Marijuana Policy Project

P.O. Box 77492 | Capitol Hill | Washington, D.C. 20013
PHONE 202-462-5747 | FAX 202-232-0442
MPP@MPP.ORG | http://www.mpp.org

FACSIMILE TRANSMISSION

5 PAGES INCLUDING COVER SHEET

to: Federal Election Commission 202-219-0174

from: Laurence Sandell

date: 1/21/03

re: FEC FORM 9 → corrected filing

note: Please disregard the earlier submission of FEC form 9 from the MPP Political Fund. Question 7 should have been checked 'NO'. No other sections of the filing are affected by this error. Please call with any questions. 202 462 5742 ext 111 Sincerely, Laurence Sandell

"Minimize the harm associated with marijuana."

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name: MPP Political Fund

(b) Address (number and street) ☐ check if different than previously reported: P.O. Box 77492 Capitol Hill

(c) City, State and ZIP Code: Washington, DC 20013

(d) Name of Employer or Principal Place of Business: ---

(e) Occupation: ---

2. FEC Identification Number: C

3. Is This Statement X New or Amended

4. Covering Period 10 15 2003 through 01 20 2004

5. (a) Date of Public Distribution(s): 01 20 2004 (b) Communication Title: There was a time

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes ☐ No X

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes ☐ No X

8. Custodian of Records

(a) Name: Robert Kampia

(b) Address (number and street): P.O. Box 77492, Capitol Hill

(c) City, State and ZIP Code: Washington, DC 20013

(d) Name of Employer or Principal Place of Business: Marijuana Policy Project

(e) Occupation: Executive Director

9. Total Donations This Statement: 240,000.00

10. Total Disbursements/Obligations This Statement: 10,000.00

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: Laurence Sandell

SIGNATURE: [signature] DATE: 1/21/04

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 1 OF 1

A. Full Name (Last, First, Middle Initial) of Payee: Adelphia (Aquglia, Scott)

Mailing Address of Payee: 120 Kimball Ave. Suite 206

City: So. Burlington State: VT Zip Code: 05403

Name of Employer: Adelphia Media Service Occupation:

Date of Disbursement or Obligation: 01 16 2004

Amount: 10,000.00

Communication Date: 01 20 2004

Purpose of Disbursement (including title(s) of communication(s)): TV commercial (Cable) "There was a time..."

Name of Federal Candidate: Richard Gephardt — Office Sought: [ ] House [ ] Senate [X] President — State: — District: — Disbursement/Obligation For: [X] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: John Edwards — Office Sought: [ ] House [ ] Senate [X] President — State: — District: — Disbursement/Obligation For: [X] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: Howard Dean, Joe Lieberman — Office Sought: [ ] House [ ] Senate [X] President — State: — District: — Disbursement/Obligation For: [X] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee:

Mailing Address of Payee:

City: State: Zip Code:

Name of Employer: Occupation:

Date of Disbursement or Obligation:

Amount:

Communication Date:

Purpose of Disbursement (including title(s) of communication(s)):

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President — State: — District: — Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President — State: — District: — Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President — State: — District: — Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 10,000.00

TOTAL This Period (last page this line number only) ▶ 10,000.00
(carry total from last page to Line 10)

SCHEDULE 9-A
Donation(s) Received

PAGE 1 OF 1

A. Full Name of Donor: Peter Lewis Mailing Address of Donor: P.O. Box 5070 City: Cleveland State: OH Zip: 44101-0070	Date of Receipt: 10 13 2003 Amount: 340,000.00	
B. Full Name of Donor: Mailing Address of Donor: City: State: Zip:	Date of Receipt: Amount:	
C. Full Name of Donor: Mailing Address of Donor: City: State: Zip:	Date of Receipt: Amount:	
D. Full Name of Donor: Mailing Address of Donor: City: State: Zip:	Date of Receipt: Amount:	
E. Full Name of Donor: Mailing Address of Donor: City: State: Zip:	Date of Receipt: Amount:	

SUBTOTAL of Donations This Page (optional) ▶	340,000.00
TOTAL This Period (last page this line number only) (carry total from last page to Line 9) ▶	340,000.00

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 1 OF 1

11. Person(s) Sharing/Exercising Control

A. (a) Name: Robert Kampia

(b) Address (number and street): P.O. Box 77492, Capitol Hill

(c) City, State and ZIP Code: Washington, DC 20013

(d) Name of Employer or Principal Place of Business: Marijuana Policy Project

(e) Occupation: Executive Director

B. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

C. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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The document preceding this page was received at a FAX machine at the Federal Election Commission. The receiving FAX machine has printed at the bottom of each page the receiving date, the time received, the phone number of the transmitting machine, and the sequential page number.

PREPARER	DATE PREPARED
n/a	n/a

FEC FORM 70-2 (9/98)