

**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

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

**Transaction ID : SB23.11613**

Amount of Each Disbursement this Period

-	1	0	0	0	0	0	0	0	0
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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

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

**Transaction ID : SB23.11618**

Amount of Each Disbursement this Period

-	5	0	0	0	0	0	0	0	0
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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

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

**Transaction ID : SB23.11597**

Amount of Each Disbursement this Period

5	0	0	0	0	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	5	0	0	0	0	0	0	0	0
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3	5	0	0	0	0	0	0	0	0
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