

**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)

X 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

07

01

2004

through

09

30

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

05

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: ^M07 ^D01 ^Y2004 To: ^M09 ^D30 ^Y2004

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 ^Y 2004 ^Y | | 31815.48 |
| (b) Cash on Hand at Beginning of Reporting Period | 27779.48 | |
| (c) Total Receipts (from Line 19) | 12705.00 | 32219.00 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 40484.48 | 64034.48 |
| 7. Total Disbursements (from Line 31) | 12060.00 | 35610.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 28424.48 | 28424.48 |
| 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: ^M07 ⁻01 ⁻2004 To: ^N09 ⁻30 ⁻2004

| 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) | 11250.00 | |
| (ii) Unitemized | 1455.00 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) | 12705.00 | 32169.00 |
| (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) | 12705.00 | 32169.00 |
| 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 | 50.00 |
| 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)) | 12705.00 | 32219.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 12705.00 | 32219.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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..... | 9000.00 | 27550.00 |
| 24. Independent Expenditure (use Schedule E)..... | 3060.00 | 3060.00 |
| 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..... | 0.00 | 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))..... ▶ | 0.00 | 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)).. | 12060.00 | 35610.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 12060.00 | 35610.00 |

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

| 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) | 12705.00 | 32169.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 5000.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 12705.00 | 27169.00 |
| 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 / 11

(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 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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. Catherine Warren Dukehart | | Date of Receipt M / D / Y 09 / 30 / 2004 |
| Mailing Address 397B Pinehill Pl NW | | Transaction ID: SA11A1.4435 |
| City Atlanta | State GA | Zip Code 30342-4013 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer none | Occupation none | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial) B. Kwan Field | | Date of Receipt M / D / Y 09 / 22 / 2004 |
| Mailing Address 1377-C Spencer Ave. | | Transaction ID: SA11A1.4602 |
| City Lancaster | State PA | Zip Code 17603 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 5000.00 |
| Name of Employer | Occupation Homemaker | Aggregate Year-to-Date ▼ 5000.00 |
| Receipt For: Primary General Other (specify) ▼ | | |
| | | Resttribution - Orig. attrib. to R Field |

| | | |
|--|----------------------------|--|
| Full Name (Last, First, Middle Initial) C. Robert E Field | | Date of Receipt M / D / Y 09 / 22 / 2004 |
| Mailing Address 1377-C Spencer Ave | | Transaction ID: SA11A1.4425 |
| City Lancaster | State PA | Zip Code 17603 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 5000.00 |
| Name of Employer The Manor Group | Occupation Chair and VP | Aggregate Year-to-Date ▼ 5000.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|---|---|-----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 10250.00 |
| 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 / 11

(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. Ted A. Simon | | Date of Receipt 09 / 08 / 2004 | |
| Mailing Address Eagle View Dr | | Transaction ID: SA11A1.4415 | |
| City Carol Stream | State IL | Zip Code 60188-1709 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | |
|---|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 11250.00 |

**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 / 11

| | | | | | |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| <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. A WHOLE LOT OF PEOPLE FOR GRIJALVA

Mailing Address P.O. Box 1242

City Tucson State AZ Zip Code 85702

Purpose of Disbursement

Candidate Name
A WHOLE LOT OF PEOPLE FOR GRIJALVA

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

State: AZ District: D7

011
Category/
Type

Transaction ID: SB23.4482

Date of Disbursement

09 / 14 / 2004

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P O BOX 260

City NEWTONVILLE State MA Zip Code 02460

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: SB23.4476

Date of Disbursement

09 / 22 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. COMMITTEE TO ELECT LINDA SANCHEZ

Mailing Address 801 S GLENOAKS BLVD SUITE 211

City BURBANK State CA Zip Code 91502

Purpose of Disbursement

Candidate Name
COMMITTEE TO ELECT LINDA SANCHEZ

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

State: CA District: 39

011
Category/
Type

Transaction ID: SB23.4480

Date of Disbursement

09 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

PAGE 9 / 11

| | | | | | |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| <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. SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City State Zip Code
EVANSTON IL 60204

Purpose of Disbursement

Candidate Name
SCHAKOWSKY FOR CONGRESS

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

State: IL District: D9

011
Category/
Type

Transaction ID: SB23.4478

Date of Disbursement

09 / 21 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. VERMONT DEMOCRATIC FED. CAMPAIGN COMM.

Mailing Address PO Box 1220

City State Zip Code
Montpelier VT 05601

Purpose of Disbursement

Candidate Name

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

State: District

011
Category/
Type

Transaction ID: SB23.4494

Date of Disbursement

08 / 12 / 2004

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

9000.00

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

| | | | | | |
|---|--|-------------|--|--|---|
| NAME OF COMMITTEE (In Full) MPP Medical Marijuana PAC | | | FEC IDENTIFICATION NUMBER C C00389882 | | |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice Full Name (Last, First, Middle, Initial) of Payee KXEM Radio | | | Date M M / D D / Y Y Y Y 08 / 30 / 2004 | | |
| Mailing Address 4000 N. Central Ave. Suite 720 | | | Amount 3060.00 | | |
| City Phoenix | | State AZ | Zip Code 85012 | | Transaction ID: SE24.4386 |
| Purpose of Expenditure Payment for radio ads | | | Category/ Type 004 | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>AZ</u> District: <u>02</u> |
| Name of Federal Candidate supported or Opposed by expenditure: TRENT FRANKS | | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | | | 3060.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2004 Other (specify): _____ |

| | |
|---|-----------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures | 3060.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 0.00 |
| (c) TOTAL Independent Expenditures | 3060.00 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | |
| _____ Signature | Date M M / J J / Y Y Y Y |

Form/Schedule: SA11A1 This contribution was made on behalf of Mr. and Mrs. Robert Field
Transaction ID: SA11A14425