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FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED

20424410-28 AM 9: 47

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	FEC MAIL CENTER
MATIONAL CA	NNABIS IN	DU STIRY AISIS	OCIATIO	PIOINI PAC
ADDRESS (number and street)	PO BOX 78	062	<u> </u>	
(Check if address is changed)				
	WASHINGTO CITY	<u>M</u>	STATE A	ZIP CODE A
COMMITTEE'S E-MAIL ADDRES	SS			
(Check if address is changed)	5,teveethe	, C,a,n,n,a,6,1,s,i,n	dustry	1.01191111
· · · · · · · · · · · · · · · · · · ·	Optional Second E-Mail Ad	dress ICANNABILISILIN	dust rig	1.059
COMMITTEE'S WEB PAGE ADD	DRESS (URL)	· ·		•
(Check if address is changed)	www.theca	n,n,a,b,1,s,i,n,d,v	15,t,r,y,.,c	
٠.		<u> </u>	_ 	
2. DATE 0 7 2	8/2012		S experience of the second	. '
3. FEC IDENTIFICATION NU	JMBER ▶ C	and the steel of readile of the Section	·	
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.				
Type or Print Name of Treasurer Steve Fox				
Signature of Treasurer	Gel.		Date 08	1 15 2012
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

		COMMITTEE		
Can	didate	e Committee:		
(a)	;	This committee is a principal campaign committee. (Complete the candidate information below.)		
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)		
Name Cand				
Cand Party	idate Affiliati	Office State on Sought: House Senate President District		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name Cand				
Part	y Con	nmittee:		
(d)		(National, State (Democratic, ror subordinate) committee of the Republican, etc.) Party.		
Poli	tical A	action Committee (PAC):		
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:		
	•	\mathcal{F}_{i}		
		The state of the s		
		Membership Organization Trade Association Cooperative		
		In addition, this committee is a Lobbyist/Registrant PAC.		
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)		
		In addition, this committee is a Lobbyist/Registrant PAC.		
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Join	t Func	draising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.		
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.		
	Com	nmittees Participating in Jaint Fundraiser		
	1.	PEC ID NUMBER OF THE DESCRIPTION		
	2.	FEC ID number C		
	3.			
	4			
	4			

	1 EO 1 OIII 1 (11011000 C	2.2000)	- ugo o
V	Vrite or Type Committee Name		
	Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
M	MAITHOMAILI ICA	MNABILIS ITIMDIOISTIRIYI VAISISIOKILLA	1171 (101N
L			
	Mailing Address	P12 1B10X1 7181016121 1 1 1 1 1 1 1	
		WIAISHINGTOIN DC	200131-
		CITY STATE	ZIP CODE
	Relationship: Connected	Organization Affiliated Committee Joint Fundraising Represent	Leadership PAC Sponsor
7.	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the	person in possession of committee
	Full Name 57EV	/E FOX	
	Mailing Address	P.D. B.O.X. 78062	
		WASHINGTION DC	R00131-
	Title or Position	CITY STATE	ZIP CODE
	TREASURER	Telephone number	1021-13791-148611 *2
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee assistant treasurer).	e; and the name and address of
	Full Name of Treasurer	E FOX	
	Mailing Address	[PO, BOX, 78,062	
		WASHINGTON DY	200131-
	Title or Position	CITY STATE	ZIP CODE
ı	TREASURER	Telephone number	1/86/1-14/86/1-15/9/ 1 2×

9.

FEC Form 1 (Revise	ed 02/2009)		Page 4
Full Name of Designated Agent	DN SMITH		
Mailing Address	11206 S. WILLSON ST		
	UNIT B		
	TEMPE	LI AZ	85281-
	CITY	STATE	ZIP CODE
Title or Position	Telep	hone number 20	21-13,791-14,8,6,11 x1
Banks or Other Depositor safety deposit boxes or mai	les: List all banks or other depositories in which th intains funds.	e committee deposits f	unds, holds accounts, rents
Name of Bank, Depository,	etc.		
B, A, W	K OF AMERICA		
Mailing Address	11155 NEST STEELE	LANE	
	SANTA ROSA		954031-
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
		<u> </u>	
Mailing Address	<u> </u>		
	CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOmmission The FEC added this page to the end of this filing to in	MING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked / X/24/12
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):	Shipping Date
Next B	usiness 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):	te of Receipt or Postmarked
M	8/28/12
PREPARER (3/2005)	DATE PREPARED
· ·	