

**FEC
FORM 3X**

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

RECEIVED
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2016 DEC -7 AM 10:26

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

Check if different than previously reported. (ACC) 15th FLOOR
NEW YORK NY 10001

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 M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y

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 M M M / D D D / Y Y Y Y Y Y

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									
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20161207 01:00:00

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Drug Policy Reform Fund

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="2016"/>		<input type="text" value="38,132.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="43,589.07"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="0.00"/>	<input type="text" value="10,000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text" value="43,589.07"/>	<input type="text" value="48,132.57"/>
7. Total Disbursements (from Line 31)	<input type="text" value="0.00"/>	<input type="text" value="4,543.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="43,589.07"/>	<input type="text" value="43,589.07"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

20160110 10:00 AM

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Drug Policy Reform Fund

Report Covering the Period: From:

M M M D D D Y Y Y Y Y Y
10 *01* *2016*

To:

M M M D D D Y Y Y Y Y Y
11 *28* *2016*

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).....

0.00

10,000.00

(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).....▶

12. Transfers From Affiliated/Other Party Committees.....

0.00

10,000.00

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)).....▶

0.00

10,000.00

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

0.00

10,000.00

2025 RELEASE UNDER E.O. 14176

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	0.00	43.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	43.50
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	45,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....		
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	0.00	45,43.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	45,43.50

NON-FEDERAL DONATION

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	<input type="text"/>	<input type="text"/>
34. Total Contribution Refunds (from Line 28(d))	<input type="text"/>	<input type="text"/>
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	<input type="text"/>	<input type="text"/>
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	<input type="text"/>	<input type="text"/>
37. Offsets to Operating Expenditures (from Line 15, page 3)	<input type="text"/>	<input type="text"/>
38. Net Operating Expenditures (subtract Line 37 from Line 36)	<input type="text"/>	<input type="text"/>

NON-FEDERAL CAMPAIGN FINANCING

**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
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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 of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Occupation (for Individual)

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).....▶ 0.00

TOTAL This Period (last page this line number only).....▶ 0.00

NON-FUNCTIONAL DOCUMENT

**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"/> 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.

Date of Disbursement: / /

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:

FEC Identification Number:

Amount of Each Disbursement this Period:

Memo Item

B.

Date of Disbursement: / /

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:

FEC Identification Number:

Amount of Each Disbursement this Period:

Memo Item

C.

Date of Disbursement: / /

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:

FEC Identification Number:

Amount of Each Disbursement this Period:

Memo Item

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

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

2016 RELEASE UNDER E.O. 14176

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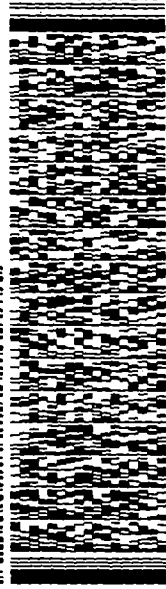
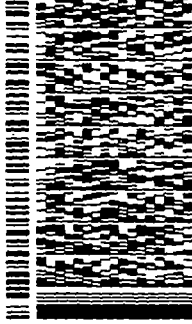
ORIGIN ID: BICA (342) 866-9785
DRUG POLICY ALLIANCE
131 W 33RD ST
NEW YORK, NY 100012908
UNITED STATES US

TO **FEDERAL ELECTION
FEDERAL ELECTION
999 E ST NW**

WASHINGTON DC 20463

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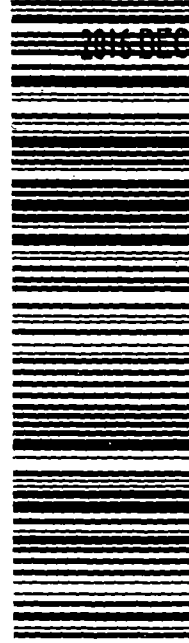


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1207

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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 Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail Express	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):	Shipping Date	
Fed Ex	12/6/16	
Next Business Day Delivery		<input checked="" 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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 PREPARER	12/7/16 DATE PREPARED
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