

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF MAURICE HINCHEY

Mailing Address PO Box 4497

City Kingston State NY Zip Code 12402

Purpose of Disbursement

Candidate Name  
MAURICE D HINCHEY

Office Sought:  House  
 Senate  
 President

State: NY District: 22

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.7468

Date of Disbursement

03 / 12 / 2008

Amount of Each Disbursement this Period

3000.00

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

Mailing Address PO BOX 1322  
PO BOX 1322

City WAUSAU State WI Zip Code 54402

Purpose of Disbursement  
Contribution

Candidate Name  
DAVID R OBEY

Office Sought:  House  
 Senate  
 President

State: WI District: 07

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.7471

Date of Disbursement

03 / 31 / 2008

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 6520 Village Parkway  
Second Floor

City Dublin State CA Zip Code 94568

Purpose of Disbursement  
contribution

Candidate Name  
JERRY MCNERNEY

Office Sought:  House  
 Senate  
 President

State: CA District: 11

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.7474

Date of Disbursement

03 / 28 / 2008

Amount of Each Disbursement this Period

30.00

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

4030.00

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