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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Marijuana Policy Project Medical Marijuana PAC or

MPP Medical Marijuana PAC

ADDRESS (number and street) P.O. Box 77492 -- Capitol Hill

(Check if address is changed)

Washington DC 20013

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

fedpac@mpp.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202 - 232 - 0442

2. DATE 08 21 2003

3. FEC IDENTIFICATION NUMBER ▶ C

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 Robert D. Kampia

Signature of Treasurer Robert D. Kampia Date 08 21 2003

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 02/2003)

FEDAR042.PDF

5. TYPE OF COMMITTEE (Check One)

(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

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

(e) ☒ This committee is a separate segregated fund.

(f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Marijuana Policy Project

Mailing Address P O Box 77492

Washington DC 20013

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship connected

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☒ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

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: Steven H. Fox

Mailing Address: P O Box 77492

Washington DC 20013

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Director of Government Relations (MPP)

Telephone number 202 - 462 - 5747

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: Robert D. Kampia

Mailing Address: P O Box 77492

Washington DC 20013

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Executive Director (MPP)

Telephone number 202 - 462 - 5747

Full Name of Designated Agent: Steven H. Fox

Mailing Address: P O Box 77492

Washington DC 20013

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Director of Government Relations (MPP)

Telephone number 202 - 462 - 5747

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.

Riggs Bank

Mailing Address

1779 Columbia Road

Washington | DC | 20009 -

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

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Amy
PREPARER

8-27-03
DATE PREPARED

(6/2000)