

# Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 3	
	LAST; SUFFIX Drug Policy Action	ACCOUNT # 00090818	
	<div>OFFICE USE ONLY</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		Date Received ELECTRONICALLY FILED 10/11/2022
	<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)		Receipt #
	HD / PM	Amount	
3 INDIVIDUAL FILER EMPLOYER & OCCUPATION	FILER OCCUPATION	FILER EMPLOYER	Date Processed
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX		Date Imaged
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
6 MEMO			

# Expenditure

FORM **ATX1EXPEND**

<b>1</b> FILER NAME Drug Policy Action		<b>2</b> FILER ID 00090818	<b>3</b> Total pages Schedule ATX1EXPEND:  Sch: 1/1 Rpt: 2/3
<b>4</b> MEMO			
<b>5</b> PAYEE NAME	LAST FIRST MI Register 2 Vote		
<b>6</b> PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code  c/o Mele Brengarth & Associates LLC PO Box 15845  Washington, DC 20003		
<b>7</b> EXPENDITURE DETAILS	<b>(a)</b> Category Other	<b>(b)</b> Description Contribution	
	<b>(c)</b> Date 08/31/2022	<b>(d)</b> Amount (\$) \$40,000.00	
<b>8</b> Complete <u>ONLY</u> if candidate or ballot measure suported/opposed	<b>(a)</b> Candidate/Officeholder name  LastName; Suffix; FirstName; Title	<b>(b)</b> Ballot measure supported/opposed  (CHECK IF BALLOT MEASURE)	
	<b>(c)</b> Office sought	<b>(d)</b> Office held	

# Report of Direct Campaign Expenditures:

## ATX.1

### AFFIDAVIT

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

I swear or affirm under penalty of perjury that each direct campaign expenditure was made without prior consent, cooperation, strategic communication, consultation, or sharing of material information regarding the communication's content, intended audience, timing, or method of dissemination between an affected candidate, the candidate's campaign staff, the candidate's campaign committee, or an agent or employee of the candidate or the committee, and the person making the expenditure, or that person's agent or employee.

I further swear or affirm under penalty of perjury that this Report of Direct Campaign Expenditures is in all things true and correct and fully shows all information required to be reported by me pursuant to City Code Section 2-2-32.

Drug Policy Action

Signature of Filer