

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 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

Full Name (Last, First, Middle Initial) <b>A. Steven Persky</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 8 / 2 0 0 7	
Mailing Address 361 21st St		<b>Transaction ID: SA11A1.5756</b>	
City State Zip Code Santa Monica CA 90402-2417	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Dalton Investments	Occupation Managing Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B. Rene Ruiz</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address 3 Chilcott Pl. #2		<b>Transaction ID: SA11A1.5775</b>	
City State Zip Code Jamaica Plain MA 02130	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Intex Solutions, Inc.	Occupation Financial Modeler		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. Ted A Semon</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 7	
Mailing Address Eagle View Dr		<b>Transaction ID: SA11A1.5778</b>	
City State Zip Code Carol Stream IL 60188-1709	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	46100.00