

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. **12FE4M5**
Humane Society Legislative Fund Political Action Committee

ADDRESS (number and street) 1255 23rd Street, NW
Suite 455
Washington DC 20037
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00466813 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 [M M] / [D D] / [Y Y Y Y Y Y] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [M M] / [D D] / [Y Y Y Y Y Y] in the State of []

5. Covering Period [01] / [01] / [2024] through [01] / [31] / [2024]

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 Amundson, Sara, J.,

Signature of Treasurer Amundson, Sara, J., Date [02] / [16] / [2024]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Humane Society Legislative Fund Political Action Committee

Report Covering the Period: From: 01 / 01 / 2024 To: 01 / 31 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		339923.36
(b) Cash on Hand at Beginning of Reporting Period.....	339923.36	
(c) Total Receipts (from Line 19)	15355.00	15355.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	355278.36	355278.36
7. Total Disbursements (from Line 31).....	32859.51	32859.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	322418.85	322418.85
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Humane Society Legislative Fund Political Action Committee

Report Covering the Period: From: 01 / 01 / 2024 To: 01 / 31 / 2024

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).....	15000.00	15000.00
(ii) Unitemized	355.00	355.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15355.00	15355.00
(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)	15355.00	15355.00
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.....	0.00	0.00
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)).....▶	15355.00	15355.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	15355.00	15355.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

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	1359.51	1359.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1359.51	1359.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31500.00	31500.00
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).....	0.00	0.00
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)) ..	32859.51	32859.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32859.51	32859.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	15355.00	15355.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15355.00	15355.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1359.51	1359.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1359.51	1359.51

**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 12
	<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)
Humane Society Legislative Fund Political Action Committee

A. Haber, Daran, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 Vista Rd.
 City Roslyn Heights State NY Zip Code 11577-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Riverview Medical Center Occupation (for Individual) Doctor
 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 / 11 / 2024
Transaction ID : A93D5840C59564990AD2
 Amount of Each Receipt this Period
 5000.00
 Memo Item

B. Baskin, Howard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12802 Easy St
 City Tampa State FL Zip Code 33625-3702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Big Cat Rescue Occupation (for Individual) Nonprofit Executive
 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 / 12 / 2024
Transaction ID : A6F63DFDB5B694ABB852
 Amount of Each Receipt this Period
 5000.00
 Memo Item

C. Mahoney, Kimberly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2123 Majestic Oaks Blvd
 City Clearwater State FL Zip Code 33759-1630
 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 ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2024
Transaction ID : AF690388518224289AE0
 Amount of Each Receipt this Period
 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15000.00
TOTAL This Period (last page this line number only).....	15000.00

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 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)

Humane Society Legislative Fund Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paragon Payment Solutions

Mailing Address 2141 E Broadway Rd
Ste 202

City
Tempe

State
AZ

Zip Code
85282-1895

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		02		2024

FEC Identification Number

C [REDACTED]

Transaction ID : B201AF142D

Amount of Each Disbursement this Period

[REDACTED] 1278.80

Memo Item

Full Name (Last, First, Middle Initial)

B. CitiBank

Mailing Address 1 Penns Way

City
New Castle

State
DE

Zip Code
19720-2408

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		09		2024

FEC Identification Number

C [REDACTED]

Transaction ID : B06560F1AF6

Amount of Each Disbursement this Period

[REDACTED] 80.71

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Amount of Each Disbursement this Period

[REDACTED]

Memo Item

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

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

[REDACTED] 1359.51

[REDACTED] 1359.51

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)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full) Humane Society Legislative Fund Political Action Committee

Form A: DSCC. Includes fields for Full Name, Mailing Address (120 MARYLAND AVE NE), City (Washington), State (DC), Zip Code (20002-5610), Purpose of Disbursement (Contribution to Committee), Candidate Name (DSCC), Office Sought (House, Senate, President), Disbursement For (2024), and Amount of Each Disbursement (5000.00).

Form B: HUFFMAN FOR CONGRESS. Includes fields for Full Name, Mailing Address (P.O. BOX 151563), City (San Rafael), State (CA), Zip Code (94915-1563), Purpose of Disbursement (Contribution to Committee), Candidate Name (Huffman, Jared, , ,), Office Sought (House, Senate, President), Disbursement For (2024), and Amount of Each Disbursement (4000.00).

Form C: FRIENDS OF RAJA FOR CONGRESS. Includes fields for Full Name, Mailing Address (PO BOX 681202), City (SCHAUMBURG), State (IL), Zip Code (60168), Purpose of Disbursement (Contribution to Committee), Candidate Name (Krishnamoorthi, Raja, , Rep.,), Office Sought (House, Senate, President), Disbursement For (2024), and Amount of Each Disbursement (3000.00).

SUBTOTAL of Disbursements This Page (optional) 12000.00
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)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

Humane Society Legislative Fund Political Action Committee

Full Name (Last, First, Middle Initial)

A. SUSIE LEE FOR CONGRESS

Mailing Address 5130 S FORT APACHE RD STE. 215-382

City LAS VEGAS State NV Zip Code 89148

Purpose of Disbursement Contribution to Committee

Candidate Name

Lee, Susie, , Rep.,

Office Sought: [X] House [] Senate [] President State: NV District: 03

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

Category/Type

Date of Disbursement

Date field showing 01 / 26 / 2024

FEC Identification Number

C00655613

Transaction ID : B7CD60FC10

Amount of Each Disbursement this Period

Amount field showing 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. MAGAZINER FOR CONGRESS

Mailing Address 150 LAVAN STREET

City WARWICK State RI Zip Code 02888

Purpose of Disbursement Contribution to Committee

Candidate Name

Magaziner, Seth, , Rep.,

Office Sought: [X] House [] Senate [] President State: RI District: 02

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

Category/Type

Date of Disbursement

Date field showing 01 / 26 / 2024

FEC Identification Number

C00802504

Transaction ID : BE3D7B45A4

Amount of Each Disbursement this Period

Amount field showing 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. VERONICA ESCOBAR FOR CONGRESS

Mailing Address PO BOX 3961

City EL PASO State TX Zip Code 79923

Purpose of Disbursement Contribution to Committee

Candidate Name

Escobar, Veronica, , Rep.,

Office Sought: [X] House [] Senate [] President State: TX District: 16

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

Category/Type

Date of Disbursement

Date field showing 01 / 26 / 2024

FEC Identification Number

C00653923

Transaction ID : B5C89622D0

Amount of Each Disbursement this Period

Amount field showing 1000.00

[] Memo Item

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

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

Subtotal amount field showing 3000.00

Total amount field showing 3000.00

**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"/> 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)

Humane Society Legislative Fund Political Action Committee

Full Name (Last, First, Middle Initial)

A. MIKE LEVIN FOR CONGRESS

Mailing Address 555 CAPITOL MALL, SUITE 400

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement
Contribution to Committee

Candidate Name

Levin, Mike, , Rep.,

Office Sought: House Senate President
State: CA District: 49

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	2	4

FEC Identification Number

C C00634253

Transaction ID : B4895D5825E

Amount of Each Disbursement this Period

7	0	0	0	0	0	0	0	0	0
									5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. VAL HOYLE FOR CONGRESS

Mailing Address PO BOX 657

City SPRINGFIELD State OR Zip Code 97477

Purpose of Disbursement
Contribution to Committee

Candidate Name

Hoyle, Val, , Rep.,

Office Sought: House Senate President
State: OR District: 04

Disbursement For: 2024
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	2	4

FEC Identification Number

C C00796144

Transaction ID : B1794D57A4f

Amount of Each Disbursement this Period

7	0	0	0	0	0	0	0	0	0
									1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TERESA FOR ALL

Mailing Address PO BOX 2675

City SANTA FE State NM Zip Code 87504

Purpose of Disbursement
Contribution to Committee

Candidate Name

Leger, Teresa, ,

Office Sought: House Senate President
State: NM District: 03

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	2	4

FEC Identification Number

C C00704049

Transaction ID : B78B0885EA

Amount of Each Disbursement this Period

7	0	0	0	0	0	0	0	0	0
									1000.00

Memo Item

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

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

7	0	0	0	0	0	0	0	0	0
									7000.00

7	0	0	0	0	0	0	0	0	0
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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)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

Humane Society Legislative Fund Political Action Committee

Full Name (Last, First, Middle Initial)

A. VERN BUCHANAN FOR CONGRESS

Mailing Address P. O. BOX 48928

City SARASOTA State FL Zip Code 34230

Purpose of Disbursement Contribution to Committee

Candidate Name

Buchanan, Vern, , Rep.,

Office Sought: [X] House [] Senate [] President State: FL District: 16

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

Category/Type

Date of Disbursement

Date of Disbursement form showing 01/26/2024

FEC Identification Number

C00412759

Transaction ID : BC7C1E7D5F

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form showing 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MELANIE FOR NEW MEXICO

Mailing Address PO BOX 51493

City ALBUQUERQUE State NM Zip Code 87181

Purpose of Disbursement Contribution to Committee

Candidate Name

Stansbury, Melanie, , Rep.,

Office Sought: [X] House [] Senate [] President State: NM District: 01

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

Category/Type

Date of Disbursement

Date of Disbursement form showing 01/26/2024

FEC Identification Number

C00765099

Transaction ID : B9049BA1A7I

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form showing 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement Contribution to Committee

Candidate Name

Pallone, Frank, , Rep., Jr.

Office Sought: [X] House [] Senate [] President State: NJ District: 06

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

Category/Type

Date of Disbursement

Date of Disbursement form showing 01/26/2024

FEC Identification Number

C00226928

Transaction ID : B1089638E8

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form showing 1000.00

Memo Item

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

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

SUBTOTAL form showing 7000.00

TOTAL form showing 7000.00

**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"/> 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)

Humane Society Legislative Fund Political Action Committee

Full Name (Last, First, Middle Initial)

A. BACK PAC

Mailing Address 1421 K STREET S E

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
Contribution to Committee

Candidate Name

BACK PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	Other

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2024

FEC Identification Number

C C00144931

Transaction ID : B45FC4DB97

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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)	Other

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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) ▼	Other

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

2500.00

31500.00