

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2019 APR 15 AM 9:04

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 DRUG POLICY REFORM FUND

ADDRESS (number and street) 131 WEST 33RD STREET 15th FLOOR NEW YORK NY 10001-2938

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C00461236

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 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)
Election on MM/DD/YYYY in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)
Election on MM/DD/YYYY in the State of

5. Covering Period 01/01/2019 through 03/31/2019

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 RYAN CHAVEZ

Signature of Treasurer RCW Date 04/12/2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Drug Policy Reform Fund

Report Covering the Period: From:

| | | |
|----|----|------|
| MM | DD | YYYY |
| 01 | 01 | 2019 |

 To:

| | | |
|----|----|------|
| MM | DD | YYYY |
| 03 | 31 | 2019 |

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>YYYY</td></tr><tr><td>2019</td></tr></table> | YYYY | 2019 | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table> | | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">38,942.86</td></tr></table> | 38,942.86 |
| YYYY | | | | | | |
| 2019 | | | | | | |
| | | | | | | |
| 38,942.86 | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period..... | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">38,942.86</td></tr></table> | 38,942.86 | | | | |
| 38,942.86 | | | | | | |
| (c) Total Receipts (from Line 19) | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.00</td></tr></table> | 0.00 | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.00</td></tr></table> | 0.00 | | |
| 0.00 | | | | | | |
| 0.00 | | | | | | |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">38,942.86</td></tr></table> | 38,942.86 | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">38,942.86</td></tr></table> | 38,942.86 | | |
| 38,942.86 | | | | | | |
| 38,942.86 | | | | | | |
| 7. Total Disbursements (from Line 31)..... | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">21.15</td></tr></table> | 21.15 | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">21.15</td></tr></table> | 21.15 | | |
| 21.15 | | | | | | |
| 21.15 | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">38,921.71</td></tr></table> | 38,921.71 | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">38,921.71</td></tr></table> | 38,921.71 | | |
| 38,921.71 | | | | | | |
| 38,921.71 | | | | | | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table> | | | | | |
| | | | | | | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table> | | | | | |
| | | | | | | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

Write or Type Committee Name

Drug Policy Reform Fund

Report Covering the Period: From:

MM ' DD ' YYYY
01 ' 01 ' 2019

To:

MM ' DD ' YYYY
03 ' 31 ' 2019

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).....

0.00

0.00

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0.00

0.00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. 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.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

0.00

0.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

0.00

0.00

2025 RELEASE UNDER E.O. 14176

DETAILED SUMMARY PAGE
of Disbursements

| 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 | | | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | | 21,15 | 21,15 |
| 22. Transfers to Affiliated/Other Party Committees..... | | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | | | |
| 24. Independent Expenditures (use Schedule E) | | | |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | | | |
| 26. Loan Repayments Made..... | | | |
| 27. Loans Made..... | | | |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | | 0.00 | 0.00 |
| (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 (Including Non-Federal Donations)..... | | | |
| 30. Federal Election Activity (52 U.S.C. § 30101(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)) .. | | 21,15 | 21,15 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | | 21,15 | 21,15 |

2025 RELEASE UNDER E.O. 14176

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 / OF /

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <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)

Drug Policy Reform Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A.

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

B.

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

C.

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

_____ 0.00

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

_____ 0.00

**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) | | | | | | PAGE / OF / | | |
| | <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) <i>DRUG POLICY ALLIANCE</i> | | Date of Disbursement MM / DD / YYYY <i>01 / 09 / 2019</i> | |
| Mailing Address <i>131 WEST 33RD STREET 15th FL</i> | | FEC Identification Number <i>C 1194065</i> | |
| City <i>NEW YORK</i> | State <i>NY</i> | Zip Code <i>10001</i> | Amount of Each Disbursement this Period <i>21.15</i> |
| Purpose of Disbursement <i>COURIER SERVICE</i> | | Category/Type <i>001</i> | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: _____ District: _____ | | | |

| | | | |
|---|--|---------------------------|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | |
| Mailing Address | | FEC Identification Number | |
| City | State | Zip Code | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | Category/Type | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: _____ District: _____ | | | |

| | | | |
|---|--|---------------------------|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | |
| Mailing Address | | FEC Identification Number | |
| City | State | Zip Code | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | Category/Type | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: _____ District: _____ | | | |

| | |
|---|--------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | <i>21.15</i> |
| TOTAL This Period (last page this line number only).....▶ | <i>21.15</i> |

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DRUG POLICY ALLIANCE
131 WEST 33RD STREET
15TH FLOOR
NEW YORK, NY 10001
UNITED STATES US

SHIP DATE: 12APR19
ACTWGT: 0.50 LB
CAD: 103348557/INET4100

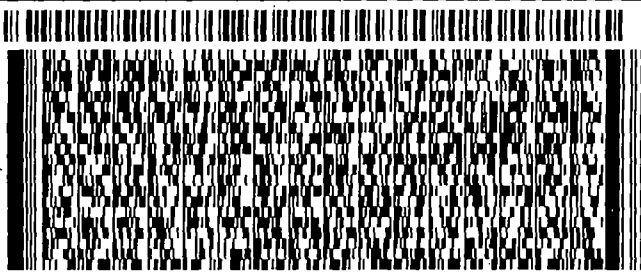
BILL SENDER

TO FEDERAL ELECTION COMMISSION
FEDERAL ELECTION COMMISSION
1050 FIRST STREET, N.E.

WASHINGTON DC 20463

(202) 694-1100 REF:
INV: DEPT:
PO:

565J107E523AD



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Express

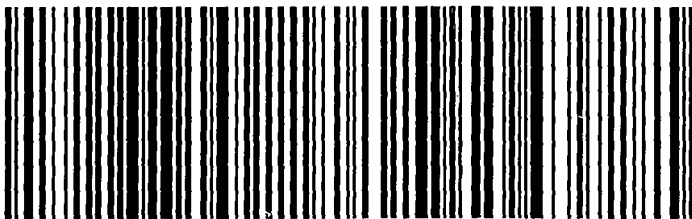


MON - 15 APR 10:30A
PRIORITY OVERNIGHT

TRK# 7749 5692 6805
0201

SA RDVA

20463
DC-US IAD



Extremely Urgent

RT 723

2 10:30

6805
04.15

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.

| | |
|--|--|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
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| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i> | Shipping Date <i>4-17-2019</i> Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
| <i>Bev</i> PREPARER | <i>4-15-2019</i> DATE PREPARED |

(3/2015)

20190415 10:00 AM