

**FEC
FORM 3X**

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

RECEIVED

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Office Use Only

FEC 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 ▼

CITY ▲

STATE ▲

ZIP CODE ▲

00461236

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) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- 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

07 / 01 / 2014

through

09 / 30 / 2014

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

10 / 09 / 2014

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

FEC FORM 3X
Rev. 12/2004

**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: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	<input type="text" value="2014"/>	<input type="text" value="15586.77"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="10065.11"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="15000.00"/>	<input type="text" value="15000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="25065.11"/>	<input type="text" value="30586.77"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1828.38"/>	<input type="text" value="7350.04"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="23236.73"/>	<input type="text" value="23236.73"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value=""/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value=""/>	

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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

DRUG POLICY REFORM FUND

Report Covering the Period: From:

07 / **07** / **2014**

To:

09 / **30** / **2014**

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).....

1500000

1500000

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

0

0

0

0

(b) Political Party Committees.....

0

0

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

0

0

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

1500000

1500000

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

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0

0

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

0

0

18. Transfers from Non-Federal and Levin Funds

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

0

0

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

0

0

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

0

0

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

1500000

1500000

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

1500000

1500000

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	78,38	1,100.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	78,38	1,100.04
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,750.00	6,250.00
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)) ..	1,828.38	7,350.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1,828.38	7,350.04

NON-FEDERAL

**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**

A. Full Name (Last, First, Middle Initial) **GRANIERI ROBERT A.**

Mailing Address **1 UNION SQUARE APT. 23A**

City **NEW YORK** State **NY** Zip Code **10003**

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

Name of Employer **JANE STREET CAPITAL** Occupation **MANAGING DIRECTOR**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **07 / 07 / 2014**

Amount of Each Receipt this Period **5000.00**

B. Full Name (Last, First, Middle Initial) **JACOBS IRWIN M.**

Mailing Address **2710 INVERNESS COURT**

City **LA JOLLA** State **CA** Zip Code **92037**

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

Name of Employer Occupation **RETIRED**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **07 / 23 / 2014**

Amount of Each Receipt this Period **5000.00**

C. Full Name (Last, First, Middle Initial) **HARVEY PHILIP D.**

Mailing Address **1701 "K" STREET, NW S. 900**

City **WASHINGTON** State **DC** Zip Code **20006**

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

Name of Employer **DKT INTERNATIONAL** Occupation **EXECUTIVE**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **08 / 07 / 2014**

Amount of Each Receipt this Period **5000.00**

SUBTOTAL of Receipts This Page (optional)..... **15000.00**

TOTAL This Period (last page this line number only)..... **15000.00**

1400111011001

**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

A. Full Name (Last, First, Middle Initial)
UDALL FOR US ALL

Mailing Address
P.O. BOX 25766

City **ALBUQUERQUE** State **NM** Zip Code **87125**

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
TOM UDALL

Office Sought: House Senate President
State: **NM** District: **3rd**

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
09 / 11 / 2014

Amount of Each Disbursement this Period
1250.00

Category/Type
011

B. Full Name (Last, First, Middle Initial)
FRIENDS OF MICHELLE

Mailing Address
7240 EVANS HILL ROAD

City **MCLEAN** State **VA** Zip Code **22101**

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
MICHELLE LUJAN GRISHAM

Office Sought: House Senate President
State: **VA** District: **1st**

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
07 / 10 / 2014

Amount of Each Disbursement this Period
500.00

Category/Type
011

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... **1750.00**

TOTAL This Period (last page this line number only)..... **1750.00**

**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 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. CITIBANK, NA.

Mailing Address

City State Zip Code

Purpose of Disbursement

BANK CHARGES

Candidate Name

0.01
Category/
Type

Date of Disbursement

07 / 08 / 2014

Amount of Each Disbursement this Period

13.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. DRUG POLICY ALLIANCE

Mailing Address **131 W. 33rd STREET, 15th FL.**

City **NEW YORK** State **NY** Zip Code **10001**

Purpose of Disbursement

OVERHEAD EXPENSES

Candidate Name

0.07
Category/
Type

Date of Disbursement

07 / 09 / 2014

Amount of Each Disbursement this Period

43.62

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. DRUG POLICY ALLIANCE

Mailing Address **131 W. 33rd STREET, 15th FL.**

City **NEW YORK** State **NY** Zip Code **10001**

Purpose of Disbursement

OVERHEAD EXPENSES

Candidate Name

0.07
Category/
Type

Date of Disbursement

08 / 13 / 2014

Amount of Each Disbursement this Period

21.76

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

78.38

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

78.38

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 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>10/9/14</i>
Next Business Day Delivery	<input checked="" 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

LA
 PREPARER

10/10/14
 DATE PREPARED

FORM 7500-10-14