

# 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 (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 07 2006 in the State of \_\_\_\_\_

5. Covering Period 10 01 2006 through 11 27 2006

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 03 12 2007

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

**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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		42420.18
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	43903.18									
(c) Total Receipts (from Line 19) .....	12260.00	60903.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	56163.18	103323.18								
7. Total Disbursements (from Line 31) .....	31000.00	78160.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	25163.18	25163.18								
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**

Write or Type Committee Name

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	11200.00	54115.00
(i) Itemized (use Schedule A) .....	1060.00	6788.00
(ii) Unitemized .....	12260.00	60903.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	12260.00	60903.00
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)) .....	12260.00	60903.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12260.00	60903.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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	460.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	460.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31000.00	76750.00
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	500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	500.00
29. Other Disbursements.....	0.00	450.00
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))..	31000.00	78160.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	31000.00	78160.00

**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) .....	12260.00	60903.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12260.00	60403.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	460.00
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	460.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 17
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Jonathan Lewis</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address 4649 Ponce De Leon Blvd ste 304		Transaction ID: SA11A1.5697
City coral gables	State FL	Zip Code 33146
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Jonathan Lewis and Associates	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Claudia Little</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 6
Mailing Address 4426 Adair St.,		Transaction ID: SA11A1.5711
City San Diego	State CA	Zip Code 92107
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer retired	Occupation former registered nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Claudia Little</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 4426 Adair St.,		Transaction ID: SA11A1.5726
City San Diego	State CA	Zip Code 92107
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer retired	Occupation former registered nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5050.00
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 17
	<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) Peter McNulty Mailing Address 7655 Ostrom Ave. City Van Nuys State CA Zip Code 91406 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.5716 Amount of Each Receipt this Period 1000.00
Name of Employer: Compassionate Caregivers of th Occupation: Therapist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Russ Monchil Mailing Address 8940 SW Duroc Dr. City Cameron State MO Zip Code 64429 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.5712 Amount of Each Receipt this Period 25.00
Name of Employer: none Occupation: Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 335.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Russ Monchil Mailing Address 8940 SW Duroc Dr. City Cameron State MO Zip Code 64429 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.5794 Amount of Each Receipt this Period 25.00
Name of Employer: none Occupation: Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 17
	<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

Full Name (Last, First, Middle Initial) <b>A. Michael Newman</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 6	
Mailing Address 27141 Lerma		<b>Transaction ID: SA11A1.5705</b>	
City State Zip Code Mission Viejo CA 92691	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Michael Newman Inc.	Occupation Dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. Michael Newman</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6	
Mailing Address 27141 Lerma		<b>Transaction ID: SA11A1.5707</b>	
City State Zip Code Mission Viejo CA 92691	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Michael Newman Inc.	Occupation Dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>C. Steve Persky</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 361 21st St.		<b>Transaction ID: SA11A1.5701</b>	
City State Zip Code Santa Monica CA 90402	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Dalton Investments	Occupation Managing partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	11200.00



**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

Full Name (Last, First, Middle Initial)

**A. BARNEY FRANK FOR CONGRESS COMMITTEE**

Mailing Address P O BOX 260

City NEWTONVILLE State MA Zip Code 02460

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MA District: 04

Transaction ID: SB23.5808

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR HARKIN**

Mailing Address P O BOX 811

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: IA District: 00

Transaction ID: SB23.5822

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. COHEN, STEPHEN IRA**

Mailing Address 349 KENILWORTH

City MEMPHIS State TN Zip Code 38112

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: TN District: 09

Transaction ID: SB23.5795

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

3000.00

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

4500.00

**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 10 / 17

<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. COMMITTEE FOR A PROGRESSIVE CONGRESS INC**

Mailing Address 2201 WISCONSIN AVE NW SUITE 320

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB23.5796

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. COMMITTEE TO RE-ELECT CONGRESSMAN DANA ROHRBACHER**

Mailing Address PO BOX 823

City HUNTINGTON BEACH State CA Zip Code 92648

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: CA District: 46

Transaction ID: SB23.5828

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Committee to Re-Elect Ron Paul**

Mailing Address 837 W Plantation Dr

City Clute State TX Zip Code 77531

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: TX District: 14

Transaction ID: SB23.5807

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

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

8000.00

**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 11 / 17

<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. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE**

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 30

Transaction ID: SB23.5816

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DAN BURTON FOR CONGRESS COMMITTEE**

Mailing Address P.O. Box 50593  
P. O. BOX 50593

City Indianapolis State IN Zip Code 46250

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: IN District: 05

Transaction ID: SB23.5814

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DELAHUNT FOR CONGRESS COMMITTEE**

Mailing Address 332 Victory Road

City Quincy State MA Zip Code 02171

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MA District: 10

Transaction ID: SB23.5810

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	0	6

Amount of Each Disbursement this Period

1000.00

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

3000.00

**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 12 / 17

<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) <b>A. EIDSNESS, FREDERIC ARNOLD</b>		<b>Transaction ID: SB23.5798</b> Date of Disbursement 11 / 01 / 2006	
Mailing Address 337 EDWARDS ST		Amount of Each Disbursement this Period 500.00	
City FORT COLLINS State CO Zip Code 80524	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. EIDSNESS, FREDERIC ARNOLD</b>		<b>Transaction ID: SB23.6203</b> Date of Disbursement 11 / 03 / 2006	
Mailing Address 337 EDWARDS ST		Amount of Each Disbursement this Period -500.00	
City FORT COLLINS State CO Zip Code 80524	Purpose of Disbursement Returned contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. EVANGELISTA, NEIL</b>		<b>Transaction ID: SB23.5806</b> Date of Disbursement 11 / 01 / 2006	
Mailing Address 356 NW 35 PLACE		Amount of Each Disbursement this Period 3000.00	
City BOCA RATON State FL Zip Code 33431	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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)

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<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. FRIENDS OF DICK DURBIN COMMITTEE**

Mailing Address PO BOX 1949

City SPRINGFIELD State IL Zip Code 62705

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
 Disbursement For: 2006  Primary  General  Other (specify) ▼  
 State: IL District: 00

Transaction ID: SB23.5824

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Friends of Maurice Hinchey**

Mailing Address PO Box 4497

City Kingston State NY Zip Code 12402

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
 Disbursement For: 2006  Primary  General  Other (specify) ▼  
 State: NY District: 22

Transaction ID: SB23.5838

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF WEINER**

Mailing Address 1 Ascan Avenue #31  
suite 31

City Forest Hills State NY Zip Code 11375

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
 Disbursement For: 2006  Primary  General  Other (specify) ▼  
 State: NY District: 09

Transaction ID: SB23.5834

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**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)

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<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) <b>A. KILDEE FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.5818</b> Date of Disbursement 11 / 01 / 2006
Mailing Address P.O. Box 317		Amount of Each Disbursement this Period 500.00
City Flint	State MI	
Zip Code 48501		
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 05		

Full Name (Last, First, Middle Initial) <b>B. LARSON FOR CONGRESS</b>		<b>Transaction ID: SB23.5836</b> Date of Disbursement 11 / 01 / 2006
Mailing Address 29 RUFF CIRCLE		Amount of Each Disbursement this Period 1000.00
City GLASTONBURY	State CT	
Zip Code 06033		
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 01		

Full Name (Last, First, Middle Initial) <b>C. LATOURETTE FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.5812</b> Date of Disbursement 11 / 01 / 2006
Mailing Address 320 Kenarden Dr.		Amount of Each Disbursement this Period 500.00
City Highland Hts.	State OH	
Zip Code 44143		
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 14		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> 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)

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<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) <b>A. MAYMIN FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.5801 Date of Disbursement 11 / 01 / 2006	
Mailing Address PO BOX 961		Amount of Each Disbursement this Period 4000.00	
City GREENWICH	State CT		Zip Code 06836
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT District: 04			

Full Name (Last, First, Middle Initial) <b>B. MURTHA FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.5832 Date of Disbursement 11 / 01 / 2006	
Mailing Address Suite 220 551 Main Street BT FINANCIAL PLAZA SUITE 220		Amount of Each Disbursement this Period 1000.00	
City JOHNSTOWN	State PA		Zip Code 15901
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA District: 12			

Full Name (Last, First, Middle Initial) <b>C. Nadler for Congress</b>		<b>Transaction ID:</b> SB23.5813 Date of Disbursement 11 / 01 / 2006	
Mailing Address Village Station PO Box 40		Amount of Each Disbursement this Period 500.00	
City New York	State NY		Zip Code 10014
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 08			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> 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)

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<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. NANCY PELOSI FOR CONGRESS**

Mailing Address 235 Montgomery Street  
Suite 610

City San Francisco State CA Zip Code 94104

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 08

Transaction ID: SB23.5830

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. OBEY, DAVID R**

Mailing Address 1212 Grand Ave #32

City WAUSAU State WI Zip Code 54403

Purpose of Disbursement  
Returned contribution

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: WI District: 07

Transaction ID: SB23.6202

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

-5000.00

Full Name (Last, First, Middle Initial)

**C. ROBERT WEXLER FOR CONGRESS COMMITTEE**

Mailing Address Post Office Box 810669

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: FL District: 19

Transaction ID: SB23.5820

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

500.00

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

-2500.00

**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)

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<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. SCHANSBERG FOR CONGRESS**

Mailing Address 305 DEER RUN DRIVE

City SELLERSBURG State IN Zip Code 47172

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: IN District: 09

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.5803

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

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

5000.00

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

31000.00