



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		27555.77
(b) Cash on Hand at Beginning of Reporting Period.....	27555.77	
(c) Total Receipts (from Line 19) .....	4535.00	4535.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	32090.77	32090.77
7. Total Disbursements (from Line 31).....	20870.00	20870.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	11220.77	11220.77
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	10000.00	
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

Write or Type Committee Name

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Report Covering the Period: From: 01 / 01 / 2011 To: 06 / 30 / 2011

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).....	880.00	880.00
(ii) Unitemized .....	3655.00	3655.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4535.00	4535.00
(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) .....	4535.00	4535.00
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 Transfers (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))..... ▶	4535.00	4535.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4535.00	4535.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	-2000.00	-2000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6370.00	6370.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	10000.00	10000.00
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 .....	6500.00	6500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	20870.00	20870.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20870.00	20870.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	4535.00	4535.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4535.00	4535.00
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: PAGE 6 OF 20  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. James H Cook**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43 Musconetcong River Rd  
 City Hampton State NJ Zip Code 08827-3021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Consulting  
 Receipt For: 2011  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2011  
**Transaction ID : SA11AI.11578**  
 Amount of Each Receipt this Period  
 120.00  
 78500634\_MMXXXPXXXXX\_PAC

**B. James H Cook**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43 Musconetcong River Rd  
 City Hampton State NJ Zip Code 08827-3021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Consulting  
 Receipt For: 2011  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2011  
**Transaction ID : SA11AI.11364**  
 Amount of Each Receipt this Period  
 120.00  
 78500634\_MMXXXPXXXXX\_PAC

**C. James H Cook**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43 Musconetcong River Rd  
 City Hampton State NJ Zip Code 08827-3021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Consulting  
 Receipt For: 2011  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2011  
**Transaction ID : SA11AI.11429**  
 Amount of Each Receipt this Period  
 120.00  
 78500634\_MMXXXPXXXXX\_PAC

**SUBTOTAL** of Receipts This Page (optional).....▶ 360.00  
**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 OF 20
	<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**

**A. James H Cook**  
Full Name (Last, First, Middle Initial)

Mailing Address 43 Musconetcong River Rd

City Hampton State NJ Zip Code 08827-3021

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

Name of Employer self-employed Occupation Consulting

Receipt For: 2011  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**05 / 28 / 2011**

**Transaction ID : SA11AI.11467**

Amount of Each Receipt this Period  
**120.00**

78500634\_MMXXXPXXXXX\_PAC

**B. James H Cook**  
Full Name (Last, First, Middle Initial)

Mailing Address 43 Musconetcong River Rd

City Hampton State NJ Zip Code 08827-3021

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

Name of Employer self-employed Occupation Consulting

Receipt For: 2011  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt  
**06 / 28 / 2011**

**Transaction ID : SA11AI.11526**

Amount of Each Receipt this Period  
**120.00**

78500634\_MMXXXPXXXXX\_PAC

**C. Michael Newman**  
Full Name (Last, First, Middle Initial)

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: 2011  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**05 / 22 / 2011**

**Transaction ID : SA11AI.11451**

Amount of Each Receipt this Period  
**50.00**

78506615\_MMXXXPXXXXX\_PAC

**SUBTOTAL** of Receipts This Page (optional)..... **290.00**

**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 OF 20
<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. Michael Newman**  
Full Name (Last, First, Middle Initial)  
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: 2011  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2011  
**Transaction ID : SA11AI.11497**  
Amount of Each Receipt this Period  
50.00  
78506615\_MMXXXPXXXXX\_PAC

**B. William M Waring**  
Full Name (Last, First, Middle Initial)  
Mailing Address 152 Berrywood Dr  
City Severna Park State MD Zip Code 21146-2032  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed  
Occupation Consulting  
Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2011  
**Transaction ID : SA11AI.11411**  
Amount of Each Receipt this Period  
60.00  
78556370\_MMXXXPXXXXX\_PAC

**C. William M Waring**  
Full Name (Last, First, Middle Initial)  
Mailing Address 152 Berrywood Dr  
City Severna Park State MD Zip Code 21146-2032  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed  
Occupation Consulting  
Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2011  
**Transaction ID : SA11AI.11458**  
Amount of Each Receipt this Period  
60.00  
78556370\_MMXXXPXXXXX\_PAC

**SUBTOTAL** of Receipts This Page (optional).....▶ 170.00  
**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 9 OF 20  
(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 M Waring**

Mailing Address 152 Berrywood Dr

City Severna Park State MD Zip Code 21146-2032

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

Name of Employer Self-employed Occupation Consulting

Receipt For: 2011  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
**06 / 22 / 2011**

**Transaction ID : SA11AI.11504**

Amount of Each Receipt this Period  
**60.00**

78556370\_MMXXXPXXXX\_PAC

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>880.00</b>

**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 checked="" 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 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**

Full Name (Last, First, Middle Initial)

**A. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2011

Mailing Address PO Box 77492 -- Capitol Hill

**Transaction ID : SB22.11610**

City Washington State DC Zip Code 20013

Amount of Each Disbursement this Period

-1000.00
----------

Purpose of Disbursement  
Contribution of 10/28/08 was never accepted

011
Category/ Type

Candidate Name  
**INDIANA DEMOCRATIC CONGRESSIONAL VICTORY COMMITTEE**

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

Full Name (Last, First, Middle Initial)

**B. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2011

Mailing Address PO Box 77492 -- Capitol Hill

**Transaction ID : SB22.11611**

City Washington State DC Zip Code 20013

Amount of Each Disbursement this Period

-1000.00
----------

Purpose of Disbursement  
Contribution of 10/28/08 was never accepted

Category/ Type

Candidate Name  
**ARIZONA STATE DEMOCRATIC CENTRAL EXECUTIVE COMMITTEE**

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

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

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

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

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

-2000.00
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-2000.00
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**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**

Full Name (Last, First, Middle Initial)

**A. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		02		2011

Mailing Address PO Box 77492 -- Capitol Hill

**Transaction ID : SB23.11590**

City Washington State DC Zip Code 20013

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name

**UDALL FOR COLORADO INC**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		09		2011

Mailing Address PO Box 77492 -- Capitol Hill

**Transaction ID : SB23.11597**

City Washington State DC Zip Code 20013

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Roger Goodman for Congress**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2011

Mailing Address PO Box 77492 -- Capitol Hill

**Transaction ID : SB23.11592**

City Washington State DC Zip Code 20013

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Citizens for Harkin**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

State: District:

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

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

7000.00
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**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**

Full Name (Last, First, Middle Initial)

**A. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2011

Mailing Address PO Box 77492 -- Capitol Hill

**Transaction ID : SB23.11587**

City Washington State DC Zip Code 20013

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Nadler for Congress**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 08

Full Name (Last, First, Middle Initial)

**B. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2011

Mailing Address PO Box 77492 -- Capitol Hill

**Transaction ID : SB23.11599**

City Washington State DC Zip Code 20013

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Roger Goodman for Congress**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2011

Mailing Address PO Box 77492 -- Capitol Hill

**Transaction ID : SB23.11600**

City Washington State DC Zip Code 20013

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Green Mountain PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

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

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

7000.00
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**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**

Full Name (Last, First, Middle Initial)

**A. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		21		2011

Mailing Address PO Box 77492 -- Capitol Hill

**Transaction ID : SB23.11586**

City Washington State DC Zip Code 20013

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name

**COMMITTEE TO RE-ELECT LINDA SANCHEZ**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 39

Full Name (Last, First, Middle Initial)

**B. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2011

Mailing Address PO Box 77492 -- Capitol Hill

**Transaction ID : SB23.11612**

City Washington State DC Zip Code 20013

Amount of Each Disbursement this Period

-30.00
--------

Purpose of Disbursement  
Contribution of 3/28/08 was never accepted

Category/ Type

Candidate Name

**MCNERNEY FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: CA District: 11

Full Name (Last, First, Middle Initial)

**C. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2011

Mailing Address PO Box 77492 -- Capitol Hill

**Transaction ID : SB23.11613**

City Washington State DC Zip Code 20013

Amount of Each Disbursement this Period

-1000.00
----------

Purpose of Disbursement  
Contribution of 10/28/08 was never accepted

Category/ Type

Candidate Name

**PAUL BROUN COMMITTEE**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

470.00
--------

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

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**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**

Full Name (Last, First, Middle Initial)

**A. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2011

Mailing Address PO Box 77492 -- Capitol Hill

**Transaction ID : SB23.11615**

City Washington State DC Zip Code 20013

Amount of Each Disbursement this Period

-1000.00
----------

Purpose of Disbursement  
Contribution of 3/3/10 was never accepted

011
Category/ Type

Candidate Name

**LEAHY FOR U.S. SENATOR COMMITTEE**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: VT District: 00

Full Name (Last, First, Middle Initial)

**B. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2011

Mailing Address PO Box 77492 -- Capitol Hill

**Transaction ID : SB23.11617**

City Washington State DC Zip Code 20013

Amount of Each Disbursement this Period

-1000.00
----------

Purpose of Disbursement  
Contribution of 11/1/06 was never accepted

011
Category/ Type

Candidate Name

**Dan Burton for Congress**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2011

Mailing Address PO Box 77492 -- Capitol Hill

**Transaction ID : SB23.11618**

City Washington State DC Zip Code 20013

Amount of Each Disbursement this Period

-500.00
---------

Purpose of Disbursement  
Contribution of 11/1/06 was never accepted

011
Category/ Type

Candidate Name

**ROBERT WEXLER FOR CONGRESS COMMITTEE**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

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

-2500.00
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**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**

Full Name (Last, First, Middle Initial)

**A. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2011

Mailing Address PO Box 77492 -- Capitol Hill

**Transaction ID : SB23.11619**

City Washington State DC Zip Code 20013

Amount of Each Disbursement this Period

-1000.00
----------

Purpose of Disbursement  
Contribution of 1/31/07 was never accepted

011
Category/ Type

Candidate Name

**ALAN MOLLOHAN FOR CONGRESS COMMITTEE**

Office Sought:  House  
 Senate  
 President  
State: WV District: 01

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2011

Mailing Address PO Box 77492 -- Capitol Hill

**Transaction ID : SB23.11620**

City Washington State DC Zip Code 20013

Amount of Each Disbursement this Period

-1000.00
----------

Purpose of Disbursement  
Contribution of 3/29/07 was never accepted

011
Category/ Type

Candidate Name

**CIRO D. RODRIGUEZ FOR CONGRESS**

Office Sought:  House  
 Senate  
 President  
State: TX District: 23

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2011

Mailing Address PO Box 77492 -- Capitol Hill

**Transaction ID : SB23.11621**

City Washington State DC Zip Code 20013

Amount of Each Disbursement this Period

-100.00
---------

Purpose of Disbursement  
Contribution of 4/19/07 was never accepted

011
Category/ Type

Candidate Name

**HILLARY CLINTON FOR PRESIDENT EXPLORATORY COMMITTEE INC.**

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

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

-2100.00
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**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**

Full Name (Last, First, Middle Initial)

**A.** Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2011

Mailing Address PO Box 77492 -- Capitol Hill

**Transaction ID : SB23.11622**

City Washington State DC Zip Code 20013

Amount of Each Disbursement this Period

-1000.00
----------

Purpose of Disbursement  
Contribution of 12/18/07 was never accepted

011
Category/ Type

Candidate Name

**HODES, PAUL W**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: NH District: 02

Full Name (Last, First, Middle Initial)

**B.** Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2011

Mailing Address PO Box 77492 -- Capitol Hill

**Transaction ID : SB23.11623**

City Washington State DC Zip Code 20013

Amount of Each Disbursement this Period

-2500.00
----------

Purpose of Disbursement  
Contribution of 12/18/07 was never accepted

011
Category/ Type

Candidate Name

**DEMOCRATIC FRESHMEN PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

-3500.00
----------

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

6370.00
---------



**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**

Full Name (Last, First, Middle Initial)

**A. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		22		2011

Mailing Address PO Box 77492 -- Capitol Hill

**Transaction ID : SB29.11601**

City Washington State DC Zip Code 20013

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Doug Linkhart for Mayor**

Office Sought:  House  Senate  President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2011

Mailing Address PO Box 77492 -- Capitol Hill

**Transaction ID : SB29.11595**

City Washington State DC Zip Code 20013

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Shumlin for Governor**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		26		2011

Mailing Address PO Box 77492 -- Capitol Hill

**Transaction ID : SB29.11598**

City Washington State DC Zip Code 20013

Amount of Each Disbursement this Period

3000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Romer for Mayor**

Office Sought:  House  Senate  President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

State: District:

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

4000.00
---------

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

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**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**

Full Name (Last, First, Middle Initial)

**A.** Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Date of Disbursement

Mailing Address PO Box 77492 -- Capitol Hill

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2011

City Washington State DC Zip Code 20013

**Transaction ID : SB29.11596**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Shumlin for Governor**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

2500.00
---------

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

6500.00
---------

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/9.11629**  
**Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 77492 -- Capitol Hill	
City Washington State DC ZIP Code 20013	

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred: MM / DD / YYYY (06 / 20 / 2011)      Date Due: MM / DD / YYYY (12/31/11)      Interest Rate: 0.00 % (apr)      Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	10000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	10000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.