

# 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 07 01 2010 through 09 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 10 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	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

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 .....	32095.77									
(c) Total Receipts (from Line 19) .....	3880.00	27080.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	35975.77	62475.77								
7. Total Disbursements (from Line 31) .....	16500.00	43000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	19475.77	19475.77								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

FEC Form 3X (Rev. 06/2004)

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) .....	1115.00	13965.00
(ii) Unitemized .....	2765.00	13115.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3880.00	27080.00
(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) .....	3880.00	27080.00
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)) .....	3880.00	27080.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3880.00	27080.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	3000.00	29500.00
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.....	13500.00	13500.00
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))..	16500.00	43000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16500.00	43000.00

**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) .....	3880.00	27080.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3880.00	27080.00
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 / 15
	<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)  
 Robert J Ablon

Mailing Address 5848 Ocean View Dr.

City State Zip Code  
 Oakland CA 94618-1535

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

Name of Employer Occupation  
 New Passage advertising

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 22 2010

**Transaction ID:** SA11AI.10976

Amount of Each Receipt this Period  
 30.00

78684171\_MMXXXPXXXXX\_PAC

**B.** Full Name (Last, First, Middle Initial)  
 Robert J Ablon

Mailing Address 5848 Ocean View Dr.

City State Zip Code  
 Oakland CA 94618-1535

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

Name of Employer Occupation  
 New Passage advertising

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 22 2010

**Transaction ID:** SA11AI.10977

Amount of Each Receipt this Period  
 30.00

78684171\_MMXXXPXXXXX\_PAC

**C.** Full Name (Last, First, Middle Initial)  
 Robert J Ablon

Mailing Address 5848 Ocean View Dr.

City State Zip Code  
 Oakland CA 94618-1535

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

Name of Employer Occupation  
 New Passage advertising

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 22 2010

**Transaction ID:** SA11AI.10978

Amount of Each Receipt this Period  
 30.00

78684171\_MMXXXPXXXXX\_PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **90.00**

**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 7 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) James Cook		Date of Receipt
	Mailing Address 43 Musconetcong River Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 28 / 2010
	City	State	Zip Code
	Hampton	NJ	08827-3021
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10996
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		consultant (self-employed)	<input type="text"/> 120.00
Receipt For: 2010		Aggregate Year-to-Date ▼	78500634_MMXXXPXXXXX_PAC
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 960.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) James Cook		Date of Receipt
	Mailing Address 43 Musconetcong River Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 28 / 2010
	City	State	Zip Code
	Hampton	NJ	08827-3021
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10997
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		consultant (self-employed)	<input type="text"/> 120.00
Receipt For: 2010		Aggregate Year-to-Date ▼	78500634_MMXXXPXXXXX_PAC
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1080.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) James Cook		Date of Receipt
	Mailing Address 43 Musconetcong River Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 28 / 2010
	City	State	Zip Code
	Hampton	NJ	08827-3021
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10998
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		consultant (self-employed)	<input type="text"/> 120.00
Receipt For: 2010		Aggregate Year-to-Date ▼	78500634_MMXXXPXXXXX_PAC
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1200.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 360.00
<b>TOTAL</b> 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 8 / 15

(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)  
John F. Greene

Mailing Address 429 Avenue F

City State Zip Code  
Redondo Beach CA 90277-5149

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 08 / 2010

**Transaction ID:** SA11AI.11025

Amount of Each Receipt this Period  
250.00

78604489\_SPXXXP01A1X\_PAC

**B.**

Full Name (Last, First, Middle Initial)  
Dona A. Hill

Mailing Address 4039 Roberts Rd.

City State Zip Code  
Fairfax VA 22032-1041

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Fairfax County Public Schools teacher

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
09 / 25 / 2010

**Transaction ID:** SA11AI.11038

Amount of Each Receipt this Period  
25.00

78516922\_MMXXXPXXXXX\_PAC

**C.**

Full Name (Last, First, Middle Initial)  
Ted Kerkelis

Mailing Address 1943 Howard Ave.

City State Zip Code  
San Diego CA 92104-1001

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
EJungle Corp. programmer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
08 / 28 / 2010

**Transaction ID:** SA11AI.11049

Amount of Each Receipt this Period  
25.00

78693891\_MMXXXPXXXXX\_PAC

**SUBTOTAL** of Receipts This Page (optional) ..... 300.00

**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 9 / 15
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ted Kerkelis		Date of Receipt MM / DD / YYYY 09 / 28 / 2010		
	Mailing Address 1943 Howard Ave.		Transaction ID: SA11AI.11050		
	City San Diego	State CA	Zip Code 92104-1001	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		78693891_MMXXXPXXXXX_PAC		
	Name of Employer EJungle Corp.	Occupation programmer	Aggregate Year-to-Date 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Claudia K Little		Date of Receipt MM / DD / YYYY 09 / 22 / 2010		
	Mailing Address 180 Logan Dr		Transaction ID: SA11AI.11069		
	City Ashland	State OR	Zip Code 97520-6602	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		78679735_MMXXXPXXXXX_PAC		
	Name of Employer n/a	Occupation Retired nurse	Aggregate Year-to-Date 225.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael F Marion		Date of Receipt MM / DD / YYYY 08 / 28 / 2010		
	Mailing Address 865 NE Melanie Ct.		Transaction ID: SA11AI.11074		
	City Bremerton	State WA	Zip Code 98311-3018	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		78514302_MMXXXPXXXXX_PAC		
	Name of Employer	Occupation IT Specialist	Aggregate Year-to-Date 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> 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 10 / 15
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael F Marion		Date of Receipt
	Mailing Address 865 NE Melanie Ct.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 28 / 2010
	City	State	Zip Code
	Bremerton	WA	98311-3018
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.11075
Name of Employer		Occupation	Amount of Each Receipt this Period
		IT Specialist	<input type="text"/> 25.00
Receipt For: 2010		Aggregate Year-to-Date ▼	78514302_MMXXXPXXXXX_PAC
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Newman		Date of Receipt
	Mailing Address 27141 Lerma		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 22 / 2010
	City	State	Zip Code
	Mission Viejo	CA	92691-2103
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.11088
Name of Employer Self Employed		Occupation	Amount of Each Receipt this Period
		hearing instrument specialist	<input type="text"/> 50.00
Receipt For: 2010		Aggregate Year-to-Date ▼	78506615_MMXXXPXXXXX_PAC
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 350.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Newman		Date of Receipt
	Mailing Address 27141 Lerma		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 22 / 2010
	City	State	Zip Code
	Mission Viejo	CA	92691-2103
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.11089
Name of Employer Self Employed		Occupation	Amount of Each Receipt this Period
		hearing instrument specialist	<input type="text"/> 50.00
Receipt For: 2010		Aggregate Year-to-Date ▼	78506615_MMXXXPXXXXX_PAC
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 400.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 125.00
<b>TOTAL</b> 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 11 / 15

(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)

Michael Newman

Mailing Address 27141 Lerma

City State Zip Code  
Mission Viejo CA 92691-2103

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

Name of Employer Occupation  
Self Employed hearing instrument specialist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.11090

Amount of Each Receipt this Period

50.00

78506615\_MMXXXPXXXXX\_PAC

**B.**

Full Name (Last, First, Middle Initial)

Michael Stearns

Mailing Address 3240 Peralta St. Apt. 9

City State Zip Code  
Oakland CA 94608-4130

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

Name of Employer Occupation  
n/a Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.11125

Amount of Each Receipt this Period

25.00

78523456\_MMXXXPXXXXX\_PAC

**C.**

Full Name (Last, First, Middle Initial)

William Waring

Mailing Address 152 Berrywood Dr.

City State Zip Code  
Severna Park MD 21146-2032

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

Name of Employer Occupation  
Self-employed database designer (self-employed)

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.11148

Amount of Each Receipt this Period

30.00

78556370\_MMXXXPXXXXX\_PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

105.00

**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:	PAGE 12 / 15
	(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) William Waring		Date of Receipt MM / DD / YYYY 08 / 22 / 2010
Mailing Address 152 Berrywood Dr.		<b>Transaction ID:</b> SA11AI.11149
City Severna Park	State MD	Zip Code 21146-2032
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Self-employed	Occupation database designer (self-employed)	78556370_MMXXXPXXXXX_PAC
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

**B.**

Full Name (Last, First, Middle Initial) William Waring		Date of Receipt MM / DD / YYYY 09 / 22 / 2010
Mailing Address 152 Berrywood Dr.		<b>Transaction ID:</b> SA11AI.11150
City Severna Park	State MD	Zip Code 21146-2032
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Self-employed	Occupation database designer (self-employed)	78556370_MMXXXPXXXXX_PAC
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	1115.00

**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

<b>A.</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 Candidate Name Hansen Clarke for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.11163 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 011 Category/Type
<b>B.</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 Candidate Name Rand Paul for US Senate Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.11165 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 011 Category/Type
<b>C.</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 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) ▼	<b>Transaction ID:</b> SB23.11157 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 011 Category/Type

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

3000.00

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

3000.00

**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 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 checked="" 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: SB29.11172 Date of Disbursement MM / DD / YYYY 08 / 10 / 2010
	Mailing Address PO Box 77492 -- Capitol Hill	Amount of Each Disbursement this Period 3000.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Shumlin for Governor	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	
B.	Full Name (Last, First, Middle Initial) Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC	Transaction ID: SB29.11177 Date of Disbursement MM / DD / YYYY 08 / 30 / 2010
	Mailing Address PO Box 77492 -- Capitol Hill	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Trachtenberg for County Council	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	
C.	Full Name (Last, First, Middle Initial) Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC	Transaction ID: SB29.11174 Date of Disbursement MM / DD / YYYY 09 / 20 / 2010
	Mailing Address PO Box 77492 -- Capitol Hill	Amount of Each Disbursement this Period 3000.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Shumlin for Governor	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

6500.00

**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)

PAGE 15 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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  
Contribution to Vermont Democratic Party

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.11176

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

7000.00

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

7000.00

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

13500.00