

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

DRUG POLICY REFORM FUND

Report Covering the Period:

From:

01 / 01 / 2014

To:

03 / 31 / 2014

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2014	1558677	1558677
(b) Cash on Hand at Beginning of Reporting Period.....	1558677	
(c) Total Receipts (from Line 19)	-0-	-0-
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1558677	1558677
7. Total Disbursements (from Line 31)	352166	352166
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1206511	1206511
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on 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

14031202496

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		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures	1,021.66	1,021.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1,021.66	1,021.66
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2,500.00	2,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3,521.66	3,521.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3,521.66	3,521.66

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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)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))▶
- 37. Offsets to Operating Expenditures
(from Line 15, page 3).....▶
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)▶

1021.66
1021.66

1021.66
1021.66

14031202499

**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 / OF /
	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b	

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)
DRUG POLICY REFORM FUND

A. DRUG POLICY ALLIANCE

Full Name (Last, First, Middle Initial)

Mailing Address: **131 W. 33RD STREET 15TH FLOOR**

City: **NEW YORK NY** State: **NY** Zip Code: **10001**

Purpose of Disbursement: **OVERHEAD EXPENSES**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **03 / 31 / 2014**

Amount of Each Disbursement this Period: **0.01** (Category/Type)

Amount of Each Disbursement this Period: **2166**

B. DRUG POLICY ACTION

Full Name (Last, First, Middle Initial)

Mailing Address: **131 W. 33RD STREET 15TH FLOOR**

City: **NEW YORK NY** State: **NY** Zip Code: **10001**

Purpose of Disbursement: **ANNUAL ADMINISTRATION FEE**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **03 / 31 / 2014**

Amount of Each Disbursement this Period: **0.01** (Category/Type)

Amount of Each Disbursement this Period: **10000**

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City _____ State _____ Zip Code _____

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶ **1,021.66**

TOTAL This Period (last page this line number only).....▶ **1,021.66**

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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)						PAGE / OF /
	<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)
DRUG POLICY REFORM FUND

A. **DIANE DEGETTE FOR CONGRESS**

Mailing Address: **P.O. Box 61337**

City: **DENVER** State: **CO** Zip Code: **80206**

Purpose of Disbursement: **POLITICAL CONTRIBUTION**

Candidate Name: **DIANE DEGETTE**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **CO** District: **1ST**

Date of Disbursement: **01 / 24 / 2014**

Amount of Each Disbursement this Period: **100000**

Category/Type: **011**

B. **DONALD NOECROSS FOR CONGRESS**

Mailing Address: **P.O. Box 160**

City: **COLLINGSWOOD** State: **NJ** Zip Code: **08108**

Purpose of Disbursement: **POLITICAL CONTRIBUTION**

Candidate Name: **DONALD NOECROSS**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **NJ** District: **1ST**

Date of Disbursement: **03 / 31 / 2014**

Amount of Each Disbursement this Period: **50000**

Category/Type: **011**

C. **COMMITTEE TO RE-ELECT DANA ROHRBACHER FOR CONGRESS**

Mailing Address: **P.O. Box 3011**

City: **NEWPORT BEACH** State: **CA** Zip Code: **92659**

Purpose of Disbursement: **POLITICAL CONTRIBUTION**

Candidate Name: **COMMITTEE TO RE-ELECT DANA ROHRBACHER FOR CONGRESS**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **CA** District: **48^R**

Date of Disbursement: **03 / 31 / 2014**

Amount of Each Disbursement this Period: **100000**

Category/Type: **011**

SUBTOTAL of Disbursements This Page (optional)..... ▶ **250000**

TOTAL This Period (last page this line number only)..... ▶ **250000**

14031202501



Extremely Urgent

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Candida Ventimiglia
Drug Policy Alliance
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New York, NY 10001

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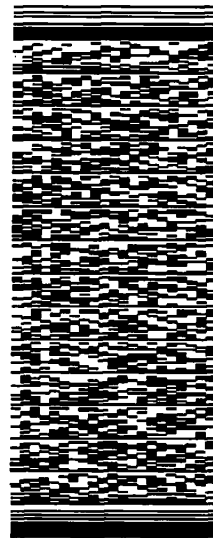
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WASHINGTON, DC 20463



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