



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**Marijuana Policy Project 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="2017"/>		71345.25
(b) Cash on Hand at Beginning of Reporting Period.....	71345.25	
(c) Total Receipts (from Line 19) .....	92688.27	92688.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	164033.52	164033.52
7. Total Disbursements (from Line 31).....	147629.99	147629.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	16403.53	16403.53
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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**Marijuana Policy Project 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).....	21640.00	21640.00
(ii) Unitemized .....	675.00	675.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	22315.00	22315.00
(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) .....	22315.00	22315.00
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).....	373.27	373.27
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	65000.00	65000.00
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)).....▶	92688.27	92688.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	92688.27	92688.27

**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 .....	379.99	379.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	379.99	379.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22000.00	22000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	125250.00	125250.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	147629.99	147629.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	147629.99	147629.99

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	22315.00	22315.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22315.00	22315.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	379.99	379.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	373.27	373.27
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6.72	6.72

**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 19
	<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 PAC**

**A. Britton, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Info requested

City Info requested      State DC      Zip Code 20009

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

Name of Employer (for Individual) Info requested      Occupation (for Individual) Info requested

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017

**Transaction ID : SA11AI.5362**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. Gilmore, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 170608

City San Francisco      State CA      Zip Code 94117

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

Name of Employer (for Individual) Self      Occupation (for Individual) Philanthropist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 23 / 2017

**Transaction ID : SA11AI.4831**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Individual contribution

**C. Huber, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2518 Se 125th Ave

City Vancouver      State WA      Zip Code 98683-3827

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

Name of Employer (for Individual) Info requested      Occupation (for Individual) Info requested

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2017

**Transaction ID : SA11AI.4828**

Amount of Each Receipt this Period  
40.00

Memo Item  
Individual contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10040.00
<b>TOTAL</b> 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 19
	<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 PAC**

**A. Turner, Terry, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 10 / 2017  
**Transaction ID : SA11AI.5296**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B. Turner, Terry, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 3198

City Landers	State CA	Zip Code 92285-0198
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : SA11AI.5314**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C. Turner, Terry, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 3198

City Landers	State CA	Zip Code 92285-0198
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2017  
**Transaction ID : SA11AI.5322**

Amount of Each Receipt this Period  
 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 19
	<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 PAC**

**A. Turner, Terry, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 3198

City Landers	State CA	Zip Code 92285-0198
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2017  
**Transaction ID : SA11AI.5337**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B. Turner, Terry, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 3198

City Landers	State CA	Zip Code 92285-0198
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2017  
**Transaction ID : SA11AI.5347**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C. Turner, Terry, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 3198

City Landers	State CA	Zip Code 92285-0198
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2017  
**Transaction ID : SA11AI.5354**

Amount of Each Receipt this Period  
 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Marijuana Policy Project PAC**

**A. Wiggins, Adam, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 767 Bryant St.  
 Apt. 407  
 City San Francisco State CA Zip Code 94107-1093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Entrepreneur  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt **01 / 11 / 2017**  
**Transaction ID : SA11AI.4830**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Individual donation

**B. Zakel, Peter, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40692 Ladero St  
 City Fremont State CA Zip Code 94539-3668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cadence Design Systems Inc. Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt **05 / 07 / 2017**  
**Transaction ID : SA11AI.4822**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Individual contribution

**C. Zakel, Peter, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40692 Ladero St  
 City Fremont State CA Zip Code 94539-3668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cadence Design Systems Inc. Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt **06 / 07 / 2017**  
**Transaction ID : SA11AI.4826**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5100.00
<b>TOTAL</b> 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 19
	<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 PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Zucker, Jeff, , ,

Mailing Address 1210 S Ogden St

City Denver	State CO	Zip Code 80210
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Green Lion Partners	Occupation (for Individual) President
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2017

**Transaction ID : SA11AI.5323**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

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

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	21640.00

**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 19
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Marijuana Policy Project PAC**

**A. Marijuana Policy Project**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2370 Champlain St NW

City Washington	State DC	Zip Code 20009
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
244.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2017

**Transaction ID : SA15.5338**

Amount of Each Receipt this Period  
71.94

Memo Item  
Credit card fee reimbursement

**B. Marijuana Policy Project**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2370 Champlain St NW

City Washington	State DC	Zip Code 20009
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
302.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2017

**Transaction ID : SA15.5343**

Amount of Each Receipt this Period  
57.82

Memo Item  
Credit card fee reimbursement

**C. Marijuana Policy Project**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2370 Champlain St NW

City Washington	State DC	Zip Code 20009
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
15373.27

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

**Transaction ID : SA15.5355**

Amount of Each Receipt this Period  
70.82

Memo Item  
Credit card fee reimbursement

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.58
<b>TOTAL</b> This Period (last page this line number only).....	200.58

**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 19
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Marijuana Policy Project PAC**

**A. Marijuana Policy Project**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2370 Champlain St NW

City Washington	State DC	Zip Code 20009
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15302.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

**Transaction ID : SA17.5348**

Amount of Each Receipt this Period  
15000.00

Memo Item  
Return of transferred funds

**B. Marijuana Policy Project Foundation**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2370 Champlain St NW Ste 12

City Washington	State DC	Zip Code 20009
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

**Transaction ID : SA17.5349**

Amount of Each Receipt this Period  
50000.00

Memo Item  
Return of transferred funds

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	65000.00

**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 13 OF 19
<input 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 checked="" 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 PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**RAND PAUL FOR PRESIDENT, INC.**

Mailing Address **PO BOX 77681**

City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20013</b>
---------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) \_\_\_\_\_ Occupation (for Individual) \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**01 / 23 / 2017**

**Transaction ID : SA16.5299**

Amount of Each Receipt this Period  
**5000.00**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address \_\_\_\_\_

City _____	State _____	Zip Code _____
------------	-------------	----------------

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

Name of Employer (for Individual) \_\_\_\_\_ Occupation (for Individual) \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address \_\_\_\_\_

City _____	State _____	Zip Code _____
------------	-------------	----------------

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

Name of Employer (for Individual) \_\_\_\_\_ Occupation (for Individual) \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. iATS Payments**

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
Credit card processing fee

001

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
0	4			0	4			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5340

Amount of Each Disbursement this Period

57.40

Memo Item

Full Name (Last, First, Middle Initial)

**B. iATS Payments**

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
Credit card processing fee

001

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
0	5			0	3			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5345

Amount of Each Disbursement this Period

57.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. iATS Payments**

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
Credit card processing fee

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
0	6			0	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5357

Amount of Each Disbursement this Period

57.40

Memo Item

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

172.20

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

172.20



**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"/> 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**

**A. MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 2150 RIVER PLAZA DR. #150

City SACRAMENTO State CA Zip Code 95833

Purpose of Disbursement  
Primary Election

Candidate Name  
**MCCLINTOCK, THOMAS, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2017

FEC Identification Number

**C** C00446815

**Transaction ID : SB23.4805**

Amount of Each Disbursement this Period

1000.00

Memo Item

**B. NATIONAL CANNABIS INDUSTRY ASSOCIATION PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 126 C STREET NW  
SUITE #300

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2017

FEC Identification Number

**C**

**Transaction ID : SB23.5166**

Amount of Each Disbursement this Period

5000.00

Memo Item

**C. ROHRBACHER, Dana, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 9070 IRVINE CENTER DRIVE, #150

City IRVINE State CA Zip Code 92618

Purpose of Disbursement

Candidate Name  
**ROHRBACHER, DANA, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 48

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 05 / 2017

FEC Identification Number

**C** H8CA42061

**Transaction ID : SB23.5303**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

8500.00





**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Marijuana Policy Project PAC**

**A. Info requested**

Full Name (Last, First, Middle Initial)  
Mailing Address Info requested

City Info requested State DC Zip Code 20009

Purpose of Disbursement Transfer

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 02 / 2017

FEC Identification Number: C  
Transaction ID : SB29.5351  
Amount of Each Disbursement this Period: 250.00

Memo Item

**B. Marijuana Policy Project**

Full Name (Last, First, Middle Initial)  
Mailing Address 2370 Champlain St NW

City Washington State DC Zip Code 20009

Purpose of Disbursement Transfer

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 26 / 2017

FEC Identification Number: C  
Transaction ID : SB29.5341  
Amount of Each Disbursement this Period: 15000.00

Memo Item

**C. Marijuana Policy Project**

Full Name (Last, First, Middle Initial)  
Mailing Address 2370 Champlain St NW

City Washington State DC Zip Code 20009

Purpose of Disbursement Transfer

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 26 / 2017

FEC Identification Number: C  
Transaction ID : SB29.5350  
Amount of Each Disbursement this Period: 40000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 55250.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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) <b>A. Marijuana Policy Project Foundation</b>		Date of Disbursement MM / DD / YYYY 01 / 27 / 2017
Mailing Address 2370 Champlain St NW Ste 12		FEC Identification Number C [ ] <b>Transaction ID : SB29.5297</b> Amount of Each Disbursement this Period 50000.00
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Transfer		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Marijuana Policy Project Foundation</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2017
Mailing Address 2370 Champlain St NW Ste 12		FEC Identification Number C [ ] <b>Transaction ID : SB29.5358</b> Amount of Each Disbursement this Period 20000.00
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Transfer		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period
City	State	Zip Code
Purpose of Disbursement		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	70000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	125250.00