

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

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) (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 01 01 2008 through 03 31 2008

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 04 15 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 7 columns and 1 row. Office Use Only. 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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		25937.93
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	25937.93									
(c) Total Receipts (from Line 19) .....	5532.00	5532.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	31469.93	31469.93								
7. Total Disbursements (from Line 31) .....	17155.00	17155.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	14314.93	14314.93								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	350.00	350.00
(i) Itemized (use Schedule A) .....	5182.00	5182.00
(ii) Unitemized .....	5532.00	5532.00
(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) .....	5532.00	5532.00
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	0.00
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)) .....	5532.00	5532.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5532.00	5532.00

**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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17030.00	17030.00
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.....	125.00	125.00
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))..	17155.00	17155.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17155.00	17155.00

**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) .....	5532.00	5532.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5532.00	5532.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 11

(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

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.7119

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

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.7117

Amount of Each Receipt this Period  
125.00

**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 ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.7355

Amount of Each Receipt this Period  
100.00

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

350.00

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

350.00

**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 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) <b>COMMITTEE TO RE-ELECT RON PAUL</b>	<b>Transaction ID: SB23.7476</b>
	Mailing Address 837 W Plantation Dr	Date of Disbursement MM / DD / YYYY 02 / 21 / 2008
	City Clute State TX Zip Code 77531	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name <b>RON PAUL</b>	
	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: TX District: 14	

B.	Full Name (Last, First, Middle Initial) <b>COURTNEY FOR CONGRESS</b>	<b>Transaction ID: SB23.7467</b>
	Mailing Address 38 RISLEY ROAD	Date of Disbursement MM / DD / YYYY 03 / 12 / 2008
	City VERNON State CT Zip Code 06066	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name <b>JOSEPH D COURTNEY</b>	
	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: CT District: 02	

C.	Full Name (Last, First, Middle Initial) <b>DEMOCRATIC FRESHMEN PAC</b>	<b>Transaction ID: SB23.7464</b>
	Mailing Address 607 14th Street NW Suite 800	Date of Disbursement MM / DD / YYYY 03 / 11 / 2008
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	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) ..... ▶

**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)

<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)  
ELLISON FOR CONGRESS

Mailing Address PO BOX 11818

City MINNEAPOLIS State MN Zip Code 55411

Purpose of Disbursement  
Contribution

Candidate Name  
KEITH MAURICE ELLISON

Office Sought:  House  
 Senate  
 President

State: MN District: 05

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.7469

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

B.

Full Name (Last, First, Middle Initial)  
FRIENDS OF CONGRESSMAN GEORGE MILLER

Mailing Address P.O. Box 5864

City Concord State CA Zip Code 94524

Purpose of Disbursement  
Contribution

Candidate Name  
GEORGE MILLER

Office Sought:  House  
 Senate  
 President

State: CA District: 07

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.7459

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

C.

Full Name (Last, First, Middle Initial)  
FRIENDS OF LOIS CAPPS

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

Candidate Name  
LOIS G CAPPS

Office Sought:  House  
 Senate  
 President

State: CA District: 23

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.7466

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

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

**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)  
FRIENDS OF MAURICE HINCHEY

Mailing Address PO Box 4497

City Kingston State NY Zip Code 12402

Purpose of Disbursement

Candidate Name  
MAURICE D HINCHEY

Office Sought:  House  
 Senate  
 President

State: NY District: 22

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.7468

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
LOT OF PEOPLE FOR DAVE OBEY

Mailing Address PO BOX 1322  
PO BOX 1322

City WAUSAU State WI Zip Code 54402

Purpose of Disbursement  
Contribution

Candidate Name  
DAVID R OBEY

Office Sought:  House  
 Senate  
 President

State: WI District: 07

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.7471

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
MCNERNEY FOR CONGRESS

Mailing Address 6520 Village Parkway  
Second Floor

City Dublin State CA Zip Code 94568

Purpose of Disbursement  
contribution

Candidate Name  
JERRY MCNERNEY

Office Sought:  House  
 Senate  
 President

State: CA District: 11

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.7474

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>RE-ELECT CONGRESSMAN KUCINICH COMMITTEE</b>	<b>Transaction ID:</b> SB23.7477 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 8	
	Mailing Address 550 East Walnut Street		Amount of Each Disbursement this Period 5000.00
	City Columbus State OH Zip Code 43215		
	Purpose of Disbursement Contribution		
	Candidate Name DENNIS J KUCINICH		Category/Type
	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: OH District: 10		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>SANCHEZ, LINDA</b>	<b>Transaction ID:</b> SB23.7458 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 8	
	Mailing Address 601 S GLENOAKS BLVD #211		Amount of Each Disbursement this Period 1000.00
	City BURBANK State CA Zip Code 91502		
	Purpose of Disbursement		
	Candidate Name LINDA SANCHEZ		Category/Type
	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: CA District: 39		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>SCHIFF FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.7462 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 8	
	Mailing Address 777 S. Figueroa St. Suite 4050		Amount of Each Disbursement this Period 1000.00
	City Los Angeles State CA Zip Code 90017		
	Purpose of Disbursement		
	Candidate Name ADAM SCHIFF		Category/Type
	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: CA District: 29		

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

7000.00

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

17030.00

**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 11 / 11

<input 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 checked="" 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)

DEMOCRATIC STATE CENTRAL COMMITTEE OF CA - FEDERAL

Transaction ID: SB29.7483

Date of Disbursement

Mailing Address 1401 21st Street Suite 200

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	8

City State Zip Code  
Sacramento CA 95811

Amount of Each Disbursement this Period

125.00
--------

Purpose of Disbursement  
Contribution

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

125.00
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**TOTAL** This Period (last page this line number only) ..... ►

125.00
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