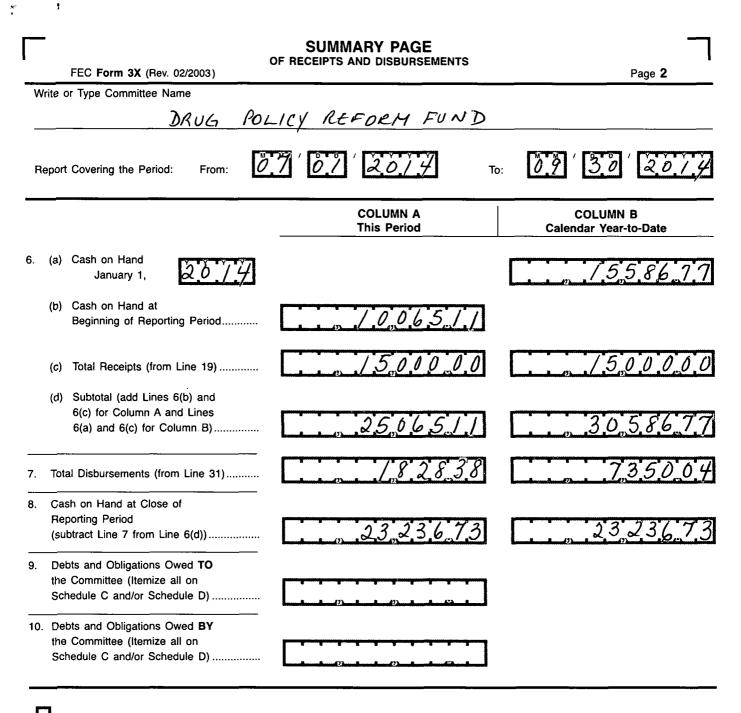
FEC FORM 3X	AND DIS	OF RECE BURSEME An Authorized Co	NTS	Office Use	RECEIVED
1. NAME OF COMMITTEE (in	TYPE OR PRINT T	Example over the	: If typing, type lines.	12FE4M5	TO MAIL CENTER
$[D_1R_1U_1G_1, P_1O_1]$	$L_1C_1$ , $R_1E_1F_1O_1R_1$	H, FUND		<u>   _ _ _ _   _ </u>	
		.1.1.1.1.1.1			
ADDRESS (number an	d street) 1/31/10/6	ST 33rd	STREET	- 	
Check if diff than previou reported. (A	sly LELL			$ \mathcal{N}_1 \mathcal{X}  =  \mathcal{I}_1 \mathcal{O}_1 \mathcal{O}$	<u> </u>
	61236	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	
July 15 Quarter October Quarter January Year-Er July 31 Report Year Or	ports: y Report (Q1) y Report (Q2) y Report (Q2) y Report (Q2) y Report (Q3) y 31 d Report (YE) Mid-Year (Non-election hy) (MY) Report (d) 30-Day POST	Election t for the: Cor Election on C y -Election Ger t for the: Election on C	May 20 (M5) Jun 20 (M6) Jul 20 (M7) hary (12P) (vention (12C) (M) / (D) / ( heral (30G) (M) / (D) / ( hrough	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) Runoff (30R)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) Special (30S) in the State of
I certify that I have of Type or Print Name Signature of Treasur	PI	the best of my knowled AN CHAVEZ	lge and belief it is tru 2	Date	9 ' 2074 es of 2 U.S.C. §437g.
					FORM 3X ev. 12/2004

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HIGHL HND. HOW

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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

FE6AN026

FEC Form 3X (Rev. 06/2004) DETAILED SUMMARY PAGE			
Write or Type Committee Name	DRUG POMCY REFORM		
Report Covering the Period: Fro	m: 07 07 2014	то: 0.9 / 3.0 / 2014	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
<ol> <li>Contributions (other than loans) F         <ul> <li>(a) Individuals/Persons Other</li> <li>Than Political Committees</li> <li>(i) Itemized (use Schedule A</li> <li>(ii) Unitemized</li></ul></li></ol>	)	0	
Lines 11(a)(i) and (ii) (b) Political Party Committees (c) Other Political Committees (such as PACs)			
<ul> <li>(d) Total Contributions (add Line 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)</li> <li>12. Transfers From Affiliated/Other Party Committees</li> </ul>		0 1500000	
13. All Loans Received			
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditure (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)</li> </ol>	s		
<ol> <li>Refunds of Contributions Made to Federal Candidates and Other Political Committees</li> </ol>			
17. Other Federal Receipts (Dividends, Interest, etc.)			
<ol> <li>Transfers from Non-Federal and (a) Non-Federal Account (from Schedule H3)</li> </ol>	Levin Funds		
(b) Levin Funds (from Schedule	H5)		
(c) Total Transfers (add 18(a) an	d 18(b))		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c	),	00 /500000	
20. Total Federal Receipts (subtract Line 18(c) from Line 19	»)	0.0	

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#### DETAILED SUMMARY PAGE

of Disbursements

## FEC Form 3X (Rev. 02/2003)

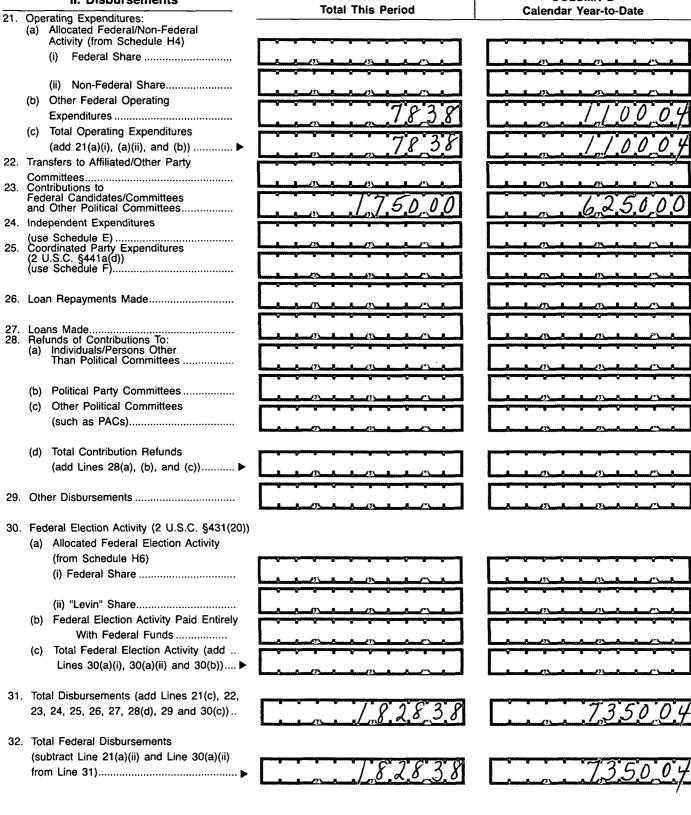
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#### **II. Disbursements**

# COLUMN A

COLUMN B

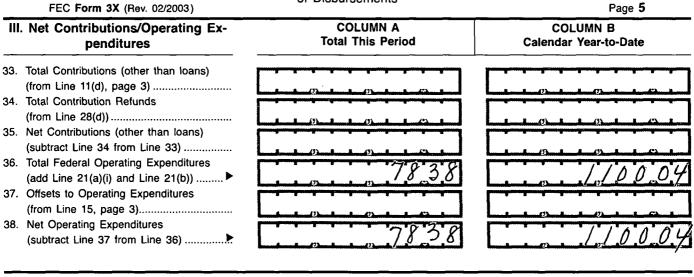
Page 4



FE6AN026

### **DETAILED SUMMARY PAGE**

of Disbursements



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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         OF           (check only one)         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and State for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) DRUG	POL	ICY REFORM	Y FUND
A.	Full Name (Last, First, Middle Initial) GRANIER / ROB	ERT	Α.	Date of Receipt
	Mailing Address	E State	APT. 23A	0710712014
		~	Zip Code 10003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C .		5,000,00
		Occupation	AGING DIRECTOR	-
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
_	Other (specify) ▼	L	500000	
В.	Full Name (Last, First, Middle Initial)	М.		Date of Receipt
	Mailing Address 2710 INVERNE			0.7 23 20.7.4
	City LA JOLLA	State CA	Zip Code 92037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		5,000,00
	Name of Employer	Occupation	RETIRED	
	Receipt For:	Aggregate	Year-to-Date ▼	
_	Other (specify) ▼		<u>A5,0.0.0,0.0</u>	
c	Full Name (Last, First, Middle Initial) HARVEY PHILI	P	۵.	Date of Receipt
	Mailing Address 1701 "K" STREE		N <u>S.900</u>	0810712014
	CityWASHINGTON	DC.	Zip Code 20006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C .		5,000,00
	Name of Employer DKT INTERNATIONAL	Occupation EX	ECUTIVE	
	Receipt For: Primary General	Aggregate	Year-to-Date V	1
-	Other (specify) V	L		<b>J</b>
	SUBTOTAL of Receipts This Page (optional)		······	15,00000
	TOTAL This Period (last page this line number or	only)		15,000,00

5

3

SCHEDULE B (FEC Form 3X)		FOR LINE N			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
	Detailed Summary Page	21b	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
Any information copied from such Reports and State or for commercial purposes, other than using the na		d by any perso	n for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)					
· · · · · · · · · · · · · · · · · · ·	ICY REFORM	FUND			
Full Name (Last, First, Middle Initial)			Date of Disbursement		
UDALL FOR US A	LL				
Mailing Address P.O. BOX 257	66		0.9 1/ 2014		
ALBUQUERQUE	State Zip Code 871.	25			
Purpose of Disbursement POLITICAL CONIRI	RUTION	077	Amount of Each Disbursement this Period		
Candidate Name	8011010	Category/			
TOM UDALL		Туре	/25000		
Office Sought: House Disburs Senate	ement For: Primary General				
President	Other (specify)				
State: NM District: 3 <sup>rd</sup>	<u></u>				
B			Date of Disbursement		
FRIENDS OF M	ICHELLE		N 7 / 2 8 / 5 6 7 7		
Mailing Address 7240 EVANS					
City MCLEAN	State Zip Code 22	101			
Purpose of Disbursement	, ,				
POLITICAL CONT	RIBUIION	0.1.1	Amount of Each Disbursement this Period		
MICHELLE LUJAW	GRISHAM	Category/ Type	50000		
Office Sought: V House Disburs	sement For:				
	Primary General Other (specify) ▼				
State: VA District: / ST	Outer (specity)				
Full Name (Last, First, Middle Initial)					
С.			Date of Disbursement		
Mailing Address					
City	State Zip Code				
Purpose of Disbursement		[]			
Candidate Name Category/			Amount of Each Disbursement this Period		
Office Sought: House Disbur	sement For:	Туре			
Senate President	Primary General Other (specify)				
State: District:	······································				
SUBTOTAL of Disbursements This Page (optiona	1)	►	1,750,00		
TOTAL This Period (last page this line number or	nly)	••••••	, 1,750,00		

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SCHEDULE B (FEC Form 3X)				PAGE / OF /
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b 27	22 23 28a 28b	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Any information copied from such Reports and State or for commercial purposes, other than using the name	ments may not be sold or used me and address of any political	by any person	n for the purpose o	soliciting contributions
NAME OF COMMITTEE (In Full)		5. J	7	
DRUG POLIC	Y REFORM	FUN	D D	
Full Name (Last, First, Middle Initial)				· <del>.</del> <del>.</del> .
A. CITIBANK, NA.			Date of Disburser	
Mailing Address			0.7 0	8 2014
City	State Zip Code			
Purpose of Disbursement				
BANK CHARGE	S	001	Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		/300
	ment For:			
President	Primary General Other (specify) ▼			
State:District:				
Full Name (Last, First, Middle Initial)			Date of Disburse	mont
DRUG POLICY ALLI	AWCE			
B. DRUG POLICY ALLI Mailing Address 131 W. 33 <sup>rd</sup>	STREET, 15th	F1.	0.7 0.	9 2014
City NEW YORK	State Zip Code	/		
Purpose of Disbursement		1171	Amount of Each	Disburgement this Period
OVERITE AD EXPENSES 0011. Candidate Name Category/			Amount of Each	Disbursement this Period $4322$
Office Sought: House Disburse	ement For:	Туре		
Senate	Primary General			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)	······································			<u> </u>
C. DRUG POLICY ALLI	ANCE		Date of Disburse	ment
Mailing Address 131 W, 33 d STRE	ET, 15° Fl.		0.8 /	5 2014
City NEW YORK A	State Zip Code			
Purpose of Disbursement OVERHEAD EX		A'0'7		
Candidate Name	PENSES	Category/	Amount of Each	Disbursement this Period
Office Sought: House Disburs	ement For:	Туре		<u>, , , , , , , , , , , , , , , , , , , </u>
Senate	Primary General			
State: District:	Other (specify)			
	· · · · · · · · · · · · · · · · · · ·			40.70
SUBTOTAL of Disbursements This Page (optional)		•		
TOTAL This Period (last page this line number on	y)	····· ►		1838

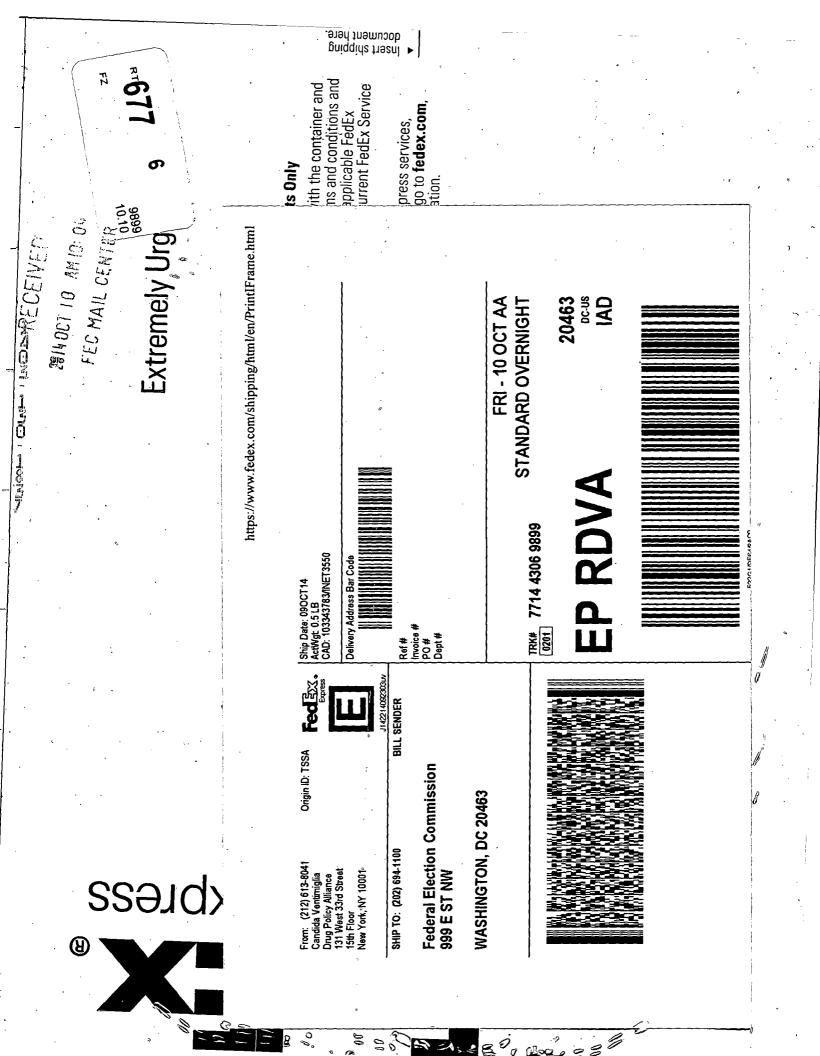
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate he	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	· ·
Overnight Delivery Service (Specify): Fed 6x	Shipping Date
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
Date of Re Other (Specify):	ceipt or Postmarked
	10/10/14
(8/2013)	DATE PREPARED