

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

IS THIS REPORT NEW (N) OR 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 Year-End 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 / / through / /

01 / 01 / 2013 through 06 / 30 / 2013

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

Signature of Treasurer *Robert D. Kampia* [Electronically Filed] Date / /

07 / 17 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		53922.77
(b) Cash on Hand at Beginning of Reporting Period.....	53922.77	
(c) Total Receipts (from Line 19)	40853.44	40853.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	94776.21	94776.21
7. Total Disbursements (from Line 31).....	20000.00	20000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	74776.21	74776.21
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. 06/2004)

Write or Type Committee Name

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Report Covering the Period: From: / / To: / /

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).....	36790.00	36790.00
(ii) Unitemized	4063.44	4063.44
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	40853.44	40853.44
(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)	40853.44	40853.44
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 Transfers (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))..... ▶	40853.44	40853.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	40853.44	40853.44

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	18000.00	18000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	0.00
(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	0.00
29. Other Disbursements	2000.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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 Activity (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)) ..	20000.00	20000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20000.00	20000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	40853.44	40853.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40853.44	40853.44
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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
<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)
Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A. Stephen DeAngelo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1840 Embarcadero
 City Oakland State CA Zip Code 94606-5220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harborside Health Center Occupation Executive Director
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 20 / 2013
Transaction ID : SA11AI.13023
 Amount of Each Receipt this Period
 1000.00
 FIXXXPXX01X

B. Thomas J Dunker
 Full Name (Last, First, Middle Initial)
 Mailing Address 3577 Kelsey Knolls
 City Santa Rosa State CA Zip Code 95403-0125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Real Estate Investor
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.12964
 Amount of Each Receipt this Period
 5000.00
 FIXXXPXX01X

C. John Gilmore
 Full Name (Last, First, Middle Initial)
 Mailing Address Po Box 170608
 City San Francisco State CA Zip Code 94117-0608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Philanthropist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 07 / 2013
Transaction ID : SA11AI.12895
 Amount of Each Receipt this Period
 5000.00
 PIXXXPXX00B

SUBTOTAL of Receipts This Page (optional).....▶	11000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A. Justin Hartfield
 Full Name (Last, First, Middle Initial)
 Mailing Address 22022 Heidi Ave
 City Lake Forest State CA Zip Code 92630-1824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Weed Maps Occupation CEO
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2013
Transaction ID : SA11AI.12935
 Amount of Each Receipt this Period
 5000.00
 PIXXPXX00B

B. Phil D Harvey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701 K Street Nw Ste 900
 City Washington State DC Zip Code 20006-1513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DKT International Occupation President
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2013
Transaction ID : SA11AI.13080
 Amount of Each Receipt this Period
 5000.00
 FIXXPXX00X

C. Jeremy Heidl
 Full Name (Last, First, Middle Initial)
 Mailing Address 2885 Cherry St
 City Denver State CO Zip Code 80207-3040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retail Sales Occupation Retail/Wholesale
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : SA11AI.13017
 Amount of Each Receipt this Period
 1000.00
 FIXXPXX01X

SUBTOTAL of Receipts This Page (optional).....▶	11000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
	<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

A. Deborah Hodges
Full Name (Last, First, Middle Initial)
Mailing Address 554 Kemp Road
City Climax State GA Zip Code 39834-2952
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 08 / 2013
Transaction ID : SA11AI.13065
Amount of Each Receipt this Period
260.00
AE136P0106X

B. Patrick Leonard
Full Name (Last, First, Middle Initial)
Mailing Address 35300 Pflumm Road
City Paola State KS Zip Code 66071-7282
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Financial Consultant
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2013
Transaction ID : SA11AI.12925
Amount of Each Receipt this Period
5000.00
FIXXXPXX01X

C. Patrick McManamon
Full Name (Last, First, Middle Initial)
Mailing Address 1991 Crocker Road Ste 215
City Westlake State OH Zip Code 44145-1962
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Cannasure Insurance Services Insurance
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 23 / 2013
Transaction ID : SA11AI.13037
Amount of Each Receipt this Period
1000.00
FIXXXPXX01X

SUBTOTAL of Receipts This Page (optional).....▶	6260.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A. Michael Newman
 Full Name (Last, First, Middle Initial)
 Mailing Address 27141 Lerma
 City Mission Viejo State CA Zip Code 92691-2103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation hearing instrument specialist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2013
Transaction ID : SA11AI.13031
 Amount of Each Receipt this Period
 50.00
 MMXXXPXXXXX

B. Michael Newman
 Full Name (Last, First, Middle Initial)
 Mailing Address 27141 Lerma
 City Mission Viejo State CA Zip Code 92691-2103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation hearing instrument specialist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2013
Transaction ID : SA11AI.13082
 Amount of Each Receipt this Period
 50.00
 MMXXXPXXXXX

C. Mark Passerini
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 S Main St Floor 3
 City Ann Arbor State MI Zip Code 48104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The OM of Medicine Occupation Co-Founder
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2013
Transaction ID : SA11AI.12978
 Amount of Each Receipt this Period
 1000.00
 FIXXPXX02X

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A. Jerome Shaw
 Full Name (Last, First, Middle Initial)
 Mailing Address 2699 S Bayshore Dr.
 City Miami State FL Zip Code 33133-5408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 05 / 2013
Transaction ID : SA11AI.13050
 Amount of Each Receipt this Period
 250.00
 SPXXXXP01A1X

B. James Slatic
 Full Name (Last, First, Middle Initial)
 Mailing Address 416 Placer Ave
 City San Marcos State CA Zip Code 92069-1887
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Med-West Healthcare
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 20 / 2013
Transaction ID : SA11AI.13025
 Amount of Each Receipt this Period
 1000.00
 FIXXXPPX01X

C. Terry Turner
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 3198
 City Landers State CA Zip Code 92285-0198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 None Retired
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 25 / 2013
Transaction ID : SA11AI.12983
 Amount of Each Receipt this Period
 1000.00
 FIXXXPPX02X

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A. William M Waring
 Full Name (Last, First, Middle Initial)
 Mailing Address 152 Berrywood Dr
 City Severna Park State MD Zip Code 21146-2032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Consulting
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2013
Transaction ID : SA11AI.12974
 Amount of Each Receipt this Period
 60.00
 MMXXXPXXXXX

B. William M Waring
 Full Name (Last, First, Middle Initial)
 Mailing Address 152 Berrywood Dr
 City Severna Park State MD Zip Code 21146-2032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Consulting
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2013
Transaction ID : SA11AI.13034
 Amount of Each Receipt this Period
 60.00
 MMXXXPXXXXX

C. William M Waring
 Full Name (Last, First, Middle Initial)
 Mailing Address 152 Berrywood Dr
 City Severna Park State MD Zip Code 21146-2032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Consulting
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2013
Transaction ID : SA11AI.13083
 Amount of Each Receipt this Period
 60.00
 MMXXXPXXXXX

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A. James M Willett
 Full Name (Last, First, Middle Initial)
 Mailing Address 23603 77th Ave Se
 City Woodinville State WA Zip Code 98072-9532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yakima Occupation President
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2013
Transaction ID : SA11AI.12905
 Amount of Each Receipt this Period
 5000.00
 FIXXXPXX01X

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	36790.00

**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)

<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

Full Name (Last, First, Middle Initial)

A. ALAN LOWENTHAL FOR CONGRESS

Mailing Address 6380 WILSHIRE BLVD., #1612

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement

011

Candidate Name

ALAN LOWENTHAL FOR CONGRESS

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	3

Transaction ID : SB23.13113

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. BARBARA LEE FOR CONGRESS

Mailing Address 1736 FRANKLIN STREET #400

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement

011

Candidate Name

BARBARA LEE FOR CONGRESS

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	3

Transaction ID : SB23.13121

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. BETO O'ROURKE FOR CONGRESS

Mailing Address 1209 PROSPECT

City EL PASO State TX Zip Code 79902

Purpose of Disbursement

011

Candidate Name

BETO O'ROURKE FOR CONGRESS

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	3

Transaction ID : SB23.13120

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**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

Full Name (Last, First, Middle Initial)

A. HUFFMAN FOR CONGRESS 2012 EXPLORATORY COMMITTEE

Mailing Address P.O. BOX 151563

City State Zip Code
SAN RAFAEL CA 94915

Purpose of Disbursement

011

Candidate Name
HUFFMAN FOR CONGRESS 2012 EXPLORATORY COMMITTEE

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: CA District: 06

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : SB23.13112

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MARK POCAN FOR CONGRESS

Mailing Address PO BOX 327

City State Zip Code
MADISON WI 53701

Purpose of Disbursement

011

Candidate Name
MARK POCAN FOR CONGRESS

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2013

Transaction ID : SB23.13109

Amount of Each Disbursement this Period

0.00

Full Name (Last, First, Middle Initial)

C. MICHAUD FOR CONGRESS

Mailing Address 213 LISBON ST

City State Zip Code
LEWISTON ME 04240

Purpose of Disbursement

011

Candidate Name
MICHAUD FOR CONGRESS

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2013

Transaction ID : SB23.13117

Amount of Each Disbursement this Period

1000.00

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

2000.00

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)

<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

Full Name (Last, First, Middle Initial)

A. NATIONAL CANNABIS INDUSTRY ASSOCIATION PAC

Mailing Address PO BOX 78062

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement

011

Category/
Type

Candidate Name

NATIONAL CANNABIS INDUSTRY ASSOCIATION PAC

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2013

Transaction ID : SB23.13104

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. STEVE COHEN FOR CONGRESS

Mailing Address 349 KENILWORTH PLACE

City MEMPHIS State TN Zip Code 38112

Purpose of Disbursement

011

Category/
Type

Candidate Name

STEVE COHEN FOR CONGRESS

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 09

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2013

Transaction ID : SB23.13102

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

6000.00

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

18000.00

