

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2013 JUL -9 AM 11:20

Office Use Only **FED MAIL CENTER**

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**  
 Check if different than previously reported. (ACC) **NEW YORK NY 10001-**

2. **FEC IDENTIFICATION NUMBER** **C00461236** CITY STATE ZIP CODE

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)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)

Election on [ ] / [ ] / [ ] in the State of [ ]

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on [ ] / [ ] / [ ] in the State of [ ]

5. Covering Period **07 01 2013** through **06 30 2013**

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 *R Chavez* Date **07 08 2013**

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

Office Use Only									
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**FEC FORM 3X**  
Rev. 12/2004

13031082670

**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' 2013**

To:

**06' 30' 2013**

**COLUMN A  
This Period**

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

6. (a) Cash on Hand January 1, <b>2013</b>		<b>849635</b>
(b) Cash on Hand at Beginning of Reporting Period.....	<b>849635</b>	
(c) Total Receipts (from Line 19).....	<b>500000</b>	<b>500000</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<b>1349635</b>	<b>1349635</b>
7. Total Disbursements (from Line 31).....	<b>428141</b>	<b>428141</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<b>921494</b>	<b>921494</b>
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

13031082671

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

*DRUG POLICY REFORM FUND*

Report Covering the Period:

From:

*01 ' 01 ' 2013*

To:

*06 ' 30 ' 2013*

**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).....

*500000*

*500000*

(ii) Unitemized .....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(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) .....

*500000*

*500000*

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)).....▶

*500000*

*500000*

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

*500000*

*500000*

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**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)) .....

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 (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))..

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

108141

108141

320000

320000















428141

428141

428141

428141

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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)) .....	108141	108141
37. Offsets to Operating Expenditures (from Line 15, page 3).....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	108141	108141

FEGAN026

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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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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. Full Name (Last, First, Middle Initial)  
**ZIMMER, GEORGE**

Date of Receipt

**05 / 13 / 2013**

Mailing Address  
**40650 ENCYCLOPEDIA CIRCLE**

Amount of Each Receipt this Period

**5,000.00**

City State Zip Code  
**FREMONT CA 94538**

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

Name of Employer Occupation  
**THE MEN'S WEARHOUSE CEO**

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ **5,000.00**

B. Full Name (Last, First, Middle Initial)

Date of Receipt

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Mailing Address

Amount of Each Receipt this Period

\_\_\_\_\_

City State Zip Code

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

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ \_\_\_\_\_

C. Full Name (Last, First, Middle Initial)

Date of Receipt

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Mailing Address

Amount of Each Receipt this Period

\_\_\_\_\_

City State Zip Code

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

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ \_\_\_\_\_

**SUBTOTAL** of Receipts This Page (optional).....▶ **5,000.00**

**TOTAL** This Period (last page this line number only).....▶ **5,000.00**

13031082675

**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**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF DICK DURBIN**

Date of Disbursement

**06 / 13 / 2013**

Mailing Address

**236 MASSACHUSETTS AVENUE NE**

City

**WASHINGTON**

State

**DC**

Zip Code

**20002**

Purpose of Disbursement

**POLITICAL CONTRIBUTION**

**011**

Candidate Name

**DICK DURBIN**

Category/  
Type

Amount of Each Disbursement this Period

**120000**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: **IL**

District:

Full Name (Last, First, Middle Initial)

**B. BETO O'ROURKE FOR CONGRESS CAMPAIGN**

Date of Disbursement

**06 / 19 / 2013**

Mailing Address

**500 WEST OVERLAND**

City

**EL PASO**

State

**TX**

Zip Code

**79901**

Purpose of Disbursement

**POLITICAL CONTRIBUTION**

**011**

Candidate Name

**BETO O'ROURKE**

Category/  
Type

Amount of Each Disbursement this Period

**100000**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: **TX**

District: **16<sup>D</sup>**

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO RE-ELECT ROHRBACHER**

Date of Disbursement

**06 / 27 / 2013**

Mailing Address

**14833 CHASSET STREET**

City

**VAN NUYS**

State

**CA**

Zip Code

**91405**

Purpose of Disbursement

**POLITICAL CONTRIBUTION**

**011**

Candidate Name

**DANA ROHRBACHER**

Category/  
Type

Amount of Each Disbursement this Period

**100000**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: **CA**

District: **48<sup>TH</sup>**

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

**320000**

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

**320000**

13031082676

**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

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NAME OF COMMITTEE (In Full)

**DRUG POLICY REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. DRUG POLICY ALLIANCE**

Date of Disbursement

Mailing Address

**131 WEST 33<sup>RD</sup> STREET 15<sup>TH</sup> FLOOR**

**01 / 11 / 2013**

City

**NEW YORK**

State

**NY**

Zip Code

**10001**

Purpose of Disbursement

**OVERHEAD EXPENSES**

**001**

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

**4825**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. DRUG POLICY ALLIANCE**

Date of Disbursement

Mailing Address

**131 WEST 33<sup>RD</sup> STREET 15<sup>TH</sup> FLOOR**

**05 / 02 / 2013**

City

**NEW YORK**

State

**NY**

Zip Code

**10001**

Purpose of Disbursement

**OVERHEAD EXPENSES**

**001**

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

**3316**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. DRUG POLICY ACTION**

Date of Disbursement

Mailing Address

**131 WEST 33<sup>RD</sup> STREET 15<sup>TH</sup> FLOOR**

**05 / 02 / 2013**

City

**NEW YORK**

State

**NY**

Zip Code

**10001**

Purpose of Disbursement

**ANNUAL ADMINISTRATION FEE**

**001**

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

**1000.00**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

**108141**

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

**108141**

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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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *FedEx* Shipping Date  
*7/8/13*  
 Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

*Am10*  
 PREPARER

*7/9/13*  
 DATE PREPARED

13031082678