

Report of Covered Transfers Supporting Direct Campaign Expenditures: ATX.8

COVER SHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 3	
	LAST; SUFFIX Drug Policy Action	ACCOUNT # 00090818	
	<div>OFFICE USE ONLY</div> <div>Date Received ELECTRONICALLY FILED 03/24/2022</div> <div>Receipt #</div> <div> <div>HD / PM</div> <div>Amount</div> </div> <div>Date Processed</div> <div>Date Imaged</div>		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 131 West 33rd Street 15th Floor New York, NY 10001 <input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)		
3 INDIVIDUAL FILER EMPLOYER & OCCUPATION	FILER OCCUPATION	FILER EMPLOYER	
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX		
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
6 MEMO			

ATX.8 Transfers Made

1 FILER NAME Drug Policy Action		2 FILER ID 00090818	3 Total pages Schedule ATX8EXPEND: Sch: 1/1 Rpt: 2/3
3	MEMO		
4	RECIPIENT NAME LAST FIRST MI Register 2 Vote		
5	RECIPIENT ADDRESS APARTMENT/SUITE# CITY STATE ZIPCODE c/o Mele Brengarth & Associates LLC PO Box 15845 Washington, DC 20003		
6	TRANSFER DETAILS	(a) TRANSFER DATE 03/15/2022	(b) TRANSFER AMOUNT (\$) \$50,000.00
	(c) PURPOSE AND DESCRIPTION OF TRANSFER Contribution		
7	Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)
	(c) Office sought	(d) Office held	

**Report of Covered Transfers Supporting
Direct Campaign Expenditures Declaration:
AFFIDAVIT**

This information serves as the electronic signature of the person legally responsible for filing this report.

By signature below, I swear or affirm under penalty of perjury that the Report of Covered Transfers Supporting Direct Campaign Expenditures filed with this signature is in all things true and correct and fully shows all information required to be reported by me pursuant to City Code Section 2-2-34.

Drug Policy Action

Signature of Filer