

**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 PAC

Full Name (Last, First, Middle Initial)

A. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 99567

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement

Candidate Name

RENEE JACISIN ELLMERS

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 02

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2016

Transaction ID : **SB23.4573**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ROHRABACHER FOR CONGRESS

Mailing Address 9070 IRVINE CENTER DRIVE, #150

City IRVINE State CA Zip Code 92618

Purpose of Disbursement

Candidate Name

DANA ROHRABACHER

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 48

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2016

Transaction ID : **SB23.4579**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RYAN COSTELLO FOR CONGRESS

Mailing Address PO BOX 3154

City WEST CHESTER State PA Zip Code 19381

Purpose of Disbursement

Candidate Name

RYAN A COSTELLO

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 06

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2016

Transaction ID : **SB23.4570**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4000.00

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