

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)

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 Quarterly 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 (12G)
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 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 06 09 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.

Office Use Only							
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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)	29241.56	67591.56								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27937.93	27937.93								
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	2725.00	48825.00
(i) Itemized (use Schedule A)	14909.40	19230.40
(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

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	24500.00	62850.00
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))..	29241.56	67591.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29241.56	67591.56

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

<p>A. Full Name (Last, First, Middle Initial) Mett B. Ausley</p> <p>Mailing Address 3412 Waccamaw Shores Rd.</p> <hr/> <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 Cyprus Pathology Physician</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 ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Transaction ID: SA11AI.6173</p> <p>Amount of Each Receipt this Period 125.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	3		2	0	0	7												

<p>B. Full Name (Last, First, Middle Initial) Mett B. Ausley</p> <p>Mailing Address 3412 Waccamaw Shores Rd.</p> <hr/> <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 Cyprus Pathology Physician</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 ▼ 375.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Transaction ID: SA11AI.6263</p> <p>Amount of Each Receipt this Period 125.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	3		2	0	0	7												

<p>C. Full Name (Last, First, Middle Initial) Mett B. Ausley</p> <p>Mailing Address 3412 Waccamaw Shores Rd.</p> <hr/> <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 Cyprus Pathology Physician</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 ▼ 500.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Transaction ID: SA11AI.6350</p> <p>Amount of Each Receipt this Period 125.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	3		2	0	0	7												

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

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

Mailing Address 3412 Waccamaw Shores Rd.

City Lake Waccamaw State NC Zip Code 28450-9442

FEC ID number of contributing federal political committee. C

Name of Employer Cyprus Pathology Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt MM / DD / YYYY
11 / 03 / 2007

Transaction ID: SA11AI.6692

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 Lake Waccamaw State NC Zip Code 28450-9442

FEC ID number of contributing federal political committee. C

Name of Employer Cyprus Pathology Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt MM / DD / YYYY
12 / 03 / 2007

Transaction ID: SA11AI.6990

Amount of Each Receipt this Period 125.00

C. Full Name (Last, First, Middle Initial)
Randall M. Bryan

Mailing Address 8214 Harvest Bend Ln. Apt. 22

City Laurel State MD Zip Code 20707-6131

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 MM / DD / YYYY
12 / 18 / 2007

Transaction ID: SA11AI.7033

Amount of Each Receipt this Period 300.00

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 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

Mailing Address 43 Musconetcong River Rd.

City Hampton State NJ Zip Code 08827-3021

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

Name of Employer James H. Cook Occupation Public Interest Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 01 / 2007
Transaction ID: SA11AI.6964
 Amount of Each Receipt this Period 50.00

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

Mailing Address 12227 Colina Dr.

City Los Altos Hills State CA Zip Code 94024-5212

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

Name of Employer Self employed Occupation Historian

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 08 / 2007
Transaction ID: SA11AI.6712
 Amount of Each Receipt this Period 250.00

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

Mailing Address 369 Marion Ave.

City Mill Valley State CA Zip Code 94941-2687

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

Name of Employer Self employed Occupation investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 08 / 2007
Transaction ID: SA11AI.6714
 Amount of Each Receipt this Period 225.00

SUBTOTAL of Receipts This Page (optional) ▶ **525.00**

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 9 / 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) Leonard Epstein		Date of Receipt	
	Mailing Address 8 Corwin Dr.		M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11AI.6419
	Derry	NH	03038	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
	Name of Employer SPG Inc		Occupation Engineer	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Ben P. Jones		Date of Receipt	
	Mailing Address P.O. Box 323		M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11AI.7026
	Williams	OR	97544-0323	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
	Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Michael Newman		Date of Receipt	
	Mailing Address 27141 Lerma		M M / D D / Y Y Y Y Y 0 7 / 0 1 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11AI.6029
	Mission Viejo	CA	92691	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
	Name of Employer Self Employed		Occupation Hearing Instrument Specialist	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 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)
Michael Newman

Mailing Address 27141 Lerma

City Mission Viejo State CA Zip Code 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 ▼ 400.00

Date of Receipt 08 / 01 / 2007

Transaction ID: SA11AI.6160

Amount of Each Receipt this Period 50.00

B.

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

Mailing Address 27141 Lerma

City Mission Viejo State CA Zip Code 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 ▼ 450.00

Date of Receipt 09 / 01 / 2007

Transaction ID: SA11AI.6253

Amount of Each Receipt this Period 50.00

C.

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

Mailing Address 27141 Lerma

City Mission Viejo State CA Zip Code 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 ▼ 500.00

Date of Receipt 10 / 01 / 2007

Transaction ID: SA11AI.6339

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) 150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 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
0	9	/	1	1	/	2	0	0	7

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
1	0	/	1	1	/	2	0	0	7

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
1	1	/	1	1	/	2	0	0	7

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: (check only one)	PAGE 12 / 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) Robert A. Shinstrom		Date of Receipt
	Mailing Address P.O. Box 2845		<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 1 2 / 1 1 / 2 0 0 7
	City	State	Zip Code
	Kirkland	WA	98083-2845
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.7006
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 600.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Wolfgang Wolf		Date of Receipt
	Mailing Address 1500 Lasalle Ave Apt 525		<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 0 9 / 0 4 / 2 0 0 7
	City	State	Zip Code
	Minneapolis	MN	55403-4405
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.6269
Name of Employer Childrens hospital and Clinics		Occupation Registered Nurse	Amount of Each Receipt this Period
Receipt For: 2008		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 225.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Wolfgang Wolf		Date of Receipt
	Mailing Address 1500 Lasalle Ave Apt 525		<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 1 0 / 0 1 / 2 0 0 7
	City	State	Zip Code
	Minneapolis	MN	55403-4405
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.6348
Name of Employer Childrens hospital and Clinics		Occupation Registered Nurse	Amount of Each Receipt this Period
Receipt For: 2008		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 275.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 175.00
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 13 / 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) Wolfgang Wolf		Date of Receipt MM / DD / YYYY 11 / 01 / 2007
Mailing Address 1500 Lasalle Ave Apt 525		Transaction ID: SA11AI.6682
City Minneapolis	State MN	Zip Code 55403-4405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Childrens hospital and Clinics	Occupation Registered Nurse	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B.

Full Name (Last, First, Middle Initial) Wolfgang Wolf		Date of Receipt MM / DD / YYYY 12 / 01 / 2007
Mailing Address 1500 Lasalle Ave Apt 525		Transaction ID: SA11AI.6988
City Minneapolis	State MN	Zip Code 55403-4405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Childrens hospital and Clinics	Occupation Registered Nurse	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	2725.00

**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)

<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)
Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.	Full Name (Last, First, Middle Initial) Don Murphy Public Affairs, LLC	Transaction ID: SB21B.5985 Date of Disbursement
	Mailing Address 632 Frederick Road	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>
	City Baltimore State MD Zip Code 21228	Amount of Each Disbursement this Period
	Purpose of Disbursement Expense reimbursement (travel) Candidate Name	<input type="text" value="1278.87"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="002"/> Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Don Murphy Public Affairs, LLC	Transaction ID: SB21B.5987 Date of Disbursement
	Mailing Address 632 Frederick Road	<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2007"/>
	City Baltimore State MD Zip Code 21228	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel expenses Candidate Name	<input type="text" value="836.13"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="002"/> Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Penny (Linda) Bacchiochi	Transaction ID: SB21B.5989 Date of Disbursement
	Mailing Address 37 Beverly Drive	<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City Somers State CT Zip Code 06071	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel expenses Candidate Name	<input type="text" value="2626.56"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="002"/> Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4741.56"/>
TOTAL This Period (last page this line number only)	<input type="text" value="4741.56"/>

**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) COHEN, STEPHEN IRA	Transaction ID: SB23.5958 Date of Disbursement 12 / 18 / 2007
	Mailing Address 349 KENILWORTH	Amount of Each Disbursement this Period 3000.00
	City MEMPHIS State TN Zip Code 38112	
	Purpose of Disbursement	Category/Type
	Candidate Name COHEN, STEPHEN IRA	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CONYERS FOR CONGRESS	Transaction ID: SB23.5955 Date of Disbursement 12 / 18 / 2007
	Mailing Address 1031 N EDGEWOOD STREET	Amount of Each Disbursement this Period 2500.00
	City ARLINGTON State VA Zip Code 22201	
	Purpose of Disbursement	Category/Type
	Candidate Name CONYERS FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 14	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DEMOCRATIC FRESHMEN PAC	Transaction ID: SB23.5971 Date of Disbursement 12 / 18 / 2007
	Mailing Address 607 14th Street NW Suite 800	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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. <hr/> Mailing Address P.O. Box 677 <hr/> City Honolulu State HI Zip Code 96809 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name HIRONO, MAZIE MRS. <input type="text"/> Category/Type <hr/> Office Sought: <input checked="" 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: HI District: 02	Transaction ID: SB23.5965 Date of Disbursement 12 / 18 / 2007	
	Amount of Each Disbursement this Period 1000.00	
	Full Name (Last, First, Middle Initial) HODES, PAUL W. <hr/> Mailing Address 26 South Main St.#253 <hr/> City Concord State NH Zip Code 03301 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name HODES, PAUL W. <input type="text"/> Category/Type <hr/> Office Sought: <input checked="" 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: NH District: 02	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 <hr/> Mailing Address PO Box 1457 <hr/> City Iowa City State IA Zip Code 52244 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name LOEBSACK FOR CONGRESS <input type="text"/> Category/Type <hr/> Office Sought: <input checked="" 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: IA District: 02	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) ▶	<input type="text"/>

**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) REPUBLICAN MAINSTREET PARTNERSHIP PAC	Transaction ID: SB23.5976
	Mailing Address c/o G&W 2201 Wisconsin Ave. NW Suite 320	Date of Disbursement 09 / 05 / 2007
	City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ROBERT WEXLER FOR CONGRESS COMMITTEE	Transaction ID: SB23.5983
	Mailing Address Post Office Box 810669	Date of Disbursement 09 / 28 / 2007
	City Boca Raton State FL Zip Code 33431	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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SANCHEZ, LINDA	Transaction ID: SB23.5969
	Mailing Address 601 S GLENOAKS BLVD #211	Date of Disbursement 12 / 18 / 2007
	City BURBANK State CA Zip Code 91502	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name SANCHEZ, LINDA	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)
SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement

Candidate Name
SCHAKOWSKY FOR CONGRESS

Office Sought: House
 Senate
 President

State: IL District: 09

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5975

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
TIM WALZ FOR US CONGRESS

Mailing Address PO BOX 938

City MANKATO State MN Zip Code 56002

Purpose of Disbursement

Candidate Name
TIM WALZ FOR US CONGRESS

Office Sought: House
 Senate
 President

State: MN District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5956

Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
TSONGAS, NICOLA S

Mailing Address 52 LAWRENCE DRIVE

City LOWELL State MA Zip Code 01854

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: MA District: 05

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5993

Date of Disbursement

08 / 23 / 2007

Amount of Each Disbursement this Period

2000.00

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)
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) TSONGAS, NICOLA S	Transaction ID: SB23.7504 Date of Disbursement 10 / 04 / 2007
	Mailing Address 52 LAWRENCE DRIVE	Amount of Each Disbursement this Period -2000.00
	City LOWELL State MA Zip Code 01854	
	Purpose of Disbursement Voided check	
	Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) UDALL FOR COLORADO INC	Transaction ID: SB23.5979 Date of Disbursement 10 / 25 / 2007
	Mailing Address 8690 Wolff Court #200	Amount of Each Disbursement this Period 1000.00
	City Westminster State CO Zip Code 80031	
	Purpose of Disbursement	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) UDALL FOR COLORADO INC	Transaction ID: SB23.5973 Date of Disbursement 12 / 12 / 2007
	Mailing Address 8690 Wolff Court #200	Amount of Each Disbursement this Period 2500.00
	City Westminster State CO Zip Code 80031	
	Purpose of Disbursement	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

24500.00

Image# 28991252966

Form/Schedule: **SB23**

(Contribution refunded - see memo text in Schedule A)

Transaction ID: **SB23.5993**
