

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) 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 (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2011 through M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2011

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 Robert D. Kampia [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		27555.77
(b) Cash on Hand at Beginning of Reporting Period.....	27555.77	
(c) Total Receipts (from Line 19)	4535.00	4535.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	32090.77	32090.77
7. Total Disbursements (from Line 31).....	20870.00	20870.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	11220.77	11220.77
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	10000.00	
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: / / To: / /

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).....	880.00	880.00
(ii) Unitemized	3655.00	3655.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4535.00	4535.00
(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)	4535.00	4535.00
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 Transfers (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))..... ▶	4535.00	4535.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4535.00	4535.00

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) Allocated 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.....	-2000.00	-2000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6370.00	6370.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	10000.00	10000.00
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	6500.00	6500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	20870.00	20870.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20870.00	20870.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	4535.00	4535.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4535.00	4535.00
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: (check only one)	PAGE 6 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. James H Cook
Full Name (Last, First, Middle Initial)
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 self-employed Occupation Consulting
Receipt For: 2011
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011
Transaction ID : SA11AI.11578
Amount of Each Receipt this Period
120.00
78500634_MMXXXPXXXXX_PAC

B. James H Cook
Full Name (Last, First, Middle Initial)
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 self-employed Occupation Consulting
Receipt For: 2011
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2011
Transaction ID : SA11AI.11364
Amount of Each Receipt this Period
120.00
78500634_MMXXXPXXXXX_PAC

C. James H Cook
Full Name (Last, First, Middle Initial)
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 self-employed Occupation Consulting
Receipt For: 2011
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
04 / 28 / 2011
Transaction ID : SA11AI.11429
Amount of Each Receipt this Period
120.00
78500634_MMXXXPXXXXX_PAC

SUBTOTAL of Receipts This Page (optional).....▶	360.00
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 7 OF 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. James H Cook
Full Name (Last, First, Middle Initial)

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 self-employed Occupation Consulting

Receipt For: 2011
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **05 / 28 / 2011**

Transaction ID : SA11AI.11467

Amount of Each Receipt this Period **120.00**

78500634_MMXXXPXXXXX_PAC

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

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 self-employed Occupation Consulting

Receipt For: 2011
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **06 / 28 / 2011**

Transaction ID : SA11AI.11526

Amount of Each Receipt this Period **120.00**

78500634_MMXXXPXXXXX_PAC

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

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 Self Employed Occupation hearing instrument specialist

Receipt For: 2011
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 22 / 2011**

Transaction ID : SA11AI.11451

Amount of Each Receipt this Period **50.00**

78506615_MMXXXPXXXXX_PAC

SUBTOTAL of Receipts This Page (optional).....▶	290.00
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 OF 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. Michael Newman
Full Name (Last, First, Middle Initial)
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 Self Employed
Occupation hearing instrument specialist
Receipt For: 2011
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 22 / 2011
Transaction ID : SA11AI.11497
Amount of Each Receipt this Period
50.00
78506615_MMXXXPXXXXX_PAC

B. William M Waring
Full Name (Last, First, Middle Initial)
Mailing Address 152 Berrywood Dr
City Severna Park State MD Zip Code 21146-2032
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed
Occupation Consulting
Receipt For: 2011
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 22 / 2011
Transaction ID : SA11AI.11411
Amount of Each Receipt this Period
60.00
78556370_MMXXXPXXXXX_PAC

C. William M Waring
Full Name (Last, First, Middle Initial)
Mailing Address 152 Berrywood Dr
City Severna Park State MD Zip Code 21146-2032
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed
Occupation Consulting
Receipt For: 2011
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 22 / 2011
Transaction ID : SA11AI.11458
Amount of Each Receipt this Period
60.00
78556370_MMXXXPXXXXX_PAC

SUBTOTAL of Receipts This Page (optional).....▶	170.00
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 9 OF 20
(check only one)	
<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"/>	<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)
William M Waring

Mailing Address 152 Berrywood Dr

City Severna Park State MD Zip Code 21146-2032

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

Name of Employer Self-employed Occupation Consulting

Receipt For: 2011
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 22 / 2011

Transaction ID : SA11A1.11504

Amount of Each Receipt this Period
60.00

78556370_MMXXXPXXXX_PAC

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	880.00

**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 checked="" 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

Full Name (Last, First, Middle Initial)

A. ARIZONA STATE DEMOCRATIC CENTRAL EXECUTIVE COMMITTEE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Mailing Address 2910 North Central Avenue
0

City Phoenix State AZ Zip Code 85012

Transaction ID : SB22.11611

Purpose of Disbursement
Contribution of 10/28/08 was never accepted

Amount of Each Disbursement this Period

-	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Candidate Name
ARIZONA STATE DEMOCRATIC CENTRAL EXECUTIVE COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. INDIANA DEMOCRATIC CONGRESSIONAL VICTORY COMMITTEE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Mailing Address 1 North Capitol Suite 200

City Indianapolis State IN Zip Code 46204

Transaction ID : SB22.11610

Purpose of Disbursement
Contribution of 10/28/08 was never accepted

Amount of Each Disbursement this Period

-	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Candidate Name
INDIANA DEMOCRATIC CONGRESSIONAL VICTORY COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

-	2	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

-	2	0	0	0	0	0	0	0	0
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**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

Full Name (Last, First, Middle Initial)

A. ALAN MOLLOHAN FOR CONGRESS COMMITTEE

Mailing Address P. O. Box 1343

City Fairmont State WV Zip Code 26555

Purpose of Disbursement
Contribution of 1/31/07 was never accepted

011

Candidate Name

ALAN MOLLOHAN FOR CONGRESS COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID : SB23.11619

Amount of Each Disbursement this Period

-	1	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. CIRO D. RODRIGUEZ FOR CONGRESS

Mailing Address PO Box 14528

City San Antonio State TX Zip Code 78214

Purpose of Disbursement
Contribution of 3/29/07 was never accepted

011

Candidate Name

CIRO D. RODRIGUEZ FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: TX District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID : SB23.11620

Amount of Each Disbursement this Period

-	1	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Citizens for Harkin

Mailing Address 321 E. Walnut St.

City Des Moines State IA Zip Code 50309

Purpose of Disbursement

011

Candidate Name

Citizens for Harkin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	1	1

Transaction ID : SB23.11592

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

-	1	0	0	.	0	0
---	---	---	---	---	---	---

1	0	0	0	.	0	0
---	---	---	---	---	---	---

**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

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 1212 S. Victory Blvd
SUITE 211

City BURBANK State CA Zip Code 91502

Purpose of Disbursement

011

Candidate Name

COMMITTEE TO RE-ELECT LINDA SANCHEZ

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 39

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	21	/	2011

Transaction ID : SB23.11586

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Dan Burton for Congress

Mailing Address

City State Zip Code

Purpose of Disbursement
Contribution of 11/1/06 was never accepted

011

Candidate Name

Dan Burton for Congress

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2011

Transaction ID : SB23.11617

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC FRESHMEN PAC

Mailing Address 607 14th Street NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution of 12/18/07 was never accepted

011

Candidate Name

DEMOCRATIC FRESHMEN PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2011

Transaction ID : SB23.11623

Amount of Each Disbursement this Period

-2500.00

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

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

-2000.00

--

**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

Full Name (Last, First, Middle Initial)

A. Green Mountain PAC

Mailing Address P.O. Box 1142

City Montpelier State VT Zip Code 05601

Purpose of Disbursement

011

Candidate Name

Green Mountain PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	1

Transaction ID : SB23.11600

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. HILLARY CLINTON FOR PRESIDENT EXPLORATORY COMMITTEE INC.

Mailing Address PO Box 77593

City Washington State DC Zip Code 20013

Purpose of Disbursement
Contribution of 4/19/07 was never accepted

011

Candidate Name

HILLARY CLINTON FOR PRESIDENT EXPLORATORY COMMITTEE INC.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID : SB23.11621

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. HODES, PAUL W

Mailing Address 26 South Main St.#253

City Concord State NH Zip Code 03301

Purpose of Disbursement
Contribution of 12/18/07 was never accepted

011

Candidate Name

HODES, PAUL W

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID : SB23.11622

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

1	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**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

Full Name (Last, First, Middle Initial)

A. LEAHY FOR U.S. SENATOR COMMITTEE

Mailing Address PO BOX 1042

City MONTPELIER State VT Zip Code 05601

Purpose of Disbursement
Contribution of 3/3/10 was never accepted

011

Candidate Name

LEAHY FOR U.S. SENATOR COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: VT District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID : SB23.11615

Amount of Each Disbursement this Period

-	1	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. MCNERNEY FOR CONGRESS

Mailing Address 6520 Village Parkway
Second Floor

City Dublin State CA Zip Code 94568

Purpose of Disbursement
Contribution of 3/28/08 was never accepted

Category/
Type

Candidate Name

MCNERNEY FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID : SB23.11612

Amount of Each Disbursement this Period

-	3	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Nadler for Congress

Mailing Address Village Station PO Box 40

City New York State NY Zip Code 10014

Purpose of Disbursement

011

Candidate Name

Nadler for Congress

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	1

Transaction ID : SB23.11587

Amount of Each Disbursement this Period

1	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

-	3	0	0	0	0
---	---	---	---	---	---

1	0	0	0	0	0
---	---	---	---	---	---

**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

Full Name (Last, First, Middle Initial)

A. PAUL BROUN COMMITTEE

Mailing Address PO Box 7165

City Athens State GA Zip Code 30604

Purpose of Disbursement
Contribution of 10/28/08 was never accepted

Candidate Name

PAUL BROUN COMMITTEE

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

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2011

Transaction ID : SB23.11613

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

B. ROBERT WEXLER FOR CONGRESS COMMITTEE

Mailing Address Post Office Box 810669

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement
Contribution of 11/1/06 was never accepted

Candidate Name

ROBERT WEXLER FOR CONGRESS COMMITTEE

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

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2011

Transaction ID : SB23.11618

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

C. Roger Goodman for Congress

Mailing Address 218 Main Street
PMB 468

City Kirkland State WA Zip Code 98033

Purpose of Disbursement

Candidate Name

Roger Goodman for Congress

Office Sought: House Senate President
 Disbursement For: 2012 Primary General Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2011

Transaction ID : SB23.11597

Amount of Each Disbursement this Period

5000.00

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

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

3500.00

**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

Full Name (Last, First, Middle Initial)

A. Roger Goodman for Congress

Mailing Address 218 Main Street
PMB 468

City State Zip Code
Kirkland WA 98033

Purpose of Disbursement

011

Candidate Name

Roger Goodman for Congress

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 08 / 2011

Transaction ID : SB23.11599

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. UDALL FOR COLORADO INC

Mailing Address 8690 Wolff Court #200

City State Zip Code
Westminster CO 80031

Purpose of Disbursement

011

Candidate Name

UDALL FOR COLORADO INC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 02 / 2011

Transaction ID : SB23.11590

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

6000.00

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

6370.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input checked="" 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

Full Name (Last, First, Middle Initial)

A. Marijuana Policy Project Foundation

Mailing Address 236 Massachusetts Ave.
Suite 400

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Marijuana Policy Project Foundation

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2011

Transaction ID : SB27.11629

Amount of Each Disbursement this Period

10000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/
Type

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

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

10000.00

10000.00

**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 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

Full Name (Last, First, Middle Initial)

A. Doug Linkhart for Mayor

Mailing Address 3100 Downing St.
Unit C

City State Zip Code
Denver CO 80205

Purpose of Disbursement

011

Category/
Type

Candidate Name

Doug Linkhart for Mayor

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		22		2011

Transaction ID : SB29.11601

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Romer for Mayor

Mailing Address P.O. Box 18285

City State Zip Code
Denver CO 80218

Purpose of Disbursement

011

Category/
Type

Candidate Name

Romer for Mayor

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		26		2011

Transaction ID : SB29.11598

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Shumlin for Governor

Mailing Address PO Box 5353

City State Zip Code
Burlington VT 05402-5353

Purpose of Disbursement

011

Category/
Type

Candidate Name

Shumlin for Governor

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2011

Transaction ID : SB29.11595

Amount of Each Disbursement this Period

500.00

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 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

Full Name (Last, First, Middle Initial)

A. Shumlin for Governor

Mailing Address PO Box 5353

City Burlington State VT Zip Code 05402-5353

Purpose of Disbursement

011

Category/
Type

Candidate Name

Shumlin for Governor

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	1		2	0	1	1		

Transaction ID : SB29.11596

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

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

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

6	5	0	0	.	0	0
---	---	---	---	---	---	---

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/9.11629**
Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

LOAN SOURCE Full Name (Last, First, Middle Initial) Marijuana Policy Project Foundation	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 236 Massachusetts Ave. Suite 400	
City Washington State DC ZIP Code 20002	

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred: MM / DD / YYYY (06 / 20 / 2011) Date Due: MM / DD / YYYY (12/31/11) Interest Rate: 0.00 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	10000.00
TOTALS This Period (last page in this line only)..... ▶	10000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.