

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 2009 through 12 31 2009

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 Alison Green
Signature of Treasurer Electronically Filed by Alison Green Date 01 29 2010

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

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	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		22408.57
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	28793.33									
(c) Total Receipts (from Line 19)	28212.44	46097.20								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57005.77	68505.77								
7. Total Disbursements (from Line 31)	21610.00	33110.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35395.77	35395.77								
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	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	20110.00	28463.00
(ii) Unitemized	8102.44	17634.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)	28212.44	46097.20
(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)	28212.44	46097.20
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))	28212.44	46097.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28212.44	46097.20

DETAILED SUMMARY PAGE

of Disbursements

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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.....	21610.00	33110.00
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))..	21610.00	33110.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21610.00	33110.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	28212.44	46097.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28212.44	46097.20
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: (check only one)	PAGE 6 / 22
	<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

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) Robert J Ablon		Date of Receipt
	Mailing Address 5848 Ocean View Dr.		<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Oakland	CA	94618-1535
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer New Passage		Occupation advertising	Transaction ID: SA11AI.9353
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="210.00"/>	<input type="text" value="30.00"/>
78684171_4000_PAC			

B.	Full Name (Last, First, Middle Initial) Robert J Ablon		Date of Receipt
	Mailing Address 5848 Ocean View Dr.		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Oakland	CA	94618-1535
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer New Passage		Occupation advertising	Transaction ID: SA11AI.9354
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="240.00"/>	<input type="text" value="30.00"/>
78684171_4000_PAC			

C.	Full Name (Last, First, Middle Initial) Robert J Ablon		Date of Receipt
	Mailing Address 5848 Ocean View Dr.		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Oakland	CA	94618-1535
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer New Passage		Occupation advertising	Transaction ID: SA11AI.9356
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="270.00"/>	<input type="text" value="30.00"/>
78684171_4000_PAC			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="90.00"/>
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 7 / 22
	<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) Robert J Ablon		Date of Receipt
	Mailing Address 5848 Ocean View Dr.		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Oakland	CA	94618-1535
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer New Passage		Occupation advertising	Transaction ID: SA11AI.9355
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="30.00"/>
78684171_4000_PAC			

B.	Full Name (Last, First, Middle Initial) Robert J Ablon		Date of Receipt
	Mailing Address 5848 Ocean View Dr.		<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Oakland	CA	94618-1535
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer New Passage		Occupation advertising	Transaction ID: SA11AI.9351
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="330.00"/>	<input type="text" value="30.00"/>
78684171_4000_PAC			

C.	Full Name (Last, First, Middle Initial) Robert J Ablon		Date of Receipt
	Mailing Address 5848 Ocean View Dr.		<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Oakland	CA	94618-1535
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer New Passage		Occupation advertising	Transaction ID: SA11AI.9352
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="360.00"/>	<input type="text" value="30.00"/>
78684171_4000_PAC			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="90.00"/>
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 8 / 22
	<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 W Allen		Date of Receipt
	Mailing Address 1889 Heritage Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 4 / 2 0 0 9
	City	State	Zip Code
	Yountville	CA	94599-9405
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer n/a		Occupation retired	Transaction ID: SA11AI.9470
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 250.00
		<input type="text"/> 250.00	178882241_35_PAC

B.	Full Name (Last, First, Middle Initial) Marc Bejarano		Date of Receipt
	Mailing Address 3 Springvale Ave.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 7 / 1 5 / 2 0 0 9
	City	State	Zip Code
	Chelsea	MA	02150
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer OpenWave Systems, Inc.		Occupation information technology (IT)	Transaction ID: SA11AI.9937
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 50.00
		<input type="text"/> 350.00	

C.	Full Name (Last, First, Middle Initial) Marc Bejarano		Date of Receipt
	Mailing Address 3 Springvale Ave.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 1 5 / 2 0 0 9
	City	State	Zip Code
	Chelsea	MA	02150
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer OpenWave Systems, Inc.		Occupation information technology (IT)	Transaction ID: SA11AI.9938
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 50.00
		<input type="text"/> 400.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 350.00
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 / 22
	<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) Marc Bejarano		Date of Receipt MM / DD / YYYY 09 / 15 / 2009		
	Mailing Address 3 Springvale Ave.		Transaction ID: SA11AI.9939		
	City Chelsea	State MA	Zip Code 02150	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer OpenWave Systems, Inc.		Occupation information technology (IT)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

B.	Full Name (Last, First, Middle Initial) Marc Bejarano		Date of Receipt MM / DD / YYYY 10 / 15 / 2009		
	Mailing Address 3 Springvale Ave.		Transaction ID: SA11AI.9940		
	City Chelsea	State MA	Zip Code 02150	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer OpenWave Systems, Inc.		Occupation information technology (IT)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Marc Bejarano		Date of Receipt MM / DD / YYYY 11 / 15 / 2009		
	Mailing Address 3 Springvale Ave.		Transaction ID: SA11AI.9941		
	City Chelsea	State MA	Zip Code 02150	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer OpenWave Systems, Inc.		Occupation information technology (IT)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00			

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 22
(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)
Marc Bejarano

Mailing Address 3 Springvale Ave.

City State Zip Code
Chelsea MA 02150

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

Name of Employer OpenWave Systems, Inc. Occupation information technology (IT)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.9942

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Robert D Borchert

Mailing Address PO Box 365

City State Zip Code
Felton CA 95018

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

Name of Employer Occupation

Receipt For: 2010 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 2 / 2 0 0 9

Transaction ID: SA11AI.9602

Amount of Each Receipt this Period
50.00

78753808_4000_PAC

C.

Full Name (Last, First, Middle Initial)
Robert D Borchert

Mailing Address PO Box 365

City State Zip Code
Felton CA 95018

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

Name of Employer Occupation

Receipt For: 2010 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.9600

Amount of Each Receipt this Period
50.00

78753808_4000_PAC

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 22
(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 D Borchert

Mailing Address PO Box 365

City Felton State CA Zip Code 95018

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 02 / 2009
Transaction ID: SA11AI.9599
Amount of Each Receipt this Period: 50.00
78753808_4000_PAC

B.

Full Name (Last, First, Middle Initial)
Robert D Borchert

Mailing Address PO Box 365

City Felton State CA Zip Code 95018

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 02 / 2009
Transaction ID: SA11AI.9601
Amount of Each Receipt this Period: 50.00
78753808_4000_PAC

C.

Full Name (Last, First, Middle Initial)
Robert D Borchert

Mailing Address PO Box 365

City Felton State CA Zip Code 95018

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 11 / 02 / 2009
Transaction ID: SA11AI.9598
Amount of Each Receipt this Period: 50.00
78753808_4000_PAC

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 22
(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)
Candace M Carroll

Mailing Address 1939 Via Casa Alta

City State Zip Code
La Jolla CA 92037-5731

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

Name of Employer Occupation
Sullivan Hill Lewin Rez attorney
and Engel

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2009

Transaction ID: SA11AI.9357

Amount of Each Receipt this Period
500.00

78521814_5296_PAC

B.

Full Name (Last, First, Middle Initial)
James H Cook

Mailing Address 43 Musconetcong River Rd.

City State Zip Code
Hampton NJ 08827-3021

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

Name of Employer Occupation
n/a consultant (self-employed)

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2009

Transaction ID: SA11AI.9376

Amount of Each Receipt this Period
80.00

78500634_4000_PAC

C.

Full Name (Last, First, Middle Initial)
James H Cook

Mailing Address 43 Musconetcong River Rd.

City State Zip Code
Hampton NJ 08827-3021

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

Name of Employer Occupation
n/a consultant (self-employed)

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2009

Transaction ID: SA11AI.9371

Amount of Each Receipt this Period
80.00

78500634_4000_PAC

SUBTOTAL of Receipts This Page (optional) ▶ **660.00**

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 13 / 22
	<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 H Cook		Date of Receipt
	Mailing Address 43 Musconetcong River Rd.		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Hampton	NJ	08827-3021
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9374
Name of Employer n/a		Occupation consultant (self-employed)	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="80.00"/>
		<input type="text" value="400.00"/>	78500634_4000_PAC

B.	Full Name (Last, First, Middle Initial) James H Cook		Date of Receipt
	Mailing Address 43 Musconetcong River Rd.		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Hampton	NJ	08827-3021
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9375
Name of Employer n/a		Occupation consultant (self-employed)	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="120.00"/>
		<input type="text" value="520.00"/>	78500634_4000_PAC

C.	Full Name (Last, First, Middle Initial) Mark E Crosby		Date of Receipt
	Mailing Address 3175 S. Stafford St.		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Arlington	VA	22206-2008
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9401
Name of Employer United State Department of Labor		Occupation Government	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="1100.00"/>	78718586_5296_PAC

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="300.00"/>
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 14 / 22
	<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) Sarah Franke		Date of Receipt
	Mailing Address 133 Bertel Dr.		<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
	City	State	Zip Code
	Covington	LA	70433-4815
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9428
Name of Employer BV Marquee		Occupation marketing	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			84669710_5296_PAC

B.	Full Name (Last, First, Middle Initial) Thomas Freeman		Date of Receipt
	Mailing Address 2200 Baywood Way		<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
	City	State	Zip Code
	Willits	CA	95490-9702
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9383
Name of Employer N/A		Occupation consulting	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 420.00
			200923480_5296_PAC

C.	Full Name (Last, First, Middle Initial) Matthew John Hammett		Date of Receipt
	Mailing Address 11505 Underoak Ct.		<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
	City	State	Zip Code
	Reston	VA	20191-2265
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9396
Name of Employer Federal Aviation Administration		Occupation engineer	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			78560250_2064_PAC

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1670.00
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 15 / 22
	<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) Matthew John Hammett		Date of Receipt
	Mailing Address 11505 Underoak Ct.		<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 7 / 2 0 0 9
	City	State	Zip Code
	Reston	VA	20191-2265
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9395
Name of Employer Federal Aviation Administration		Occupation engineer	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			78560250_IF72009_PAC

B.	Full Name (Last, First, Middle Initial) Dona Alexa Hill		Date of Receipt
	Mailing Address 4039 Roberts Rd.		<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 / 2 5 / 2 0 0 9
	City	State	Zip Code
	Fairfax	VA	22032-1041
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9583
Name of Employer Fairfax County Public Schools		Occupation teacher	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
			78516922_4000_PAC

C.	Full Name (Last, First, Middle Initial) Dona Alexa Hill		Date of Receipt
	Mailing Address 4039 Roberts Rd.		<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 1 / 2 5 / 2 0 0 9
	City	State	Zip Code
	Fairfax	VA	22032-1041
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9581
Name of Employer Fairfax County Public Schools		Occupation teacher	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
			78516922_4000_PAC

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1050.00
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 16 / 22
(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)
Peter B. Lewis

Mailing Address c/o B. Powers
32854 Sorrento Ln

City Avon Lake State OH Zip Code 44012-2386

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

Name of Employer n/a Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2009

Transaction ID: SA11AI.9507

Amount of Each Receipt this Period
5000.00

78507122_5_PAC

B.

Full Name (Last, First, Middle Initial)
Susan Mosher-Ruiz

Mailing Address 115 Dunster Rd.

City Jamaica Plain State MA Zip Code 02130-2733

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

Name of Employer none Occupation Graduate student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 15 / 2009

Transaction ID: SA11AI.9965

Amount of Each Receipt this Period
5000.00

C.

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

Mailing Address 27141 Lerma

City Mission Viejo State CA Zip Code 92691-2103

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

Name of Employer Newman Health Services In-c. Occupation hearing instrument specialist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 22 / 2009

Transaction ID: SA11AI.9415

Amount of Each Receipt this Period
50.00

78506615_4000_PAC

SUBTOTAL of Receipts This Page (optional) ► **10050.00**

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 17 / 22

(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 State Zip Code
Mission Viejo CA 92691-2103

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

Name of Employer Occupation
Newman Health Services In- hearing instrument specialist
c.

Receipt For: 2010 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.9412

Amount of Each Receipt this Period

50.00

78506615_4000_PAC

B.

Full Name (Last, First, Middle Initial)

Rene Antonio Ruiz

Mailing Address 115 Dunster Rd.

City State Zip Code
Jamaica Plain MA 02130-2733

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

Name of Employer Occupation
Intex Solutions Inc financial modeler

Receipt For: 2010 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.9400

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Robert A. Shinstrom

Mailing Address P.O. Box 2845

City State Zip Code
Arlington WA 98223-0650

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

Name of Employer Occupation
self-employed locksmith

Receipt For: 2010 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt

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

Transaction ID: SA11AI.9425

Amount of Each Receipt this Period

100.00

150132690_4000_PAC

SUBTOTAL of Receipts This Page (optional) ▶

5150.00

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 18 / 22	
	(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) R. Edward Stewart		Date of Receipt																					
	Mailing Address 2211 Red Bluff Dr.		<table border="1"> <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>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		1	4		2	0	0	9														
	City	State	Zip Code	Transaction ID: SA11AI.9894																				
	Carrollton	TX	75007-3218	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	250.00																					
Name of Employer		Occupation	78771228_5296_PAC																					
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	250.00																					

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	20110.00

**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 19 / 22

<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) BARBARA LEE FOR CONGRESS	Transaction ID: SB23.9957 Date of Disbursement	<table border="1"> <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>7</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	8		2	0	0	9														
	Mailing Address 1736 FRANKLIN STREET #400		Amount of Each Disbursement this Period																				
	City OAKLAND State CA Zip Code 94612 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/>		1500.00																				
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
B.	Full Name (Last, First, Middle Initial) BLUE DOG POLITICAL ACTION COMMITTEE	Transaction ID: SB23.9954 Date of Disbursement	<table border="1"> <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>7</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	6		2	0	0	9														
	Mailing Address 6849 Old Dominion Drive Suite 222		Amount of Each Disbursement this Period																				
	City McLean State VA Zip Code 22101 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/>		5000.00																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
C.	Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT HENRY HANK JOHNSON	Transaction ID: SB23.9961 Date of Disbursement	<table border="1"> <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>7</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	8		2	0	0	9														
	Mailing Address 6440 Old Hillandale Drive Suite 262		Amount of Each Disbursement this Period																				
	City Lithonia State GA Zip Code 30058 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/>		1000.00																				
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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)
COURTNEY FOR CONGRESS

Mailing Address **38 RISLEY ROAD**

City **VERNON** State **CT** Zip Code **06066**

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: **CT** District: **02**

Transaction ID: SB23.9956
Date of Disbursement: 07 / 16 / 2009

Amount of Each Disbursement this Period: **2610.00**

B. Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address **430 South Capitol Street SE
2nd Floor**

City **Washington** State **DC** Zip Code **20003**

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.9955
Date of Disbursement: 07 / 16 / 2009

Amount of Each Disbursement this Period: **4000.00**

C. Full Name (Last, First, Middle Initial)
DEMOCRATS WIN SEATS (DWS PAC)

Mailing Address **1071 TWIN BRANCH LN**

City **WESTON** State **FL** Zip Code **33326**

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.9953
Date of Disbursement: 09 / 30 / 2009

Amount of Each Disbursement this Period: **1000.00**

SUBTOTAL of Disbursements This Page (optional)

7610.00

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)
FRIENDS OF MAURICE HINCHEY

Mailing Address PO Box 4497

City Kingston State NY Zip Code 12402

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: NY District: 22

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.9962

Date of Disbursement

07 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Nadler for Congress

Mailing Address Village Station PO Box 40

City New York State NY Zip Code 10014

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: NY District: 08

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.9963

Date of Disbursement

07 / 16 / 2009

Amount of Each Disbursement this Period

2000.00

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

Mailing Address 607 14th Street, NW, Suite 800
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.9952

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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)

PAGE 22 / 22

<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)

WEBB FOR SENATE

Mailing Address PO BOX 17427

City ARLINGTON State VA Zip Code 22216

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: VA District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.9949

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

21610.00