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FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		-or Oth	er inan An	Autnorize	ea Commi	ttee		Office Use	Only	
1.			MAILING LAI		xample:If typir ver the lines	ng, type		• • • • • • • • • • • • • • • • • • • •		
Ш	Marijuana Policy Project Medi	cal Mariju	ana PAC or MF	'P Medical M	arijuana PAC					
Ш										
AD	DRESS (number and street)	PO Bo	ox 77492 Cap	itol Hill			1 1 1 1		1 1 1 1	
	Check if different									
L	than previously reported. (ACC)	Washi	ington				DC	200	13	
2.	FEC IDENTIFICATION NUM	BER '	~	CITY 🛕		:	STATE	ZI	PCODE A	4
	C00389882			3. IS THIS REPOR		NEW (N) OR	X	AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	`´ F	Monthly Report	Feb 20 (M2	2)	May 20 (M5)		Aug 20 (M8)	Nov (Nor Year	20 (M11) Election Only)
	(a) Quarterly Reports:	'	oue On.	Mar 20 (M3	20 (M3) Jun 20 (M6		s	Sep 20 (M9)	(Non	20 (M12) Election Only)
	X April 15			Apr 20 (M4	1)	Jul 20 (M7)		Oct 20 (M10)	Jan	31 (YE)
	Quarterly Report(Q	(c		, , , , , , , , ,		2P)	General (12G)		Run	off (12R)
	Quarterly Report(Q2 October 15		PRE-Election Report for t		Convention	n (12C)	Specia	al (12G)		
	Quarterly Report(Q3 January 31 Quarterly Report(YE		1	Election on					n the State of	
	July 31 Mid-Year Report(Non-election Year Only) (MY)	(d	30-Day Post -Elector Report for t		General (30	0G)	Runof	f (30R)	Spe	cial (30S)
	Termination Report (TER)		·	Election on			•		n the state of	
5.	Covering Period 0 1	0	1 200	8	through	03	3 1	2008		
	ertify that I have examined this F	•		ny knowledge	e and belief it	is true, correct	and comple	te.		
Тур	e or Print Name of Treasurer	Robe	ert D. Kampia							
Sig	nature of Treasurer Electron	ically File	d by Robert I	D. Kampia			Date 0	8 15	200	8
NO	TE : Submission of false, erron	eous, or i	ncomplete infor	mation may s	subject the pe	rson signing thi	s Report to	the penalties of	2 U.S.C 4	37g.
	Office Use							I	FORM 3	X

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC D D D 0 1 0 1 2008 0.3 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 27937.93 2008 January 1 (b) Cash on Hand at 27937.93 Begining of Reporting Period 5532.00 5532.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 33469.93 33469.93 6(a) and 6(c) for Column B) 17155.00 17155.00 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 16314.93 16314.93 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

0 1 3^D1 м N 0 1 М М 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 350.00 350.00 (i) Itemized (use Schedule A) 5182.00 5182.00 (ii) Unitemized (iii) TOTAL (add 5532.00 5532.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 5532.00 5532.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 5532.00 5532.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 5532.00 5532.00

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures..... (c) Total Operating Expenditures 0.00 0.00 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 17030.00 17030.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 125.00 125.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 17155.00 17155.00 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 17155.00 17155.00 from Line 31).....

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)	5532.00	5532.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	5532.00	5532.00
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

FE6AN026

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 11 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Marijuana Policy Project Medical M	larijuana PAC or MPP Medical Marijuana PA	√ C
Full Name (Last, First, Middle Initial) Mett B. Ausley		Date of Receipt
Mailing Address 3412 Waccamaw S	Shores Rd.	02 22 2008
City	State Zip Code	Transaction ID: SA11AI.7119
Lake Waccamaw	NC 28450-9442	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Cyprus Pathology	Occupation Physician	
Receipt For: 2008	Aggregate Year-to-Date ▼	
X Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mett B. Ausley		Date of Receipt
Mailing Address 3412 Waccamaw S	Shores Rd.	03 / 22 / 2008
City	State Zip Code	Transaction ID: SA11AI.7117
Lake Waccamaw	NC 28450-9442	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Cyprus Pathology	Occupation Physician	
Receipt For: 2008 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00]
Full Name (Last, First, Middle Initial) Robert A. Shinstrom		Date of Receipt
Mailing Address P.O. Box 2845		03 29 7 2008
City	State Zip Code	Transaction ID: SA11AI.7355
Kirkland	WA 98083-2845	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Receipt For: 2008 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	1)	350.00
TOTAL This Period (last page this line num	her only)	350.00

TEMIZED DISBURSEMENTS Dotable Summary Page	SCHEDULE B (FEC Form 3X	Use separate schedule	s) FOR LINE	
Any Information copied from such Reports and Statements may not be sold or used by any pressn 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) Namipana Policy Project Medical Marijuana PAC or MIPP Medical Marijuana PAC Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT RON PAUL Mailing Address 837 W Plantation Dr City City State Zip Code TX 77531 Purpose of Disbursement Candidate Name RON PAUL State: TX District: 00 Full Name (Last, First, Middle Initial) COURTNEY FOR CONGRESS Mailing Address 38 RISLEY ROAD City VERNON City State Zip Code CT 06066 CT 06066 CT 06066 Transaction ID: SB23.7467 Date of Disbursement ID: SB23.7467 Date of Disbursement Category' Type Transaction ID: SB23.7467 Date of Disbursement Transaction ID: SB23.7467 Date of Disbursement Category' Type Office Sought: X House Senate President State: CT District: 02 Full Name (Last, First, Middle Initial) DEMOCRATIC FRESHMEN PAC Malling Address Senate President State: CT District: 02 Full Name (Last, First, Middle Initial) DEMOCRATIC FRESHMEN PAC Malling Address Senate President State: CT District: 02 Full Name (Last, First, Middle Initial) DEMOCRATIC FRESHMEN PAC Malling Address Senate President State: CT District: 02 Full Name (Last, First, Middle Initial) DEMOCRATIC FRESHMEN PAC Malling Address Senate President State: District: 02 Full Name (Last, First, Middle Initial) DEMOCRATIC FRESHMEN PAC Malling Address Senate President Senate President Senate President Senate President District: 02 Full Name President District: 02 Full Name President District: 02 Senate President District: 02 Full Name Presid	ITEMIZED DISBURSEMENTS	for each category of the	(check only	
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SCHEDULE B (FEC Form 3X)

	Use separate schedule(s	(check	only one)	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	211		24 25 2 28c 29
ny Information copied from such Reports and State r for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
Marijuana Policy Project Medical Marijua	na PAC or MPP Medical	Marijuana F	PAC	
Full Name (Last, First, Middle Initial) ELLISON FOR CONGRESS			Transaction ID:	
			Date of Disburse	
Mailing Address PO BOX 11818			02 2	2000
City MINNEAPOLIS	State Zip Code MN 55411		Amount of Each	Disbursement this Period
Purpose of Disbursement Contribution			T L	1000.00
Candidate Name KEITH MAURICE ELLISON		Category/ Type	_	
Z	sement For: 2008 X Primary General Other (specify)	1 .,,,,,		
Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN GEORG	E MILLER		Transaction ID: Date of Disburse	ement
Mailing Address P.O. Box 5864	03 1	1 2008		
City Concord	State Zip Code CA 94524		Amount of Each	Disbursement this Period
Purpose of Disbursement Contribution			<u> </u>	1000.00
Candidate Name GEORGE MILLER		Category/ Type	_	
9 1	sement For: 2008 X Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS			Transaction ID: Date of Disburse	ement
Mailing Address PO Box 23940			0 3 1	1 2008
City Santa Barbara	State Zip Code CA 93121		Amount of Each	Disbursement this Period
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Candidate Name LOIS G CAPPS		Category/ Type	1	
9 1	sement For: 2008 X Primary General Other (specify)	•		

Temizero Disbursements Transaction ID: SB23,7468 Disbursement	CHEDULE B (FEC FOIIII 3X)		arate schedule(s))			NUMBI				AGE	9/11	
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) Marijuana PAC Full Name (Last, First, Middle Initial) FRIENDS OF MAURICE HINCHEY Mailing Address PO Box 4497 City State Name (Last, First, Middle Initial) Candidate Name MAURICE D'ISbursement For: 2008 Senate President State: WI District: 07 Full Name (Last, First, Middle Initial) State: WI District: 07 Full Name (Last, First, Middle Initial) FRIENDS OF MAURICE D'ISbursement Tor: 2008 Senate President State: WI District: 07 Full Name (Last, First, Middle Initial) State: WI District: 07 Full Name (Last, First, Middle Initial) State: WI District: 07 Full Name (Last, First, Middle Initial) State: WI District: 07 Full Name (Last, First, Middle Initial) Candidate Name DAVID R OBEY Mailing Address Senate President State: WI District: 07 Full Name (Last, First, Middle Initial) MCNERNEY FOR CONGRESS Mailing Address 6520 Village Parkway Second Floor City Dublin CA 94568 Purpose of Disbursement Contribution Candidate Name Jerich Category/ Type Office Sought: X House Senate President State: X Primary General Category/ Type Office Sought: X House Senate President State: X Primary General Category/ Type Office Sought: X House Senate President State: X Primary General Category/ Type Office Sought: X House Senate President State: X Primary General Category/ Type Office Sought: X House Senate President State: X Primary General Category/ Type Office Sought: X House Senate President State Sp Code Senate President Sp Primary Senate Senate Sp Senate	TEMIZED DISBURSEMENTS	Detailed	Summary Page			21b 27	22 28a		28b	280		29	
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule((check only	NUMBER: PAGE 10 / 11
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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NAME OF COMMITTEE (In Full) Marijuana Policy Project Medical Marijua	na PAC or MPP Medical	Marijuana PAC	;
Full Name (Last, First, Middle Initial) RE-ELECT CONGRESSMAN KUCINICH	COMMITTEE		Transaction ID: SB23.7477 Date of Disbursement
Mailing Address 550 East Walnut Street	t		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} Y$
City Columbus	State Zip Code OH 43215		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution			5000.00
Candidate Name DENNIS J KUCINICH		Category/ Type	
X	sement For: 2008 X Primary General Other (specify)		
State: OH District: 10			
Full Name (Last, First, Middle Initial) SANCHEZ, LINDA			Transaction ID: SB23.7458 Date of Disbursement
Mailing Address 601 S GLENOAKS BLV	/D #211		03 1 1 7 2 0 0 8
City BURBANK	State Zip Code CA 91502		Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Candidate Name LINDA SANCHEZ		Category/ Type	
Senate President	sement For: 2008 X Primary General Other (specify) ▼		
State: CA District: 39 Full Name (Last, First, Middle Initial) SCHIFF FOR CONGRESS			Transaction ID: SB23.7462 Date of Disbursement
Mailing Address 777 S. Figueroa St. Suite 4050			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & \end{smallmatrix} & \begin{smallmatrix} & D & 1 & D \\ & & & 1 & 1 \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & & Y & 0 & 9 & 8 \\ & & & 2 & 0 & 0 & 8 \end{bmatrix}$
City Los Angeles	State Zip Code CA 90017		Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Candidate Name ADAM SCHIFF		Category/ Type	
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\rangle	NAME OF COMMITTEE (In Full) Marijuana Policy Project Medical Mari	uana PAC or MPP Medical Mar	ijuana PAC	
	Full Name (Last, First, Middle Initial) DEMOCRATIC STATE CENTRAL CO Mailing Address 1401 21st Street Sui			Transaction ID: SB29.7483 Date of Disbursement O 3
	City Sacramento Purpose of Disbursement Contribution	State Zip Code CA 95811		Amount of Each Disbursement this Period 125.00
	Candidate Name DEMOCRATIC STATE CENTRAL CO	MMITTEE OF CA - FEDERAL	Category/ Type	
	Office Sought: House Dis Senate President State: District:	oursement For: 2008 X Primary General Other (specify)		
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