

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

ADDRESS (number and street) PO Box 77492 -- Capitol Hill
 Check if different than previously reported. (ACC)
Washington DC 20013

2. **FEC IDENTIFICATION NUMBER** C00389882
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 Quarterly 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 _____ in the State of _____
(d) 30-Day Post -Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2010 through 06 30 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 Robert D. Kampia

Signature of Treasurer Electronically Filed by Robert D. Kampia Date 07 14 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									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		35395.77
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	37812.77									
(c) Total Receipts (from Line 19)	8283.00	23200.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	46095.77	58595.77								
7. Total Disbursements (from Line 31)	14000.00	26500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32095.77	32095.77								
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)	5490.00	12850.00
(ii) Unitemized	2793.00	10350.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8283.00	23200.00
(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)	8283.00	23200.00
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 Transfer (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))	8283.00	23200.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8283.00	23200.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	14000.00	26500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	14000.00	26500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14000.00	26500.00

DETAILED SUMMARY PAGE
of Disbursements

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	8283.00	23200.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8283.00	23200.00
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 / 12
	<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.	Full Name (Last, First, Middle Initial) James Cook		Date of Receipt
	Mailing Address 43 Musconetcong River Rd.		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Hampton	NJ	08827-3021
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self-employed		Occupation	Transaction ID: SA11AI.10824
self-employed		consultant (self-employed)	
Receipt For: 2010		Aggregate Year-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="600.00"/>	Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify) ▼			<input type="text" value="120.00"/>
78500634_MMXXXPXXXXX_PAC			

B.	Full Name (Last, First, Middle Initial) James Cook		Date of Receipt
	Mailing Address 43 Musconetcong River Rd.		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Hampton	NJ	08827-3021
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self-employed		Occupation	Transaction ID: SA11AI.10880
self-employed		consultant (self-employed)	
Receipt For: 2010		Aggregate Year-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="720.00"/>	Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify) ▼			<input type="text" value="120.00"/>
78500634_MMXXXPXXXXX_PAC			

C.	Full Name (Last, First, Middle Initial) James Cook		Date of Receipt
	Mailing Address 43 Musconetcong River Rd.		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Hampton	NJ	08827-3021
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self-employed		Occupation	Transaction ID: SA11AI.10920
self-employed		consultant (self-employed)	
Receipt For: 2010		Aggregate Year-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="840.00"/>	Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify) ▼			<input type="text" value="120.00"/>
78500634_SPXXXP01A1X_PAC			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="360.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 12
(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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NAME OF COMMITTEE (In Full)
Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)
Matthew J. Hammett

Mailing Address 11505 Underoak Ct.

City Reston State VA Zip Code 20191-2265

FEC ID number of contributing federal political committee. **C**

Name of Employer FEDERAL AVIATION ADMIN. Occupation engineer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 04 / 14 / 2010
Transaction ID: SA11AI.10788
Amount of Each Receipt this Period: 2000.00
78560250_WWXXXPXX00X_PAC

B.

Full Name (Last, First, Middle Initial)
Matthew J. Hammett

Mailing Address 11505 Underoak Ct.

City Reston State VA Zip Code 20191-2265

FEC ID number of contributing federal political committee. **C**

Name of Employer FEDERAL AVIATION ADMIN. Occupation engineer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 05 / 13 / 2010
Transaction ID: SA11AI.10849
Amount of Each Receipt this Period: 3000.00
78560250_SPXXXP01A1X_PAC

C.

Full Name (Last, First, Middle Initial)
Michael Newman

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 ▼ 250.00

Date of Receipt: 05 / 22 / 2010
Transaction ID: SA11AI.10869
Amount of Each Receipt this Period: 50.00
78506615_MMXXXPXXXXX_PAC

SUBTOTAL of Receipts This Page (optional) ► 5050.00

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 / 12
	<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.

Full Name (Last, First, Middle Initial) Michael Newman		Date of Receipt MM / DD / YYYY 06 / 22 / 2010
Mailing Address 27141 Lerma		Transaction ID: SA11AI.10909
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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		Amount of Each Receipt this Period 50.00
		78506615_MMXXXPXXXXX_PAC

B.

Full Name (Last, First, Middle Initial) William Waring		Date of Receipt MM / DD / YYYY 06 / 22 / 2010
Mailing Address 152 Berrywood Dr.		Transaction ID: SA11AI.10915
City Severna Park	State MD	Zip Code 21146-2032
FEC ID number of contributing federal political committee.	C	
Name of Employer Self-employed	Occupation database designer (self-employed)	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
		Amount of Each Receipt this Period 30.00
		78556370_MMXXXPXXXXX_PAC

SUBTOTAL of Receipts This Page (optional)	80.00
TOTAL This Period (last page this line number only)	5490.00

**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

A.	Full Name (Last, First, Middle Initial) Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC	Transaction ID: SB23.10934 Date of Disbursement MM / DD / YYYY 05 / 25 / 2010
	Mailing Address PO Box 77492 -- Capitol Hill	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name LOEBSACK FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC	Transaction ID: SB23.10944 Date of Disbursement MM / DD / YYYY 05 / 25 / 2010
	Mailing Address PO Box 77492 -- Capitol Hill	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name FRIENDS OF SCHUMER	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC	Transaction ID: SB23.10946 Date of Disbursement MM / DD / YYYY 05 / 25 / 2010
	Mailing Address PO Box 77492 -- Capitol Hill	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name SCHAKOWSKY FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

**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

A.	Full Name (Last, First, Middle Initial) Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC	Transaction ID: SB23.10949 Date of Disbursement
	Mailing Address PO Box 77492 -- Capitol Hill	<input type="text" value="05"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name BARBARA LEE FOR CONGRESS	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC	Transaction ID: SB23.10951 Date of Disbursement
	Mailing Address PO Box 77492 -- Capitol Hill	<input type="text" value="05"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Nadler for Congress	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC	Transaction ID: SB23.10956 Date of Disbursement
	Mailing Address PO Box 77492 -- Capitol Hill	<input type="text" value="05"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name FRIENDS OF DAN MAFFEI	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

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

**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

A.	Full Name (Last, First, Middle Initial) Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC	Transaction ID: SB23.10958 Date of Disbursement 05 / 25 / 2010
	Mailing Address PO Box 77492 -- Capitol Hill	
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Candidate Name AMERICA FORWARD LEADERSHIP PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC	Transaction ID: SB23.10965 Date of Disbursement 05 / 25 / 2010
	Mailing Address PO Box 77492 -- Capitol Hill	
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name BARNEY FRANK FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC	Transaction ID: SB23.10967 Date of Disbursement 05 / 25 / 2010
	Mailing Address PO Box 77492 -- Capitol Hill	
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name JACKIE SPEIER FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

**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

A.

Full Name (Last, First, Middle Initial)

Marijuana Policy Project Medical Marijuana PAC or MPP
Medical Marijuana PAC

Mailing Address PO Box 77492 -- Capitol Hill

City Washington State DC Zip Code 20013

Purpose of Disbursement

011
Category/
Type

Candidate Name
TIM WALZ FOR US CONGRESS

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: MN District: 01

Transaction ID: SB23.10969

Date of Disbursement

05 / 25 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Marijuana Policy Project Medical Marijuana PAC or MPP
Medical Marijuana PAC

Mailing Address PO Box 77492 -- Capitol Hill

City Washington State DC Zip Code 20013

Purpose of Disbursement

011
Category/
Type

Candidate Name
COMMITTEE TO RE-ELECT LINDA SANCHEZ

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: CA District: 39

Transaction ID: SB23.10971

Date of Disbursement

05 / 25 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Marijuana Policy Project Medical Marijuana PAC or MPP
Medical Marijuana PAC

Mailing Address PO Box 77492 -- Capitol Hill

City Washington State DC Zip Code 20013

Purpose of Disbursement

011
Category/
Type

Candidate Name
FRIENDS OF MAURICE HINCHEY

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: NY District: 22

Transaction ID: SB23.10942

Date of Disbursement

06 / 11 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

14000.00