

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

2. FEC IDENTIFICATION NUMBER C00389882 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

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 Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 07 01 2007 through 12 31 2007

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 02 25 2008

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 9: 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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		26474.09
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	39545.09									
(c) Total Receipts (from Line 19)	17634.40	69055.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57179.49	95529.49								
7. Total Disbursements (from Line 31)	31241.56	69591.56								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25937.93	25937.93								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	2600.00	48700.00
(i) Itemized (use Schedule A)	15034.40	19355.40
(ii) Unitemized	17634.40	68055.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	17634.40	68055.40
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	1000.00
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))	17634.40	69055.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17634.40	69055.40

DETAILED SUMMARY PAGE

of Disbursements

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.....	4741.56	4741.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	4741.56	4741.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26500.00	64850.00
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	0.00
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))..	31241.56	69591.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31241.56	69591.56

DETAILED SUMMARY PAGE
of Disbursements

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)	17634.40	68055.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17634.40	68055.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4741.56	4741.56
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4741.56	4741.56

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 20
(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)
Mett B. Ausley

Mailing Address 3412 Waccamaw Shores Rd.

City State Zip Code
Lake Waccamaw NC 28450-9442

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 03 / 2007

Transaction ID: SA11AI.6173

Amount of Each Receipt this Period 125.00

B.

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

Mailing Address 3412 Waccamaw Shores Rd.

City State Zip Code
Lake Waccamaw NC 28450-9442

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 03 / 2007

Transaction ID: SA11AI.6263

Amount of Each Receipt this Period 125.00

C.

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

Mailing Address 3412 Waccamaw Shores Rd.

City State Zip Code
Lake Waccamaw NC 28450-9442

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2007

Transaction ID: SA11AI.6350

Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) 375.00

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 7 / 20
(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

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NAME OF COMMITTEE (In Full)
Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

<p>A. Full Name (Last, First, Middle Initial) Mett B. Ausley</p> <p>Mailing Address 3412 Waccamaw Shores Rd.</p> <p>City State Zip Code <u>Lake Waccamaw</u> NC 28450-9442</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 625.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2007</p> <p>Transaction ID: SA11AI.6692</p> <p>Amount of Each Receipt this Period 125.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Mett B. Ausley</p> <p>Mailing Address 3412 Waccamaw Shores Rd.</p> <p>City State Zip Code <u>Lake Waccamaw</u> NC 28450-9442</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 03 / 2007</p> <p>Transaction ID: SA11AI.6990</p> <p>Amount of Each Receipt this Period 125.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Randall M. Bryan</p> <p>Mailing Address 8214 Harvest Bend Ln. Apt. 22</p> <p>City State Zip Code <u>Laurel</u> MD 20707-6131</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 18 / 2007</p> <p>Transaction ID: SA11AI.7033</p> <p>Amount of Each Receipt this Period 300.00</p>
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SUBTOTAL of Receipts This Page (optional)	550.00
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 / 20
	<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

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NAME OF COMMITTEE (In Full)
Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.	Full Name (Last, First, Middle Initial) James Cook		Date of Receipt
	Mailing Address 43 Musconetcong River Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Hampton	NJ	08827-3021
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
	Name of Employer		Occupation
Receipt For: 2008		Aggregate Year-to-Date ▼	Transaction ID: SA11AI.6964
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify) ▼			<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) Laurence Dorcy		Date of Receipt
	Mailing Address 12227 Colina Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Los Altos Hills	CA	94024-5212
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
	Name of Employer		Occupation
Receipt For: 2008		Aggregate Year-to-Date ▼	Transaction ID: SA11AI.6712
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify) ▼			<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Daniel Drake		Date of Receipt
	Mailing Address 369 Marion Ave.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Mill Valley	CA	94941-2687
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
	Name of Employer		Occupation
Receipt For: 2008		Aggregate Year-to-Date ▼	Transaction ID: SA11AI.6714
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 225.00	Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify) ▼			<input type="text"/> 225.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 525.00
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 / 20
	<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	

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NAME OF COMMITTEE (In Full)
Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)
Leonard Epstein

Mailing Address 8 Corwin Dr.

City State Zip Code
Derry NH 03038

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.6419

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ben P. Jones

Mailing Address P.O. Box 323

City State Zip Code
Williams OR 97544-0323

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.7026

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 27141 Lerma

City State Zip Code
Mission Viejo CA 92691

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

Name of Employer Self Employed Occupation
Hearing Instrument Specialist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.6029

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **550.00**

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 10 / 20
	<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	

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NAME OF COMMITTEE (In Full)
 Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.	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 08 / 01 / 2007
	City	State	Zip Code
	Mission Viejo	CA	92691
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6160
Name of Employer Self Employed		Occupation Hearing Instrument Specialist	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 400.00	

B.	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 09 / 01 / 2007
	City	State	Zip Code
	Mission Viejo	CA	92691
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6253
Name of Employer Self Employed		Occupation Hearing Instrument Specialist	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 450.00	

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 10 / 01 / 2007
	City	State	Zip Code
	Mission Viejo	CA	92691
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6339
Name of Employer Self Employed		Occupation Hearing Instrument Specialist	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 150.00
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 11 / 20
(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

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NAME OF COMMITTEE (In Full)
Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)
Robert A. Shinstrom

Mailing Address P.O. Box 2845

City State Zip Code
Kirkland WA 98083-2845

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2007

Transaction ID: SA11AI.6278

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Robert A. Shinstrom

Mailing Address P.O. Box 2845

City State Zip Code
Kirkland WA 98083-2845

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 11 / 2007

Transaction ID: SA11AI.6358

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Robert A. Shinstrom

Mailing Address P.O. Box 2845

City State Zip Code
Kirkland WA 98083-2845

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 11 / 2007

Transaction ID: SA11AI.6832

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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 12 / 20	
	(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

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NAME OF COMMITTEE (In Full)
Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial) Robert A. Shinstrom		Date of Receipt	
Mailing Address P.O. Box 2845		M M / D D / Y Y Y Y Y 1 2 / 1 1 / 2 0 0 7	
City	State	Zip Code	Transaction ID: SA11AI.7006
Kirkland	WA	98083-2845	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		100.00	
Name of Employer	Occupation		
Receipt For: 2008	Aggregate Year-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	600.00		
<input type="checkbox"/> Other (specify) ▼			

B.

Full Name (Last, First, Middle Initial) Wolfgang W. Wolf		Date of Receipt	
Mailing Address 20 E. 19th St. Apt. 109		M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 7	
City	State	Zip Code	Transaction ID: SA11AI.6988
Minneapolis	MN	55403-3741	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		50.00	
Name of Employer	Occupation		
Receipt For: 2008	Aggregate Year-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	225.00		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	2600.00

**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)

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<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)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A. Full Name (Last, First, Middle Initial) COHEN, STEPHEN IRA <hr/> Mailing Address 349 KENILWORTH <hr/> City MEMPHIS State TN Zip Code 38112 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.5958 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 7	
	Amount of Each Disbursement this Period <input type="text"/> 3000.00	
	Full Name (Last, First, Middle Initial) CONYERS FOR CONGRESS <hr/> Mailing Address 1031 N EDGEWOOD STREET <hr/> City ARLINGTON State VA Zip Code 22201 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.5955 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 7
	Amount of Each Disbursement this Period <input type="text"/> 2500.00	
C. Full Name (Last, First, Middle Initial) DEMOCRATIC FRESHMEN PAC <hr/> Mailing Address 607 14th Street NW Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.5971 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 7	
	Amount of Each Disbursement this Period <input type="text"/> 2500.00	

SUBTOTAL of Disbursements This Page (optional) ►

8000.00

TOTAL This Period (last page this line number only) ►

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)

<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)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)
HIRONO, MAZIE MRS.

Mailing Address P.O. Box 677

City Honolulu State HI Zip Code 96809

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5965

Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
HODES, PAUL W

Mailing Address 26 South Main St.#253

City Concord State NH Zip Code 03301

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5962

Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
LOEBSACK FOR CONGRESS

Mailing Address PO Box 1457

City Iowa City State IA Zip Code 52244

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5982

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

**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)

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<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)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)
REPUBLICAN MAINSTREET PARTNERSHIP PAC

Transaction ID: SB23.5976

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	7

Mailing Address c/o G&W 2201 Wisconsin Ave. NW
Suite 320

Amount of Each Disbursement this Period

5000.00

City Washington State DC Zip Code 20007

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
ROBERT WEXLER FOR CONGRESS COMMITTEE

Transaction ID: SB23.5983

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Mailing Address Post Office Box 810669

Amount of Each Disbursement this Period

1000.00

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
SANCHEZ, LINDA

Transaction ID: SB23.5969

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	8		2	0	0	7

Mailing Address 601 S GLENOAKS BLVD #211

Amount of Each Disbursement this Period

2000.00

City BURBANK State CA Zip Code 91502

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

8000.00

TOTAL This Period (last page this line number only) ►

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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)

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<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)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.	Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS	Transaction ID: SB23.5975 Date of Disbursement 12 / 13 / 2007	
	Mailing Address P.O. BOX 5130		
	City EVANSTON State IL Zip Code 60204	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) TIM WALZ FOR US CONGRESS	Transaction ID: SB23.5956 Date of Disbursement 12 / 18 / 2007	
	Mailing Address PO BOX 938		
	City MANKATO State MN Zip Code 56002	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
C.	Full Name (Last, First, Middle Initial) TSONGAS, NICOLA S	Transaction ID: SB23.5993 Date of Disbursement 08 / 23 / 2007	
	Mailing Address 52 LAWRENCE DRIVE		
	City LOWELL State MA Zip Code 01854	Amount of Each Disbursement this Period	2000.00
	Purpose of Disbursement		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)
UDALL FOR COLORADO INC

Mailing Address 8690 Wolff Court #200

City State Zip Code
Westminster CO 80031

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.5979

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
UDALL FOR COLORADO INC

Mailing Address 8690 Wolff Court #200

City State Zip Code
Westminster CO 80031

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.5973

Date of Disbursement

12 / 12 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

26500.00

Image# 28990515727

Form/Schedule: **SA16** (Contribution itemized in Schedule B)

Transaction ID: **SA16.5994**

Form/Schedule: **SB23** (Contribution refunded - see memo text in Schedule A)

Transaction ID: **SB23.5993**
