

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

REC-MAIL CENTER

NATIONAL ORGANIZATION FOR THE REFORM OF MARIJUANA LAWS Political Action Committee

ADDRESS (number and street)

1100 H ST, NW.

(Check if address is changed)

Suite 830

Washington

CITY ▲

DC

STATE ▲

20005

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Keith@NORML.ORG

Optional Second E-Mail Address

ERIK@NORML.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.NORML.ORG

2. DATE

11 / 05 / 2014

3. FEC IDENTIFICATION NUMBER ▶

C00383604

4. IS THIS STATEMENT

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

R. Keith Stroup

Signature of Treasurer

R. Keith Stroup

Date

11 / 05 / 2014

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 contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

140M1MM4M2

5. TYPE OF COMMITTEE

**Candidate 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 of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is at:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - 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.)

**Joint Fundraising 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.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

12011-11-11 11:11:11

Write or Type Committee Name

NATIONAL ORGANIZATION FOR THE REFORM OF MARIJUANA LAWS  
Political Action Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NATIONAL ORGANIZATION FOR THE REFORM OF  
MARIJUANA LAWS

Mailing Address

1100 H ST, NW  
Suite 830  
WASHINGTON, DC 20005

CITY

STATE

ZIP CODE

Relationship:



Connected Organization



Affiliated Committee



Joint Fundraising Representative



Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Keith STROUP

Mailing Address

1100 H ST, NW  
Suite 830  
WASHINGTON, DC 20005

CITY

STATE

ZIP CODE

Title or Position

Legal Counsel

Telephone number

202-483-5500

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

R. Keith STROUP

Mailing Address

1100 H ST, NW  
Suite 830  
WASHINGTON, DC 20005

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

202-483-5500

1-800-438-4344

Full Name of Designated Agent **ERIK ALTIERI**

Mailing Address **1100 H ST, NW**  
**Suite 830**  
**WASHINGTON** CITY **DC** STATE **20005** ZIP CODE

Title or Position **ASSISTANT TREASURER** Telephone number **202-483-5500**

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

**Wells Fargo Bank**

Mailing Address **1100 CONNECTICOT AVE., NW**  
**Washington** CITY **DC** STATE **20036** ZIP CODE

Name of Bank, Depository, etc.

Mailing Address  
  
CITY STATE ZIP CODE

130N 147M 150N 151M 152N

X-RAYED BY FEC SECURITY

04WPA 1WVW1 1W041

NOV -6 AM 10:30A  
FEC MAIL CENTER

11/5/2014

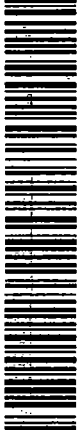
FedEx Ship Manager - Print Your Label(s)

From: (202) 483-5500  
Keith Stroup  
NORML  
1100 H St NW  
Suite 830  
WASHINGTON, DC 20005

Origin ID: BZSA



Delivery Address Bar Code



J142214882303uy

SHIP TO: (202) 694-1000  
Federal Election Commission  
999 E Street NW

BILL SENDER

Washington, DC 20463

5001 9011

Ref #  
Invoice #  
PO #  
Dept #

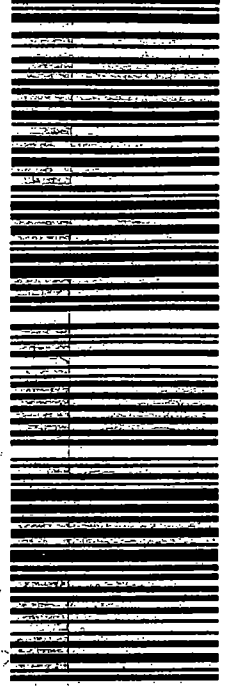
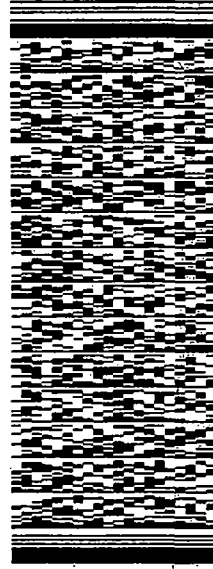
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PRIORITY OVERNIGHT

TRK# 7717 5416 5001

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19 RDVA

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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.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <b>Fed Ex</b>	Shipping Date <b>11/5/14</b>
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 Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
 PREPARER

**11/6/14**  
 DATE PREPARED

1430N1430N1430N