11/29/2010

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

10030502254

**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:

10' 01' 2010

To:

11' 22' 2010

1003050255

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2010	17,940.40	17,940.40
(b) Cash on Hand at Beginning of Reporting Period.....	19,815.06	
(c) Total Receipts (from Line 19).....	-0-	5,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	19,815.06	22,940.40
7. Total Disbursements (from Line 31).....	4,350.00	7,475.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	15,465.06	15,465.06
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

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:

10' 07' 2010

To:

11' 22' 2010

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).....

- 0 -

5,000.00

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

- 0 -

5,000.00

(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).....▶

- 0 -

5,000.00

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)).....▶

- 0 -

5,000.00

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

- 0 -

5,000.00

10030502256

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		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	- 0 -	3,125.34
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4,350.00	4,350.00
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))..	4,350.00	4,350.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4,350.00	7,475.34

10030502257

**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 2

<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. FRIENDS OF MAURILE HINCHEY

Date of Disbursement

10/26/2010

Mailing Address

276 FAIR STREET

City KINGSTON

State NY

Zip Code 12401

Purpose of Disbursement

POLITICAL CONTRIBUTION

011

Amount of Each Disbursement this Period

2,000.00

Candidate Name

MAURILE HINCHEY

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) 2010

State: NY

District: 22

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAN MAFFEI

Date of Disbursement

10/26/2010

Mailing Address

318 OSWEGO STREET

City LIVERPOOL

State NY

Zip Code 13088

Purpose of Disbursement

POLITICAL CONTRIBUTION

011

Amount of Each Disbursement this Period

1,000.00

Candidate Name

DAN MAFFEI

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) 2010

State: NY

District: 25

Full Name (Last, First, Middle Initial)

C. BARNEY FRANK FOR CONGRESS

Date of Disbursement

10/26/2010

Mailing Address

13 MAIN STREET

City TAUNTON

State MA

Zip Code 02789

Purpose of Disbursement

POLITICAL CONTRIBUTION

011

Amount of Each Disbursement this Period

1,000.00

Candidate Name

BARNEY FRANK

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) 2010

State: MA

District: 4

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

4,000.00

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

10030502258

**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 2 OF 2
	<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)
DRUG POLICY REFORM FUND

A. Full Name (Last, First, Middle Initial)
MAFFEI VICTORY FUND

Date of Disbursement
11 / 09 / 2010

Mailing Address
318 OSWEGO STREET

City
LIVERPOOL State
NY Zip Code
13088

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
DAN MAFFEI

Office Sought: House Senate President
State: **NY** District: **25**

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

Amount of Each Disbursement this Period
350.00

Category/Type
011

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

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Amount of Each Disbursement this Period

Category/Type

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

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶ **350.00**

TOTAL This Period (last page this line number only).....▶ **4350.00**

10030502259

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed-Exp* Shipping Date
11/30/10
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Am D

PREPARER

12/1/10

DATE PREPARED

10030502260