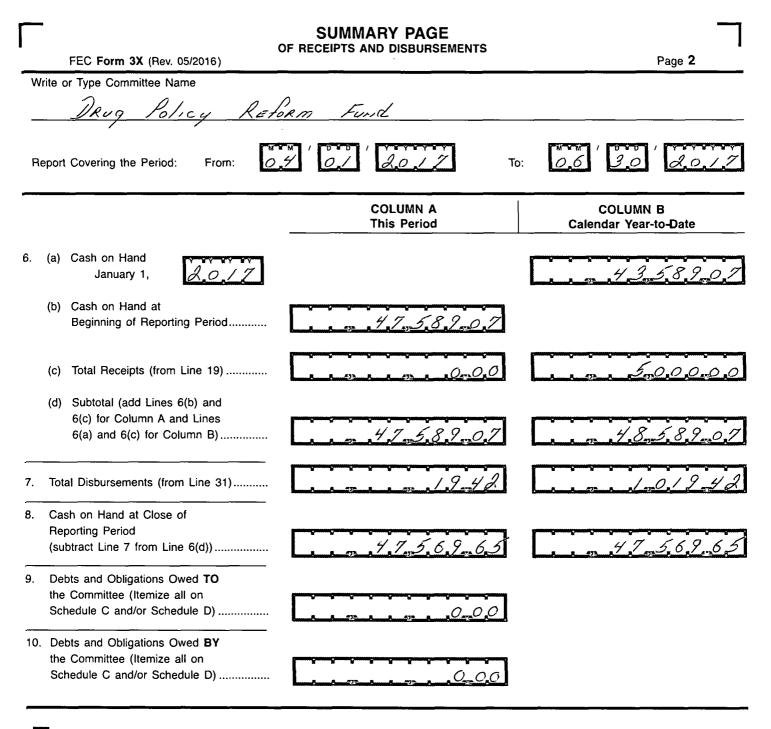
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1. NAME OF COMMITTEE (in	TYPE OR full)	PRINT V	Example: If ty over the lines.		12FE4M5	
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2. FEC IDENTIFIC	ATION NUMBER	CITY		S		
C 0.04 0	61236	3. IS RE		NEW (N) <b>OR</b>	AMEN (A)	DED
July 15 Quarterl October Quarterl January Year-En July 31 Report ( Year Or	y Report (Q1) y Report (Q2) 15 y Report (Q3)	e On:	General (	n (12C)	Aug 20 Sep 20 Oct 20 ( General (120 Special (12S	(M9) Dec 20 (M12) (Non-Election Year Only) M10) Jan 31 (YE) G) Runoff (12R) ) in the State of
5. Covering Period I certify that I have e Type or Print Name o Signature of Treasure NOTE: Submission of	of Treasurer	kyan ch. - Or .	AVEZ	nd belief it is true	e, correct and co ate	2017 complete. 2017 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 2017 complete. 201
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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

Γ		TAILED SUMMARY PAGE of Receipts	<b>ר</b>
<u> </u>	FEC Form 3X (Rev. 05/2016)		Page 3
Wr	ite or Type Committee Name		
	Drug Policy Reto.	em Fund	
Re	eport Covering the Period: From: $0.4$		To: 0.6 3.0 2.017
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	<ul> <li>Contributions (other than loans) From:</li> <li>(a) Individuals/Persons Other Than Political Committees <ul> <li>(i) Itemized (use Schedule A)</li></ul></li></ul>		, <u>5</u> ,000.000
13.	All Loans Received	473 473 473 473 473 473 473 473 473 473	
15.	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
	Other Federal Receipts (Dividends, Interest, etc.)		
10.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)		
	(b) Levin Funds (from Schedule H5)	<u> </u>	
	(c) Total Transfers (add 18(a) and 18(b))	57 <u>5</u>	
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	en en O.O.O	5,000,00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►		5,000,00

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## DETAILED SUMMARY PAGE

of Disbursements

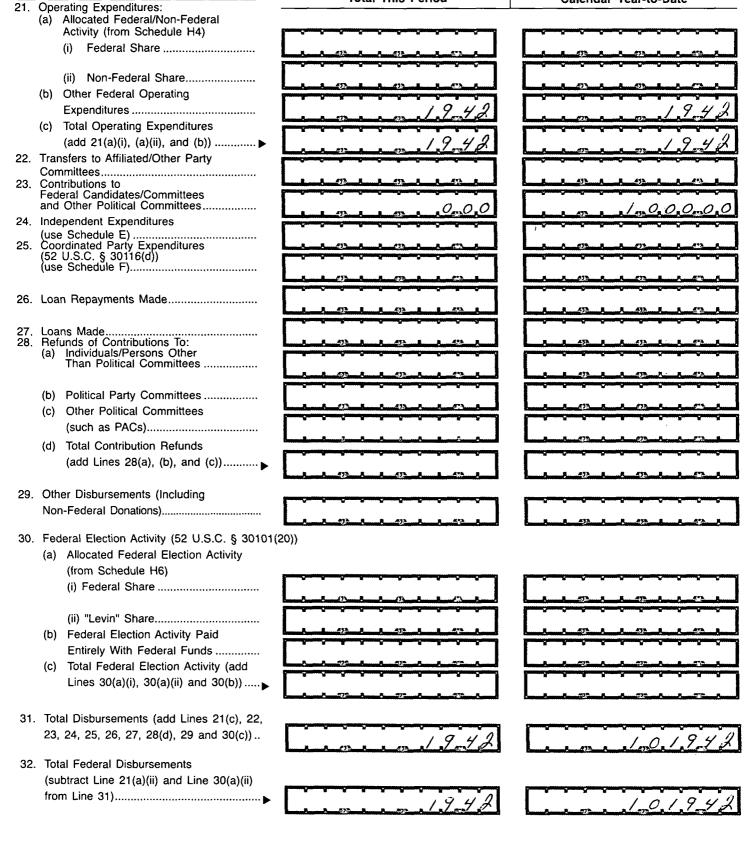
FEC Form 3X (Rev. 05/2016)

#### **II. Disbursements**

### COLUMN A Total This Period

COLUMN B Calendar Year-to-Date

Page 4



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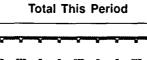
## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

### III. Net Contributions/ Operating Expenditures

- 33. Total Contributions (other than loans) (from Line 11(d), page 3) ......34. Total Contribution Refunds
- (add Line 21(a)(i) and Line 21(b)) .........▶ 37. Offsets to Operating Expenditures



COLUMN A

COLUMN B Calendar Year-to-Date

Page 5

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         OF           (check only one)         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and	nay not be sold or used by any pe address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) DRug Policy Reform Full Name of Individual (Last, First, Middle Initial) or Full	Fund	
Full Name of Individual (Last, First, Middle Initial) or Full A.	Organization Name	Date of Receipt
Mailing Address		
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer (for Individual)	cupation (for Individual)	Memo Item
Receipt For:       Aggregate         Primary       General         Other (specify) ▼	e Year-to-Date ▼	
Full Name of Individual (Last, First, Middle Initial) or Full	Organization Name	
B Mailing Address		
City State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer (for Individual)	ccupation (for Individual)	Memo Item
Receipt For:       Aggregat         Primary       General         Other (specify) ▼	te Year-to-Date ▼	]
Full Name of Individual (Last, First, Middle Initial) or Full	Organization Name	
C Mailing Address		Date of Receipt
City State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Feriod
Name of Employer (for Individual)	ccupation (for Individual)	
Receipt For: Primary General Other (specify)	te Year-to-Date ▼	]
SUBTOTAL of Receipts This Page (optional)		,,
TOTAL This Period (last page this line number only)		

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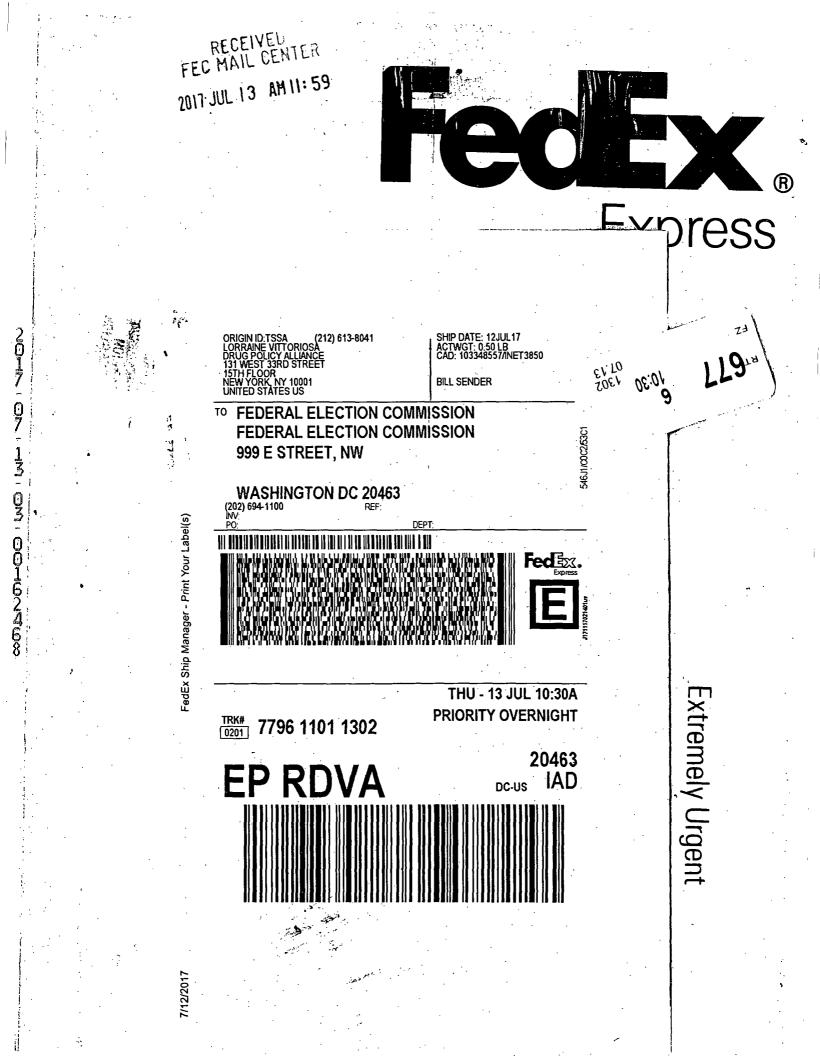
CHEDULE B (FEC Form 3X)	<u>г</u>	FOR LINE NUMBER: PAGE OF	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)	
	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
		by any person for the purpose of soliciting contribution committee to solicit contributions from such committee	
NAME OF COMMITTEE (In Full)		· · · · · · · · · · · · · · · · · · ·	
DRUG Policy REFO. Full Name (Last, First, Middle Initial)	RM Fund		
		Date of Disbursement	
DRUG Policy Allin Mailing Address 131 W. 33 Rd S City NEW YORK	NCE	04 11 2017	
<u></u>	State Zip Code		
New YORK	NY 1000	FEC Identification Number	
Purpose of Disbursement			
COURIER SERVICES	I	Category/ Amount of Each Disbursement this Pe	riad
		Category/ Type Amount of Each Disbursement this Per	
	ment For:		2
President	Primary General Other (specify) ▼		
State: District:	····	Memo Item	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
			-4
Mailing Address			]
City	State Zip Code	FEC Identification Number	_
Purpose of Disbursement			
Candidate Name		Category/ Amount of Each Disbursement this Pe	riod
Office Sought: House Disburse	ment For:	Туре	
Senate	Primary General	1	المسك
State: District:	Other (specify)	Memo Item	
Full Name (Last, First, Middle Initial)			
·.		Date of Disbursement	-
Mailing Address			
City	State Zip Code	FEC Identification Number	
Purpose of Disbursement			
Candidate Name		Category/ Amount of Each Disbursement this Pe	eriod
Office Sought: House Disburse	ement For:	Туре	
Senate	Primary General	L	أسمار
State: District:	Other (specify) ▼	Memo Item	
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SUBTOTAL of Disbursements This Page (optional).			_
TOTAL This Period (last page this line number only	y)		12

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# Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

Date of Receipt Hand Delivered Postmarked Date of Receipt **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark Overnight Delivery Service (Specify): Fed Ex Shipping Date Next Business Day Delivery Date of Receipt **Received from House Records & Registration Office** Date of Receipt Received from Senate Public Records Office Date of Receipt **Received from Electronic Filing Office** Date of Receipt or Postmarked Other (Specify): 3/2017 PREPARER DATE PREPARED (3/2015)

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