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FEC FORM 3X	REPORT OF RE AND DISBURSE For Other Than An Authorize	MENTS	RECEIV 2012 OCT 19 A	H II: 35
1. NAME OF COMMITTEE (in fi		xample: If typing, type ver the lines.	12FE4M5	ENTER
$ \begin{array}{c} \text{Over the lines.} \\ \hline \\ D_{R} \bigcup_{i} G_{i} & P_{i} \bigcup_{i} L_{i} \bigcup_{i} C_{i} \bigvee_{i} R_{i} E_{i} F_{i} \bigcup_{i} R_{i} \bigvee_{i} F_{i} \bigcup_{i} N_{i} \overleftrightarrow_{i} \\ \hline \\ \text{ADDRESS (number and street)} \\ \hline \\ \hline \\ \text{Check if different than previously reported. (ACC)} \\ \hline \\ \hline \\ \text{Check If different than previously reported. (ACC)} \\ \hline \\ \hline \\ \text{CITY} \blacktriangle \\ \hline \\ \text{CITY} \bigstar \\ \hline \\ \text{STATE} \bigstar \\ \hline \\ \text{STATE} \bigstar \\ \hline \\ \text{STATE} \bigstar \\ \hline \\ \text{CIP CODE} \bigstar \\ \hline \\ \text{COMMINT EE (IN TURK)} \\ \hline \\ \hline \\ \text{COMMINT EE (IN TURK)} \\ \hline \\ \hline \\ \text{COMMINT EE (IN TURK)} \\ \hline \\ \hline \\ \text{COMMINT EE (IN TURK)} \\ \hline \\ \hline \\ \text{CITY} \bigstar \\ \hline \\ \text{STATE} \bigstar \\ \hline \\ \text{CITY} \bigstar \\ \hline \\ \text{STATE} \bigstar \\ \hline \\ \text{CITY} \bigtriangleup \\ \hline \\ \text{CITY} \bigstar \\ \hline \\ \text{STATE} \bigstar \\ \hline \\ \text{CITY} \bigstar \\ \hline \\ \text{CITY} \bigstar \\ \hline \\ \text{STATE} \bigstar \\ \hline \\ \text{CITY} \bigstar \\ \hline \\ \text{CITY} \bigstar \\ \hline \\ \text{CITY} \bigstar \\ \hline \\ \text{STATE} \bigstar \\ \hline \\ \text{CITY} \bigstar \\ \hline \\ \text{CITY} \bigstar \\ \hline \\ \text{STATE} \bigstar \\ \hline \\ \text{CITY} \bigstar \\ \hline \\ \text{STATE} \bigstar \\ \hline \\ \ \\ \text{CITY} \bigstar \\ \hline \\ \ \\ \ \\ \ \\ \ \\ \ \\ \ \\ \ \\ \ \\ \$				
2. FEC IDENTIFICA $C_0, 0, 4, 6$			AMENDED (A)	
July 15 Quarterly October 1 Quarterly January 3 Year-End July 31 M Report (N Year Only	Report Peb 20 (M Report Due On: Mar 20 (M Due On: Apr 20 (M (c) 12-Day PRE-Election Report (Q2) PRE-Election Report for the: 5 Report (Q3) Election on Id-Year (d) 30-Day ion-election Report for the: Image: Comparison on the comparison	3) 🗍 Jun 20 (M6) 4) 🗍 Jul 20 (M7)		 Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) state of Special (30S)
(TER) . Covering Period	Election on	through		in the state of
I certify that I have examined this Report and to the best of my knewledge and belief it is true, correct and complete. Type or Print Name of Treasurer RYAN CHAVEZ Signature of Treasurer Date Date Date Date Date Date Date Date				
FEGAN026				FORM 3X Rev. 12/2004

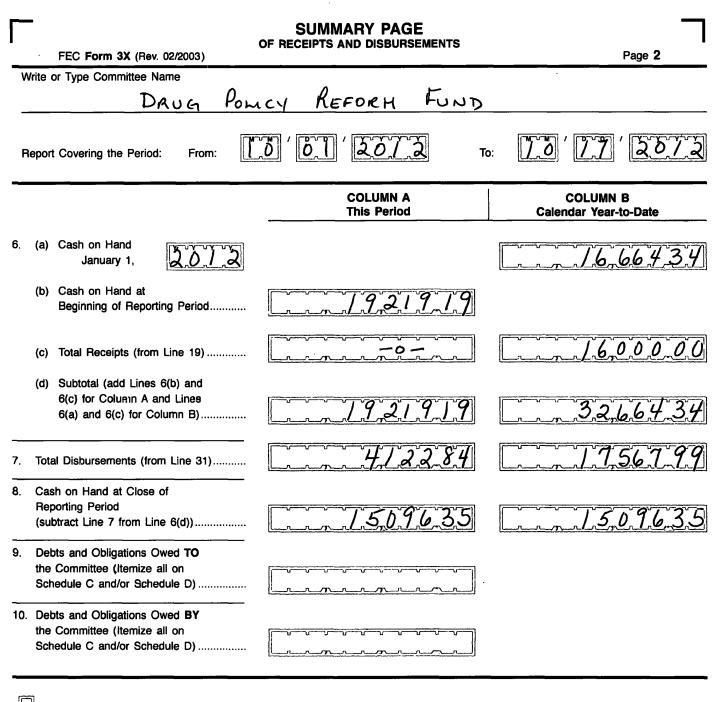
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This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

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

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and the second

DETAILED SUMMARY PAGE			
_	FEC Form 3X (Rev. 06/2004)		Page 3
Write or Type Committee Name DRUG POLICY REFORM FUND			
R	eport Covering the Period: From:	Ő' [Ő] ' [2072 Tr	. 10 177 1 2072
_	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)		<u> </u>
	(ii) Unitemized	L	
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)	Lanna man	L
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs) (d) Total Contributions (add Lines	L.r.r.m.r.m.r.m.	Langer and and and
	11(a)(iii), (b), and (c)) (Carry		المحمد
	Totals to Line 33, page 5)		1500000
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.	Refudds at Contributions Made		
	to Federal Candidates and Other		10000
17	Political Committees Other Federal Receipts	Langer manager and the second	
•••	(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))		
10	Total Bossints (add Lincs 11/d)		ر <u>سے سے بھی ہے۔</u>
19.	Total Receipts (add Lines 11(d),		16,00000
	12, 13, 14, 15, 16, 17, and 18(c))►	L	
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►		<u> </u>

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DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

Page 4

06

50000

COLUMN B

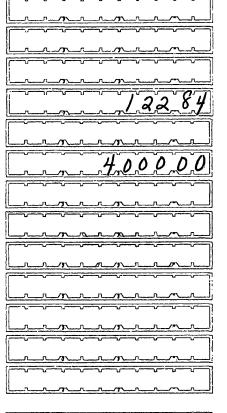
Calendar Year-to-Date

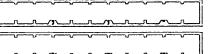
II. Disbursements 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)

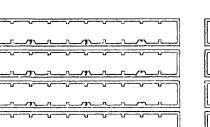
FEC Form 3X (Rev. 02/2003)

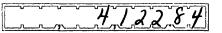
Federal Share (i) (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶ 22. Transfers to Affiliated/Other Party Committees...... Contributions to 23. Federal Candidates/Committees and Other Political Committees...... 24. Independent Expenditures (use Schedule E)..... Ceordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... 25. 26. Loan Repayments Made 27. Loans Made .. 28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees

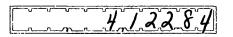
- (b) Political Party Committees(c) Other Political Committees
- (such as PACs).....
- (d) Total Contribution Refunds
 (add Lines 28(a), (b), and (c))......
- 29. Other Disbursements
- 30. Federal Election Activity (2 U.S.C. §431(20))
 - (a) Allocated Federal Election Activity
 (from Schedule H6)
 (i) 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))....▶
- Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))...
- Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)......

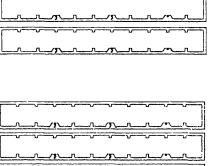












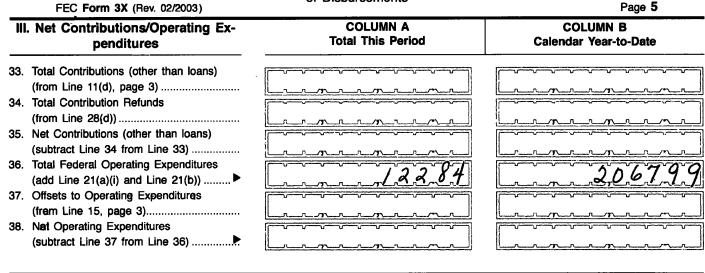




FE6AN026

DETAILED SUMMARY PAGE

of Disbursements



FE6AN026

SCHEDULE B (FEC Form 3X)			NUMBER: PAGE / OF /
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the net	nents may not be sold or used ne and address of any political	by any perso committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	~ —		
DRUG POLICY	REFORM FUNT	>	
Full Name (Last, First, Middle Initial)			
A. DRUG POLICY ALLIANCE			Date of Disbursement
Mailing Address 131 W, 33 rd Str		FI.	
NEW YORK	State Zip Code	01	
Purpose of Disbursement DIECHEAD EXPENS	erc I	111	Amount of Each Disbursement this Period
Candidate Name	L	Category/	
Office Sought: House Disburser	ment For:	Туре	Langer Ardren Z
Senate	Primary General		
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			
В.			Date of Disbursement
Mailing Address			
City	State Zip Code	-	
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name	Ľ	Cotogory	
		Category/ Type	Langer grand
Office Sought: House Disburser Senate	nent For: Primary General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
· · · · · · · · · · · · · · · · · · ·			<u>ראיזאיאט</u> (<u>רסיס</u>) (<u>ראיזאיש</u>)
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
Candidate Name Category/			Amount of Each Disbursement this Period
		Туре	<u> </u>
Office Sought: House Disburse	ment For: Primary 🗍 General		
President	Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			<u>/2284</u>
TOTAL This Period (last page this line number only	TOTAL This Period (last page this line number only)		

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SCHEDULE B (FEC Form 3X)	FOR	INE NUMBER: PAGE / OF 2		
ITEMIZED DISBURSEMENTS		only one)		
	Detailed Summary Page	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
Any information copied from such Reports and State or for commercial purposes, other than using the nar	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 DF COMMITTEE (In Full)				
	REFORM FUND			
Full Name (Last, First, Middle Initial) A. Scott PETERS For	CONGRESS			
Mailing Address 4715 VIEWRIDGE A	70 11 2012			
City SAN DIEGO Purpose of Disbursement	CA Zip Code 92/23			
POLITICAL CONTRIE		Amount of Each Disbursement this Period		
SCOTT PETER	- · · · · · · · · · · · · · · · · · · ·	"		
Office Sought: House Disburse Senate President	ment For: Primary General			
State: CA District: 52 "	Other (specify)			
Full Name (Last, First, Middle Initial)				
B. FRIENDS OF DAN	MAFFEI	Date of Disbursement		
Mailing Address P.O. BOX 23	0			
City SYRACUSE				
Purpose of Disbursement POLINCAL CONTRIBU	ισι	Amount of Each Disbursement this Period		
Candidate Name DAN MAFFE	" 1 <u>00000</u>			
	ment For: Primary			
State: NY District: 24 ³	Other (specify)			
Full Name (Last, First, Middle Initial) C.		Date of Disbursement		
C. JEFFRIES FOR (LONGRESS			
Mailing Address 39 BROADWAY	5.1540	10 16 2012		
City NEW YORK	State Zip Code			
Purpose of Disbursement POLTICAL CONTRIBU	Amount of Each Disbursement this Period			
	FRIES Categor Type	$" \qquad \boxed{ 100000}$		
Office Sought: House Disburse Senate President	Primary General			
State: NY District: 8 th	Other (specify)			

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SCHEDULE B (FEC Form 3X)	NUMBER: PAGE 2 OF 2			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b 27	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar	nents may not be sold or used ne and address of any political	by any perso	n for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)				
/ DRUG POLICY K	CEFORM FUR	U		
Full Name (Last, First, Middle Initial)	<u>.</u>			
A. FRIENDS OF JULIAN SCHREIBMAN			Date of Disbursement	
Mailing Address P.O. Box 3151			10 10 201 X	
	State Zip Code	20		
POLITICAL CONTRIA	BUTION	077	Amount of Each Disbursement this Period	
Candidate Name JULIAN SCHRE	BMAN	Category/ Type	100000	
Office Sought: House Disburse	ment For: Primary X General			
State: NY District: 19 th	Other (specify)			
Full Name (Last, First, Middle Initial)				
В.			Date of Disbursement	
Mailing Address				
City	State Zip Code			
Purpose of Disbursement			Amount of Each Disbursement this Period	
Candidate Name Category/ Type				
Office Sought: House Disburse	ment For:			
Senate President	Primary General Other (specify)	ľ		
State: District:	· · · ·			
Full Name (Last, First, Middle Initial) C.			Date of Disbursement	
Mailing Address				
City	State Zip Code		<u></u>	
Purpose of Disbursement				
Candidate Name Category/ Type			Amount of Each Disbursement this Period	
	ment For:			
State: District:	Primary General Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional)		•••••••	<u> </u>	
TOTAL This Period (last page this line number only)	••••• •	4,0,0,0,0,0	

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Ne	xt Business Day Delivery	
Received from House Records & Registration C	Date of Receipt	
Received from Senate Public Records Office	Date of Receipt	
Received from Electronic Filing Office	Date of Receipt	
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Amp	10/19/12	
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