

**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

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

C00389882

3. IS THIS REPORT

NEW (N) OR

X

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 (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

01

01

2004

through

03

31

2004

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 Kampia

Signature of Treasurer

Electronically Filed by Robert Kampia

Date

01

10

2005

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. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
MPP Medical Marijuana PAC

Report Covering the Period: From: ^M01 ^D01 ^Y2004 To: ^M03 ^D31 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^M ^D		31815.48
(b) Cash on Hand at Beginning of Reporting Period	31815.48	
(c) Total Receipts (from Line 19)	18419.00	18419.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	50234.48	50234.48
<hr/>		
7. Total Disbursements (from Line 31)	8550.00	8550.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	41684.48	41684.48
<hr/>		
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

MPP Medical Marijuana PAC

Report Covering the Period: From: ^M01 ^D01 ^Y2004 To: ^M03 ^D31 ^Y2004

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)	15550.00	
(ii) Unitemized	2869.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	18419.00	18419.00
(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)	18419.00	18419.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18419.00	18419.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18419.00	18419.00

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.....	3550.00	3550.00
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.....	5000.00	5000.00
(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))..... ▶	5000.00	5000.00
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 ActMty (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))..	8550.00	8550.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	8550.00	8550.00

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)	18419.00	18419.00
34. Total Contribution Refunds (from Line 28(d))	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13419.00	13419.00
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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 10

(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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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)
MPP Medical Marijuana PAC

Full Name (Last, First, Middle Initial) A. John Carlson		Date of Receipt M / D / Y 02 / 21 / 2004
Mailing Address 1807 Nickerson St.		Transaction ID: SA11A1.4178
City Austin	State TX	Zip Code 78704-3546
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Filmmaker	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John Gilmore		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address P.O. Box 170608		Transaction ID: SA11A1.4204
City San Francisco	State CA	Zip Code 94117-0608
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Electronic Frontier Found- ation	Occupation Co-founder of EFF	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. J. Edwin Holliday		Date of Receipt M / D / Y 03 / 17 / 2004
Mailing Address 15 Winslow Lane		Transaction ID: SA11A1.4215
City Landers Beach	State CA	Zip Code 92654-0305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Campbell & Company	Occupation Consultant	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	10300.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 10

(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)
MPP Medical Marijuana PAC

Full Name (Last, First, Middle Initial) A. Wayne Reichman		Date of Receipt M / D / Y Y Y Y 02 / 21 / 2004
Mailing Address 501 Anthony Dr,		Transaction ID: SA11A1.4265
City State Zip Code Plymouth Meeting PA 19462	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Peter Thiel		Date of Receipt M / D / Y Y Y Y 03 / 15 / 2004
Mailing Address 55 California Street Suite 436D		Transaction ID: SA11A1.4291
City State Zip Code San Francisco CA 94104-1529	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Managing Member Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	5250.00
TOTAL This Period (last page this line number only)	▶	15550.00

**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 8 / 10

<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)
MPP Medical Marijuana PAC

Full Name (Last, First, Middle Initial)
A. BARNEY FRANK FOR CONGRESS COMMITTEE

Mailing Address P O BOX 280

City NEWTONVILLE State MA Zip Code 02480

Purpose of Disbursement

Candidate Name
BARNEY FRANK FOR CONGRESS COMMITTEE

Office Sought: House Senate President
Disbursement For: 2004
Primary General
Other (specify) ▼

State: MA District: D4

011
Category/
Type

Transaction ID: SB23.4332

Date of Disbursement

03 / 02 / 2004

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)
B. Committee to Re-Elect Ron Paul

Mailing Address 837 W Plantation Dr

City Clute State TX Zip Code 77531

Purpose of Disbursement

Candidate Name
Committee to Re-Elect Ron Paul

Office Sought: House Senate President
Disbursement For: 2004
Primary General
Other (specify) ▼

State: TX District: 14

011
Category/
Type

Transaction ID: SB23.4333

Date of Disbursement

03 / 02 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Friends of Farr

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Candidate Name
Friends of Farr

Office Sought: House Senate President
Disbursement For: 2004
Primary General
Other (specify) ▼

State: CA District: 17

011
Category/
Type

Transaction ID: SB23.4330

Date of Disbursement

03 / 02 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2250.00

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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
MPP Medical Marijuana PAC

Full Name (Last, First, Middle Initial)
A. Friends of Maurice Hinchey

Mailing Address PO Box 4497

City Kingston State NY Zip Code 12402

Purpose of Disbursement

Candidate Name
Friends of Maurice Hinchey

Office Sought: House
Senate
President
State: NY District: 22

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4331
Date of Disbursement

03 / 02 / 2004

Amount of Each Disbursement this Period

1000.00

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

Mailing Address PO BOX 201802

City ANCHORAGE State AK Zip Code 99520

Purpose of Disbursement

Candidate Name
TONY KNOWLES

Office Sought: House
Senate
President
State: AK District: 00

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4328
Date of Disbursement

02 / 11 / 2004

Amount of Each Disbursement this Period

50.00

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

Candidate Name
Nadler for Congress

Office Sought: House
Senate
President
State: NY District: 08

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4334
Date of Disbursement

03 / 02 / 2004

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) ▶

1300.00

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

3550.00

**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 10 / 10

<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 checked="" 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)
MPP Medical Marijuana PAC

Full Name (Last, First, Middle Initial)
A. Peter B. Lewis

Transaction ID: SB28A.4337
Date of Disbursement

Mailing Address P.O. Box 5070

02 / 25 / 2004

City Cleveland State OH Zip Code 44101-0070

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution received was never intended

010
Category/
Type

5000.00

Candidate Name

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

State: District

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

5000.00