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)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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

A.
Full Name (Last, First, Middle Initial): LARSON FOR CONGRESS
Mailing Address: 29 RUFF CIRCLE
City: GLASTONBURY State: CT Zip Code: 06033
Purpose of Disbursement:
Candidate Name: John Larson
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CT District: 01
Disbursement For: 2008 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: SB23.7915
Date of Disbursement: 04 / 02 / 2008
Amount of Each Disbursement this Period: 2000.00

B.
Full Name (Last, First, Middle Initial): MIKE HONDA FOR CONGRESS
Mailing Address: P.O. Box 8180
City: San Jose State: CA Zip Code: 95155
Purpose of Disbursement:
Candidate Name: MIKE HONDA FOR CONGRESS
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 15
Disbursement For: 2008 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: SB23.7895
Date of Disbursement: 06 / 25 / 2008
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Nadler for Congress
Mailing Address: Village Station PO Box 40
City: New York State: NY Zip Code: 10014
Purpose of Disbursement:
Candidate Name: Nadler for Congress
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 08
Disbursement For: 2008 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: SB23.7904
Date of Disbursement: 06 / 11 / 2008
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4000.00**

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