

# 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 ▲

3. 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  /  /

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 D. Kampia

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

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. 12/2004

**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="2012"/>		29741.77
(b) Cash on Hand at Beginning of Reporting Period.....	19417.77	
(c) Total Receipts (from Line 19) .....	15155.00	23431.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	34572.77	53172.77
7. Total Disbursements (from Line 31).....	7650.00	26250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	26922.77	26922.77
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

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).....	7010.00	7890.00
(ii) Unitemized .....	3145.00	10541.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10155.00	18431.00
(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) .....	10155.00	18431.00
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.....	5000.00	5000.00
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))..... ▶	15155.00	23431.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15155.00	23431.00

**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) 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.....	7650.00	26250.00
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 .....	0.00	0.00
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)) ..	7650.00	26250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7650.00	26250.00

**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) .....	10155.00	18431.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10155.00	18431.00
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
	<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	

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. Robert J Ablon**  
Full Name (Last, First, Middle Initial)

Mailing Address 99 Roble Rd

City Oakland State CA Zip Code 94618-1940

FEC ID number of contributing federal political committee. **C**

Name of Employer New Passage Occupation Advertising

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 22 / 2012  
**Transaction ID : SA11AI.12573**

Amount of Each Receipt this Period 30.00  
MMXXXPXXXXX

**B. Marc Bejarano**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Springvale Ave

City Chelsea State MA Zip Code 02150-1129

FEC ID number of contributing federal political committee. **C**

Name of Employer OpenWave Systems, Inc. Occupation IT

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 15 / 2012  
**Transaction ID : SA11AI.12470**

Amount of Each Receipt this Period 50.00  
MMXXXPXXXXX

**C. Marc Bejarano**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Springvale Ave

City Chelsea State MA Zip Code 02150-1129

FEC ID number of contributing federal political committee. **C**

Name of Employer OpenWave Systems, Inc. Occupation IT

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 15 / 2012  
**Transaction ID : SA11AI.12510**

Amount of Each Receipt this Period 50.00  
MMXXXPXXXXX

**SUBTOTAL** of Receipts This Page (optional).....▶ 130.00

**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:	PAGE 7 OF 15
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Marc Bejarano**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Springvale Ave

City Chelsea State MA Zip Code 02150-1129

FEC ID number of contributing federal political committee. **C**

Name of Employer OpenWave Systems, Inc. Occupation IT

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 15 / 2012  
**Transaction ID : SA11AI.12561**

Amount of Each Receipt this Period 50.00  
MMXXXPXXXXX

**B. James F Ferguson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1917 W Schiller St

City Chicago State IL Zip Code 60622-1913

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Telecommunications

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 29 / 2012  
**Transaction ID : SA11AI.12640**

Amount of Each Receipt this Period 500.00  
AE129P0128X

**C. Anthony Glaviano**  
Full Name (Last, First, Middle Initial)

Mailing Address 4149 Sumter Sq

City Fort Collins State CO Zip Code 80525-3465

FEC ID number of contributing federal political committee. **C**

Name of Employer McGraw-Hill Occupation Engineering

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2012  
**Transaction ID : SA11AI.12600**

Amount of Each Receipt this Period 1000.00  
AE129P0128X

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1550.00

**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: PAGE 8 OF 15  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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**

Full Name (Last, First, Middle Initial)  
**A. Michael F Marion**

Mailing Address 865 Ne Melanie Ct.

City State Zip Code  
Bremerton WA 98311-3018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US DOD Finance and Accounting Government

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2012  
**Transaction ID : SA11AI.12582**

Amount of Each Receipt this Period  
25.00  
MMXXXPXXXXX

Full Name (Last, First, Middle Initial)  
**B. Michael Newman**

Mailing Address 27141 Lerma

City State Zip Code  
Mission Viejo CA 92691-2103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self-employed hearing instrument specialist

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2012  
**Transaction ID : SA11AI.12479**

Amount of Each Receipt this Period  
50.00  
MMXXXPXXXXX

Full Name (Last, First, Middle Initial)  
**C. Michael Newman**

Mailing Address 27141 Lerma

City State Zip Code  
Mission Viejo CA 92691-2103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self-employed hearing instrument specialist

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2012  
**Transaction ID : SA11AI.12570**

Amount of Each Receipt this Period  
50.00  
MMXXXPXXXXX

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

**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 15
<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. Rene Antonio Ruiz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 Stone Bridge Lane  
City Milton State MA Zip Code 02186-3645  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Entrepreneur Occupation Investor  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 17 / 2012  
**Transaction ID : SA11AI.12519**  
Amount of Each Receipt this Period 5000.00  
PIXXXPXX00B

**B. Michael O Stearns**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3240 Peralta St Apt 9  
City Oakland State CA Zip Code 94608-4151  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 22 / 2012  
**Transaction ID : SA11AI.12568**  
Amount of Each Receipt this Period 25.00  
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 IT consulting  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 22 / 2012  
**Transaction ID : SA11AI.12478**  
Amount of Each Receipt this Period 60.00  
MMXXXPXXXXX

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5085.00  
**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 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. 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 IT consulting  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 22 / 2012  
**Transaction ID : SA11AI.12534**  
 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 IT consulting  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2012  
**Transaction ID : SA11AI.12569**  
 Amount of Each Receipt this Period  
 60.00  
 MMXXXPXXXXX

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7010.00

**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 11 OF 15
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<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. Roger Goodman for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 218 Main Street  
PMB 468

City Kirkland State WA Zip Code 98033

FEC ID number of contributing federal political committee. **C** C00492793

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 10 / 2012

**Transaction ID : SA16.12668**

Amount of Each Receipt this Period  
5000.00

Return of contribution for general election

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**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

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**

Full Name (Last, First, Middle Initial)

**A. Citizens for Rep. Lou Lang**

Mailing Address P.O. Box 1815

City Skokie State IL Zip Code

Purpose of Disbursement

011

Candidate Name

**Citizens for Rep. Lou Lang**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : SB23.12686**

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

**B. Donovan for Attorney General**

Mailing Address 131 Church Street

City Burlington State VT Zip Code 05401

Purpose of Disbursement

011

Candidate Name

**Donovan for Attorney General**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: VT District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2012

**Transaction ID : SB23.12682**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Bill Haine**

Mailing Address P.O. Box 67

City Alton State IL Zip Code 62002

Purpose of Disbursement

011

Candidate Name

**Friends of Bill Haine**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : SB23.12685**

Amount of Each Disbursement this Period

600.00

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

2200.00

**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

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**

Full Name (Last, First, Middle Initial)

**A. Friends of Roger Goodman**

Mailing Address 218 Main Street  
PMB 763

City State Zip Code  
Kirkland WA 98033

Purpose of Disbursement

011

Candidate Name

**Friends of Roger Goodman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : SB23.12676**

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

**B. JOE MIKLOSI FOR CONGRESS**

Mailing Address PO BOX 3975

City State Zip Code  
GREENWOOD VILLAGE CO 80155

Purpose of Disbursement

011

Candidate Name

**JOE MIKLOSI FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

MM / DD / YYYY  
07 / 12 / 2012

**Transaction ID : SB23.12672**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. JOE MIKLOSI FOR CONGRESS**

Mailing Address PO BOX 3975

City State Zip Code  
GREENWOOD VILLAGE CO 80155

Purpose of Disbursement

011

Candidate Name

**JOE MIKLOSI FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

**Transaction ID : SB23.12673**

Amount of Each Disbursement this Period

1000.00

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

2150.00

**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

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**

Full Name (Last, First, Middle Initial)

**A. PACE FOR CONGRESS**

Mailing Address PO BOX 1510

City PUEBLO State CO Zip Code 81002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**PACE FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : SB23.12669**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Shumlin for Governor**

Mailing Address PO Box 5353

City Burlington State VT Zip Code 05402-5353

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Shumlin for Governor**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2012

**Transaction ID : SB23.12675**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Terry White for Indiana**

Mailing Address 123 Locust Street

City Evansville State IN Zip Code 47708

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Terry White for Indiana**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2012

**Transaction ID : SB23.12683**

Amount of Each Disbursement this Period

300.00

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

2300.00

**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

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**

Full Name (Last, First, Middle Initial)

### A. Zuckerman for Vermont Senate

Mailing Address P.O. Box 9354

City S. Burlington State VT Zip Code 05407

Purpose of Disbursement

011

Candidate Name

**Zuckerman for Vermont Senate**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: VT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

Transaction ID : SB23.12684

Amount of Each Disbursement this Period

1000.00
---------

### B.

Full Name (Last, First, Middle Initial)

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

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

### C.

Full Name (Last, First, Middle Initial)

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

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

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

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

1000.00
---------

7650.00
---------