

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 Washington DC 20013 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 23 2010 through 12 31 2010

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 01 27 2011

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

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	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		35395.77
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	16650.77									
(c) Total Receipts (from Line 19)	10905.00	38950.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	27555.77	74345.77								
7. Total Disbursements (from Line 31)	0.00	46790.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27555.77	27555.77								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	10590.00	24905.00
(ii) Unitemized	315.00	14045.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10905.00	38950.00
(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)	10905.00	38950.00
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))	10905.00	38950.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10905.00	38950.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	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.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	30500.00
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	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	16290.00
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))..	0.00	46790.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	46790.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	10905.00	38950.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10905.00	38950.00
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: (check only one)	PAGE 6 / 11
	<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	

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.	Full Name (Last, First, Middle Initial) Robert J Ablon		Date of Receipt
	Mailing Address 5848 Ocean View Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Oakland	CA	94618-1535
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11286
Name of Employer New Passage		Occupation Advertising	Amount of Each Receipt this Period
Receipt For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
			78684171_MMXXXPXXXXX_PAC

B.	Full Name (Last, First, Middle Initial) James Cook		Date of Receipt
	Mailing Address 43 Musconetcong River Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Hampton	NJ	08827-3021
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11264
Name of Employer self-employed		Occupation consultant (self-employed)	Amount of Each Receipt this Period
Receipt For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 120.00
			78500634_MMXXXPXXXXX_PAC

C.	Full Name (Last, First, Middle Initial) James Cook		Date of Receipt
	Mailing Address 43 Musconetcong River Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Hampton	NJ	08827-3021
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11296
Name of Employer self-employed		Occupation consultant (self-employed)	Amount of Each Receipt this Period
Receipt For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 120.00
			78500634_MMXXXPXXXXX_PAC

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 270.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 11
(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. Full Name (Last, First, Middle Initial)
Syde P. & Diana Defina
Mailing Address 45173 Sand Creek Rd.
City Squaw Valley State CA Zip Code 93675-9695
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2011
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt MM / DD / YYYY
11 / 28 / 2010
Transaction ID: SA11AI.11269
Amount of Each Receipt this Period 20.00
92088566_MMXXXPXXXXX_PAC

B. Full Name (Last, First, Middle Initial)
Syde P. & Diana Defina
Mailing Address 45173 Sand Creek Rd.
City Squaw Valley State CA Zip Code 93675-9695
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2011
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt MM / DD / YYYY
12 / 28 / 2010
Transaction ID: SA11AI.11293
Amount of Each Receipt this Period 20.00
92088566_MMXXXPXXXXX_PAC

C. Full Name (Last, First, Middle Initial)
Dona A. Hill
Mailing Address 4039 Roberts Rd.
City Fairfax State VA Zip Code 22032-1041
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Fairfax County Public Schools teacher
Receipt For: 2011
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 285.00
Date of Receipt MM / DD / YYYY
11 / 25 / 2010
Transaction ID: SA11AI.11263
Amount of Each Receipt this Period 35.00
78516922_MMXXXPXXXXX_PAC

SUBTOTAL of Receipts This Page (optional) 75.00
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 / 11
	<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	

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.	Full Name (Last, First, Middle Initial) Michael F Marion		Date of Receipt
	Mailing Address 865 NE Melanie Ct.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 8 / 2 0 1 0
	City	State	Zip Code
	Bremerton	WA	98311-3018
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11272
Name of Employer		Occupation	Amount of Each Receipt this Period
		IT Specialist	<input type="text"/> 25.00
Receipt For: 2011		Aggregate Year-to-Date ▼	78514302_MMXXXPXXXXX_PAC
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 300.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Michael F Marion		Date of Receipt
	Mailing Address 865 NE Melanie Ct.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 8 / 2 0 1 0
	City	State	Zip Code
	Bremerton	WA	98311-3018
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11294
Name of Employer		Occupation	Amount of Each Receipt this Period
		IT Specialist	<input type="text"/> 25.00
Receipt For: 2011		Aggregate Year-to-Date ▼	78514302_MMXXXPXXXXX_PAC
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 325.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Michael Newman		Date of Receipt
	Mailing Address 27141 Lerma		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Mission Viejo	CA	92691-2103
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11289
Name of Employer Self Employed		Occupation	Amount of Each Receipt this Period
		hearing instrument specialist	<input type="text"/> 50.00
Receipt For: 2011		Aggregate Year-to-Date ▼	78506615_MMXXXPXXXXX_PAC
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 550.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 9 / 11
	<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

A.	Full Name (Last, First, Middle Initial) Jon O Novak		Date of Receipt
	Mailing Address 4953 Rolling Acres Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 8 / 2 0 1 0
	City	State	Zip Code
	Center Point	IA	52213-9608
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11265
Name of Employer N/A		Occupation not employed	Amount of Each Receipt this Period
Receipt For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 240.00	78520806_MMXXXPXXXXX_PAC

B.	Full Name (Last, First, Middle Initial) Jon O Novak		Date of Receipt
	Mailing Address 4953 Rolling Acres Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 8 / 2 0 1 0
	City	State	Zip Code
	Center Point	IA	52213-9608
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11292
Name of Employer N/A		Occupation not employed	Amount of Each Receipt this Period
Receipt For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 260.00	78520806_MMXXXPXXXXX_PAC

C.	Full Name (Last, First, Middle Initial) Joseph Benjamin Pritzker		Date of Receipt
	Mailing Address 635 Buena Vista Ave West		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 1 0
	City	State	Zip Code
	San francisco	CA	94117-4105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11301
Name of Employer self-employed		Occupation investor/entrepreneur	Amount of Each Receipt this Period
Receipt For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00
		<input type="text"/> 5000.00	123132680_PIXXPXX00X_PAC

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 5040.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 11
(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

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.

Full Name (Last, First, Middle Initial)
Rene Antonio Ruiz

Mailing Address 115 Dunster Rd.

City State Zip Code
Jamaica Plain MA 02130-2733

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

Name of Employer self-employed Occupation investor/entrepreneur

Receipt For: 2011
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.11302

Amount of Each Receipt this Period
5000.00

138599256_PIXXXPXX00X_PAC

B.

Full Name (Last, First, Middle Initial)
Michael Stearns

Mailing Address 3240 Peralta St. Apt. 9

City State Zip Code
Oakland CA 94608-4130

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

Name of Employer n/a Occupation Retired

Receipt For: 2011
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.11288

Amount of Each Receipt this Period
25.00

78523456_MMXXXPXXXXX_PAC

C.

Full Name (Last, First, Middle Initial)
William Waring

Mailing Address 152 Berrywood Dr.

City State Zip Code
Severna Park MD 21146-2032

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

Name of Employer Self-employed Occupation database designer (self-employed)

Receipt For: 2011
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.11287

Amount of Each Receipt this Period
60.00

78556370_MMXXXPXXXXX_PAC

SUBTOTAL of Receipts This Page (optional) ▶ **5085.00**

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 11 / 11	
	(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"/> 13	<input type="checkbox"/> 14	<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

A.

Full Name (Last, First, Middle Initial) Peter H Zakel		Date of Receipt																					
Mailing Address 40692 Ladero St.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	2	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	2	2	/	2	0	1	0														
City	State	Zip Code	Transaction ID: SA11AI.11290																				
Fremont	CA	94539-3668	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	20.00																				
Name of Employer Cadence Design Systems In- c.	Occupation software engineer																						
Receipt For: 2011	Aggregate Year-to-Date ▼																						
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	220.00																						
<input type="checkbox"/> Other (specify) ▼																							

78577422_MMXXXPXXXXX_PAC

SUBTOTAL of Receipts This Page (optional)	20.00
TOTAL This Period (last page this line number only)	10590.00