



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
HumaneUSA Federal PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		2185.73
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	1491.46									
(c) Total Receipts (from Line 19) .....	67700.00	143273.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	69191.46	145459.23								
7. Total Disbursements (from Line 31) .....	47347.24	123615.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	21844.22	21844.22								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
HumaneUSA Federal PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	66766.00	139957.00
(ii) Unitemized .....	934.00	3316.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	67700.00	143273.50
(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) .....	67700.00	143273.50
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 Transfer (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)) .....	67700.00	143273.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	67700.00	143273.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	16597.24	39865.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	16597.24	39865.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30500.00	83500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	250.00	250.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	47347.24	123615.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47347.24	123615.01

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	67700.00	143273.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	67700.00	143273.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	16597.24	39865.01
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	16597.24	39865.01

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 45  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
HumaneUSA Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
LESLIE L ALEXANDER

Mailing Address 7809 AFTON VILLA COURT

City State Zip Code  
BOCA RATON FL 33433

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

Name of Employer SELF EMPLOYED      Occupation SPORTS TEAM OWNER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	2	/	2	0	0	9

**Transaction ID:** A2009-4882632

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
HOWARD BASKIN

Mailing Address 7106 RIVERWOOD

City State Zip Code  
TAMPA FL 33615

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

Name of Employer SELF EMPLOYED      Occupation Management Conslt.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	4	/	2	0	0	9

**Transaction ID:** A2009-4882639

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas Bennigson

Mailing Address 4100 Redwood Road  
Ste. 10 PMB 219

City State Zip Code  
Oakland CA 94619

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

Name of Employer Self Employed      Occupation Attorney

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

**Transaction ID:** A2009-5636254

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **15000.00**

**TOTAL** 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: PAGE 7 / 45  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HumaneUSA Federal PAC

**A.**

Full Name (Last, First, Middle Initial)  
Eric Bernthal

Mailing Address 8901 Persimmon Tree Toad

City Potomac State MD Zip Code 20854

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

Name of Employer LATHAM & WATKINS LLP Occupation Managing Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 13 / 2009

Transaction ID: A2009-4656140

Amount of Each Receipt this Period 5000.00

**B.**

Full Name (Last, First, Middle Initial)  
BARBARA BIRDSEY

Mailing Address P.O. BOX 279

City WEST BARNSTABLE State MA Zip Code 02668

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

Name of Employer Self Employed Occupation Self Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 12 / 2009

Transaction ID: A2009-4656134

Amount of Each Receipt this Period 5000.00

**C.**

Full Name (Last, First, Middle Initial)  
CHARLES BIRDSEY

Mailing Address P.O. BOX 279

City WEST BARNSTABLE State MA Zip Code 02668

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

Name of Employer Self Employed Occupation Self Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 12 / 2009

Transaction ID: A2009-4656135

Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15000.00

**TOTAL** 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 / 45
	<input checked="" 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 type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HumaneUSA Federal PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) THOMAS DICARRADO	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 123 ANGOLA ROAD	<b>Transaction ID:</b> A2009-5636213
	City State Zip Code CORNWALL NY 12518	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation RETIRED Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) NANCY GROVE	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 7 SUNNYMEADE DRIVE	<b>Transaction ID:</b> A2009-5420045
	City State Zip Code ST LOUIS MO 63124	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF EMPLOYED ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Grace Markarian	Date of Receipt MM / DD / YYYY 08 / 05 / 2009
	Mailing Address 1206 Maryland Avenue	<b>Transaction ID:</b> A2009-4656137
	City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HumaneUSA Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	11000.00
<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 / 45
	<input checked="" 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 type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HumaneUSA Federal PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MARY MAX		Date of Receipt	
	Mailing Address 118 RIVERSIDE DRIVE APT 15 D		M M / D D / Y Y Y Y Y 07 / 02 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> A2009-4144712
	NEW YORK	NY	10024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		454.00	
Name of Employer Self Employed		Occupation HOMEMAKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		2724.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MARY MAX		Date of Receipt	
	Mailing Address 118 RIVERSIDE DRIVE APT 15 D		M M / D D / Y Y Y Y Y 08 / 02 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> A2009-4656139
	NEW YORK	NY	10024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		454.00	
Name of Employer Self Employed		Occupation HOMEMAKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		3178.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MARY MAX		Date of Receipt	
	Mailing Address 118 RIVERSIDE DRIVE APT 15 D		M M / D D / Y Y Y Y Y 09 / 02 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> A2009-4882642
	NEW YORK	NY	10024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		454.00	
Name of Employer Self Employed		Occupation HOMEMAKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		3632.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1362.00
<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:	PAGE 10 / 45
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HumaneUSA Federal PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MARY MAX		Date of Receipt
	Mailing Address 118 RIVERSIDE DRIVE APT 15 D		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	NEW YORK	NY	10024
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2009-5159848
Name of Employer Self Employed		Occupation HOMEMAKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="454.00"/>
		<input type="text" value="4086.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) MARY MAX		Date of Receipt
	Mailing Address 118 RIVERSIDE DRIVE APT 15 D		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	NEW YORK	NY	10024
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2009-5393850
Name of Employer Self Employed		Occupation HOMEMAKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="454.00"/>
		<input type="text" value="4540.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) PETER MAX		Date of Receipt
	Mailing Address 118 RIVERSIDE DRIVE APT 15 D		<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	NEW YORK	NY	10024
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2009-4144716
Name of Employer Self Employed		Occupation ARTIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="416.00"/>
		<input type="text" value="2912.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1324.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 45  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HumaneUSA Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
PETER MAX

Mailing Address 118 RIVERSIDE DRIVE  
APT 15 D

City State Zip Code  
NEW YORK NY 10024

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

Name of Employer Self Employed Occupation  
ARTIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3328.00

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2009

**Transaction ID:** A2009-4656138

Amount of Each Receipt this Period  
416.00

**B.** Full Name (Last, First, Middle Initial)  
PETER MAX

Mailing Address 118 RIVERSIDE DRIVE  
APT 15 D

City State Zip Code  
NEW YORK NY 10024

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

Name of Employer Self Employed Occupation  
ARTIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3744.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2009

**Transaction ID:** A2009-4882641

Amount of Each Receipt this Period  
416.00

**C.** Full Name (Last, First, Middle Initial)  
PETER MAX

Mailing Address 118 RIVERSIDE DRIVE  
APT 15 D

City State Zip Code  
NEW YORK NY 10024

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

Name of Employer Self Employed Occupation  
ARTIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4160.00

Date of Receipt  
MM / DD / YYYY  
10 / 14 / 2009

**Transaction ID:** A2009-5159847

Amount of Each Receipt this Period  
416.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1248.00

**TOTAL** 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 12 / 45
	<input checked="" 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 type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HumaneUSA Federal PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) PETER MAX	Date of Receipt MM / DD / YYYY 11 / 11 / 2009
	Mailing Address 118 RIVERSIDE DRIVE APT 15 D	<b>Transaction ID:</b> A2009-5393849
	City State Zip Code NEW YORK NY 10024	Amount of Each Receipt this Period 416.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation ARTIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4576.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) PETER MAX	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 118 RIVERSIDE DRIVE APT 15 D	<b>Transaction ID:</b> A2009-5636211
	City State Zip Code NEW YORK NY 10024	Amount of Each Receipt this Period 416.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation ARTIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4992.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) G. Karlin Michelson, M.D.	Date of Receipt MM / DD / YYYY 08 / 12 / 2009
	Mailing Address 13140 Boca De Canon Lane	<b>Transaction ID:</b> A2009-4656136
	City State Zip Code Los Angeles CA 90049	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5832.00
<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 13 / 45
	<input checked="" 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 type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HumaneUSA Federal PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) WAYNE PACELLE	Date of Receipt MM / DD / YYYY 07 / 08 / 2009
	Mailing Address 1444 Church Street Suite 504	<b>Transaction ID:</b> A2009-4144713
	City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Humane Society of the US Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) EDGAR SMITH	Date of Receipt MM / DD / YYYY 09 / 14 / 2009
	Mailing Address 111 West 67th Street #33A 35TH FLOOR SUITE 3502	<b>Transaction ID:</b> A2009-4882638
	City State Zip Code NEW YORK NY 10023	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer E.O. SMITH & CO. Occupation INVESTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) FRANCES STEVENSON	Date of Receipt MM / DD / YYYY 09 / 02 / 2009
	Mailing Address 60498 ARNOLD MARKET	<b>Transaction ID:</b> A2009-4882633
	City State Zip Code BEND OR 97702	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	11000.00
<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: PAGE 14 / 45  
(check only one)

<input checked="" 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 type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
HumaneUSA Federal PAC

A.

Full Name (Last, First, Middle Initial)  
Maureen Williams

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	0	9

Mailing Address 100 Cameron Station Blvd.

Transaction ID: A2009-5393847

City	State	Zip Code
Alexandria	VA	22304

Amount of Each Receipt this Period

5000.00
---------

FEC ID number of contributing federal political committee.

C
---

Name of Employer  
SELF EMPLOYED

Occupation  
Self Employed

Receipt For:

Primary     General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00
---------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	66766.00

**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)

PAGE 15 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B272519 Date of Disbursement 07 / 03 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement Reimbursement for long distance expense	001 Category/ Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Not Applicable	

B.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B272520 Date of Disbursement 07 / 03 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 15.00
	Purpose of Disbursement Reimbursement for fax/phone expense.	001 Category/ Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Not Applicable	

C.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B272521 Date of Disbursement 07 / 03 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Reimbursement for internet expense	001 Category/ Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Not Applicable	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	65.00
<b>TOTAL</b> 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)

PAGE 16 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B272522 Date of Disbursement 07 / 03 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement Reimbursement for utilities expenses Candidate Name Jina J Scheele Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/Type

B.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B272523 Date of Disbursement 07 / 20 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 1346.08
	Purpose of Disbursement Salary - Program Director. Candidate Name Jina J Scheele Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/Type

C.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B292529 Date of Disbursement 08 / 05 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement Reimbursement for long distance expense Candidate Name Jina J Scheele Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1406.08
<b>TOTAL</b> 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)

PAGE 17 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B292530 Date of Disbursement 08 / 05 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 15.00
	Purpose of Disbursement Reimbursement for fax/phone expense. Candidate Name Jina J Scheele Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/Type

B.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B292531 Date of Disbursement 08 / 05 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Reimbursement for internet expense. Candidate Name Jina J Scheele Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/Type

C.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B292532 Date of Disbursement 08 / 05 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement Reimbursement for utilities expenses. Candidate Name Jina J Scheele Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	65.00
<b>TOTAL</b> 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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B292534 Date of Disbursement 08 / 17 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 1346.08
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Salary - Program Director.	001 Category/Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Not Applicable	

B.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B270579 Date of Disbursement 09 / 02 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period -30.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Reimbursement for utilities expenses	001 Category/Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Not Applicable	Voided: Original check dated 06/05/2009

C.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B270576 Date of Disbursement 09 / 02 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period -30.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Reimbursement for long distance expense	001 Category/Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Not Applicable	Voided: Original check dated 06/05/2009

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1286.08
<b>TOTAL</b> 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)

PAGE 19 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) J. Scheele</p> <p>Mailing Address P.O. Box 19224</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Reimbursement for fax/phone expense.</p> <p>Candidate Name Jina J Scheele</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p><b>Transaction ID:</b> B270577 <b>Date of Disbursement</b> 09 / 02 / 2009</p> <p>Amount of Each Disbursement this Period -15.00</p> <p>001 Category/ Type</p> <p>Voided: Original check dated 06/05/2009</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) J. Scheele</p> <p>Mailing Address P.O. Box 19224</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Reimbursement for internet expense</p> <p>Candidate Name Jina J Scheele</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p><b>Transaction ID:</b> B270578 <b>Date of Disbursement</b> 09 / 02 / 2009</p> <p>Amount of Each Disbursement this Period -20.00</p> <p>001 Category/ Type</p> <p>Voided: Original check dated 06/05/2009</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) J. Scheele</p> <p>Mailing Address P.O. Box 19224</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Reimbursement for long distance expense</p> <p>Candidate Name Jina J Scheele</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p><b>Transaction ID:</b> B294801 <b>Date of Disbursement</b> 09 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 30.00</p> <p>001 Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	-5.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B294802 Date of Disbursement 09 / 04 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 15.00
	Purpose of Disbursement Reimbursement for fax/phone expense. Candidate Name Jina J Scheele Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/Type

B.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B294803 Date of Disbursement 09 / 04 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Reimbursement for internet expense. Candidate Name Jina J Scheele Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/Type

C.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B294804 Date of Disbursement 09 / 04 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement Reimbursement for utilities expenses. Candidate Name Jina J Scheele Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>65.00</b>
<b>TOTAL</b> 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)

PAGE 21 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B294805 Date of Disbursement 09 / 14 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 1346.08
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Salary - Program Director.	001 Category/Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Not Applicable	

B.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B296521 Date of Disbursement 10 / 05 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 30.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Reimbursement for long distance expense	001 Category/Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Not Applicable	

C.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B296522 Date of Disbursement 10 / 05 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 15.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Reimbursement for fax/phone expense.	001 Category/Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Not Applicable	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1391.08
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B296523 Date of Disbursement 10 / 05 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Reimbursement for internet expense	001 Category/Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Not Applicable	

B.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B296524 Date of Disbursement 10 / 05 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement Reimbursement for utilities expenses	001 Category/Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Not Applicable	

C.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B296525 Date of Disbursement 10 / 09 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 1346.08
	Purpose of Disbursement Salary - Program Director.	001 Category/Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Not Applicable	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1396.08
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B296526 Date of Disbursement 10 / 30 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 1346.08
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Salary - Program Director.	001 Category/Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Not Applicable	

B.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B299536 Date of Disbursement 11 / 05 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 30.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Reimbursement for long distance expense	001 Category/Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Not Applicable	

C.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B299537 Date of Disbursement 11 / 05 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 15.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Reimbursement for fax/phone expense.	001 Category/Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Not Applicable	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1391.08
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B299538 Date of Disbursement 11 / 05 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 20.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Reimbursement for internet expense	001 Category/Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B299539 Date of Disbursement 11 / 05 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 30.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Reimbursement for utilities expenses	001 Category/Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B299541 Date of Disbursement 11 / 27 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 1346.08
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Salary - Program Director.	001 Category/Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1396.08
<b>TOTAL</b> 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)

PAGE 25 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B313955 Date of Disbursement 12 / 04 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 30.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Reimbursement for long distance expense	001 Category/ Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Not Applicable	

B.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B313957 Date of Disbursement 12 / 04 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 15.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Reimbursement for fax/phone expense.	001 Category/ Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Not Applicable	

C.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B313958 Date of Disbursement 12 / 04 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 20.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Reimbursement for internet expense	001 Category/ Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Not Applicable	

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

65.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B313959 Date of Disbursement 12 / 04 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 30.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Reimbursement for utilities expenses	001 Category/ Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B313961 Date of Disbursement 12 / 24 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 1346.08
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Salary - Program Director.	001 Category/ Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) Lyris Technologies	Transaction ID: B272518 Date of Disbursement 07 / 02 / 2009
	Mailing Address 1202 Potomac St.	Amount of Each Disbursement this Period 200.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Website maintenance.	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1576.08
<b>TOTAL</b> 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)

PAGE 27 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Lyris Technologies Mailing Address 1202 Potomac St. City Washington State DC Zip Code 20007 Purpose of Disbursement Website maintenance. Candidate Name	Transaction ID: B272525 Date of Disbursement MM / DD / YYYY 07 / 31 / 2009
	Amount of Each Disbursement this Period 200.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Category/ Type 001

<b>B.</b> Full Name (Last, First, Middle Initial) Lyris Technologies Mailing Address 1202 Potomac St. City Washington State DC Zip Code 20007 Purpose of Disbursement Website maintenance. Candidate Name	Transaction ID: B294800 Date of Disbursement MM / DD / YYYY 09 / 02 / 2009
	Amount of Each Disbursement this Period 200.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Category/ Type 001

<b>C.</b> Full Name (Last, First, Middle Initial) Lyris Technologies Mailing Address 1202 Potomac St. City Washington State DC Zip Code 20007 Purpose of Disbursement Website maintenance. Candidate Name	Transaction ID: B296520 Date of Disbursement MM / DD / YYYY 10 / 02 / 2009
	Amount of Each Disbursement this Period 200.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Category/ Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lyris Technologies</p> <p>Mailing Address 1202 Potomac St.</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Website maintenance. Candidate Name <span style="border: 1px solid black; padding: 2px;">001</span> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p><b>Transaction ID:</b> B299535 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">200.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	9	200.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	2	/	2	0	0	9													
200.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lyris Technologies</p> <p>Mailing Address 1202 Potomac St.</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Website maintenance. Candidate Name <span style="border: 1px solid black; padding: 2px;">001</span> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p><b>Transaction ID:</b> B313947 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">200.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	2	/	2	0	0	9	200.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	0	2	/	2	0	0	9													
200.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Lyris Technologies</p> <p>Mailing Address 1202 Potomac St.</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Website maintenance. Candidate Name <span style="border: 1px solid black; padding: 2px;">001</span> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p><b>Transaction ID:</b> B313949 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">200.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	1	/	2	0	0	9	200.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	3	1	/	2	0	0	9													
200.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px;">600.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px;"> </span>

# 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"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

**A.**

Full Name (Last, First, Middle Initial)  
Taking Action for Animals Conf.

**Transaction ID:** B272524  
**Date of Disbursement**

Mailing Address 2100 L Street NW

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	0	9

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

145.00
--------

Purpose of Disbursement  
Conference registration

001
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: DC District:

Not Applicable

**B.**

Full Name (Last, First, Middle Initial)  
Bank of America

**Transaction ID:** B272526  
**Date of Disbursement**

Mailing Address PO Box 25118

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	9

City Tampa State FL Zip Code 33622

Amount of Each Disbursement this Period

46.10
-------

Purpose of Disbursement  
July BankCard merchant fees

001
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: FL District:

Not Applicable

**C.**

Full Name (Last, First, Middle Initial)  
Bank of America

**Transaction ID:** B272528  
**Date of Disbursement**

Mailing Address PO Box 25118

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	0	9

City Tampa State FL Zip Code 33622

Amount of Each Disbursement this Period

4.95
------

Purpose of Disbursement  
July American Express fees

001
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: FL District:

Not Applicable

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

196.05
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**TOTAL** This Period (last page this line number only) ..... ►

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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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address PO Box 25118 <hr/> City Tampa State FL Zip Code 33622 <hr/> Purpose of Disbursement July American Express fees Candidate Name	Transaction ID: B272527 Date of Disbursement 07 / 13 / 2009
	Amount of Each Disbursement this Period 14.56
	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address PO Box 25118 <hr/> City Tampa State FL Zip Code 33622 <hr/> Purpose of Disbursement August BankCard merchant fees Candidate Name	Transaction ID: B292536 Date of Disbursement 08 / 03 / 2009
	Amount of Each Disbursement this Period 45.22
	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>C.</b> Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address PO Box 25118 <hr/> City Tampa State FL Zip Code 33622 <hr/> Purpose of Disbursement August 2009 bank charge Candidate Name	Transaction ID: B292538 Date of Disbursement 08 / 07 / 2009
	Amount of Each Disbursement this Period 4.95
	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	64.73
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 25118</p> <p>City Tampa State FL Zip Code 33622</p> <p>Purpose of Disbursement August 2009 bank charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>	<p><b>Transaction ID:</b> B292539</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="14.56"/></p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 25118</p> <p>City Tampa State FL Zip Code 33622</p> <p>Purpose of Disbursement September BankCard merchant fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>	<p><b>Transaction ID:</b> B294797</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="237.71"/></p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 25118</p> <p>City Tampa State FL Zip Code 33622</p> <p>Purpose of Disbursement September 2009 bank charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>	<p><b>Transaction ID:</b> B294794</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4.95"/></p> <p>001 Category/ Type</p>

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

**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)

PAGE 32 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address PO Box 25118 <hr/> City Tampa State FL Zip Code 33622 <hr/> Purpose of Disbursement September 2009 bank charge Candidate Name	Transaction ID: B294795 Date of Disbursement 09 / 11 / 2009
	Amount of Each Disbursement this Period 14.56
	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address PO Box 25118 <hr/> City Tampa State FL Zip Code 33622 <hr/> Purpose of Disbursement October BankCard merchant fees Candidate Name	Transaction ID: B296527 Date of Disbursement 10 / 01 / 2009
	Amount of Each Disbursement this Period 46.48
	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>C.</b> Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address PO Box 25118 <hr/> City Tampa State FL Zip Code 33622 <hr/> Purpose of Disbursement October 2009 bank charge Candidate Name	Transaction ID: B296528 Date of Disbursement 10 / 07 / 2009
	Amount of Each Disbursement this Period 4.95
	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	65.99
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



**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"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: B296530 Date of Disbursement																			
	Mailing Address P.O. Box 25118	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	8	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	0	8	/	2	0	0	9												
	City Tampa State FL Zip Code 33622	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Check order/printing charges	<table border="1"><tr><td>142.00</td></tr></table>	142.00																		
142.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable																			

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: B296529 Date of Disbursement																			
	Mailing Address PO Box 25118	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	3	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	1	3	/	2	0	0	9												
	City Tampa State FL Zip Code 33622	Amount of Each Disbursement this Period																			
	Purpose of Disbursement October 2009 bank charge	<table border="1"><tr><td>14.56</td></tr></table>	14.56																		
14.56																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable																			

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: B299542 Date of Disbursement																			
	Mailing Address PO Box 25118	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	2	/	2	0	0	9												
	City Tampa State FL Zip Code 33622	Amount of Each Disbursement this Period																			
	Purpose of Disbursement November 2009 BankCard merchant fees.	<table border="1"><tr><td>45.70</td></tr></table>	45.70																		
45.70																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>202.26</td></tr></table>	202.26
202.26		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td> </td></tr></table>	

**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"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: B299543 Date of Disbursement																			
	Mailing Address PO Box 25118	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	9	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	9	/	2	0	0	9												
	City Tampa State FL Zip Code 33622	Amount of Each Disbursement this Period																			
	Purpose of Disbursement November 2009 bank charge.	<table border="1"><tr><td>4.95</td></tr></table>	4.95																		
4.95																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable																			

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: B299544 Date of Disbursement																			
	Mailing Address PO Box 25118	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	2	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	2	/	2	0	0	9												
	City Tampa State FL Zip Code 33622	Amount of Each Disbursement this Period																			
	Purpose of Disbursement November 2009 bank charge.	<table border="1"><tr><td>14.56</td></tr></table>	14.56																		
14.56																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable																			

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: B313939 Date of Disbursement																			
	Mailing Address PO Box 25118	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	0	1	/	2	0	0	9												
	City Tampa State FL Zip Code 33622	Amount of Each Disbursement this Period																			
	Purpose of Disbursement December 2009 bank card charge	<table border="1"><tr><td>45.58</td></tr></table>	45.58																		
45.58																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>65.09</td></tr></table>	65.09
65.09		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td> </td></tr></table>	

**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)

PAGE 35 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 25118 City Tampa State FL Zip Code 33622 Purpose of Disbursement December 2009 bank charge Candidate Name	Transaction ID: B313943 Date of Disbursement 12 / 08 / 2009
	Amount of Each Disbursement this Period 4.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 25118 City Tampa State FL Zip Code 33622 Purpose of Disbursement December 2009 bank charge Candidate Name	Transaction ID: B313944 Date of Disbursement 12 / 11 / 2009
	Amount of Each Disbursement this Period 14.56
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Public Affairs Support Services Inc. Mailing Address 1020 North Fairfax St. 5th Floor City Alexandria State VA Zip Code 22314 Purpose of Disbursement PAC reporting and administration. Candidate Name	Transaction ID: B299540 Date of Disbursement 11 / 25 / 2009
	Amount of Each Disbursement this Period 4428.83
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4448.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	16597.24

**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"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) Ken Calvert for Congress	Transaction ID: B294061 Date of Disbursement 10 / 09 / 2009
	Mailing Address PO Box 20123	Amount of Each Disbursement this Period 500.00
	City Riverside State CA Zip Code 92516	
	Purpose of Disbursement Contribution Candidate Name Ken Calvert	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) McNerney for Congress	Transaction ID: B294060 Date of Disbursement 10 / 09 / 2009
	Mailing Address 6520 Village Parkway Second Floor	Amount of Each Disbursement this Period 1000.00
	City Dublin State CA Zip Code 94568	
	Purpose of Disbursement Contribution Candidate Name Jerry McNerney	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Barbara Boxer	Transaction ID: B299546 Date of Disbursement 12 / 09 / 2009
	Mailing Address PO Box 411176	Amount of Each Disbursement this Period 1000.00
	City Los Angeles State CA Zip Code 90041	
	Purpose of Disbursement Contribution Candidate Name Barbara Boxer	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Campbell for Congress</p> <p>Mailing Address 4590 Macarthur Boulevard Suite 500</p> <p>City Newport Beach State CA Zip Code 92660</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name John B Campbell, III</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 48</p>	<p><b>Transaction ID:</b> B299545 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	9	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	0	9	/	2	0	0	9													
1000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Barbara Lee for Congress</p> <p>Mailing Address 1736 Franklin Street #550</p> <p>City Oakland State CA Zip Code 94612</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Barbara Lee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 09</p>	<p><b>Transaction ID:</b> B299548 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	5	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	1	5	/	2	0	0	9													
1000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Courtney for Congress</p> <p>Mailing Address 38 Risley Road</p> <p>City Vernon State CT Zip Code 06066</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Joseph Courtney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CT District: 02</p>	<p><b>Transaction ID:</b> B291702 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	5	/	2	0	0	9	500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9	/	1	5	/	2	0	0	9													
500.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px;">2500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px;"> </span>

# 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)

PAGE 38 / 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: B293011 Date of Disbursement
	Mailing Address 120 Maryland Avenue NE	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) Castle Campaign Fund	Transaction ID: B295405 Date of Disbursement
	Mailing Address P.O. Box 133	<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Wilmington State DE Zip Code 19899	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Michael Castle	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary

C.	Full Name (Last, First, Middle Initial) Dan 10	Transaction ID: B271778 Date of Disbursement
	Mailing Address 1088 Bishop Street Suite 1009	<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City Honolulu State HI Zip Code 96813	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Daniel K Inouye	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) Progressive Choices PAC	Transaction ID: B271781 Date of Disbursement 08 / 04 / 2009
	Mailing Address P.O. Box 58	Amount of Each Disbursement this Period 1000.00
	City Evanston State IL Zip Code 60204	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) Rodney Alexander for Congress	Transaction ID: B299550 Date of Disbursement 12 / 17 / 2009
	Mailing Address 319 Nancy's Road	Amount of Each Disbursement this Period 500.00
	City Quitman State LA Zip Code 71268	
	Purpose of Disbursement Contribution Candidate Name Rodney Alexander	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) David Vitter for US Senate	Transaction ID: B299552 Date of Disbursement 12 / 17 / 2009
	Mailing Address PO Box 8175	Amount of Each Disbursement this Period 3000.00
	City Metairie State LA Zip Code 70011	
	Purpose of Disbursement Contribution Candidate Name David Vitter	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Schauer for Congress</p> <p>Mailing Address PO Box 100</p> <p>City Battle Creek State MI Zip Code 49016</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mark H Schauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 07</p>	<p><b>Transaction ID:</b> B293009 <b>Date of Disbursement:</b> 09 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Schauer for Congress</p> <p>Mailing Address PO Box 100</p> <p>City Battle Creek State MI Zip Code 49016</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mark H Schauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 07</p>	<p><b>Transaction ID:</b> B299549 <b>Date of Disbursement:</b> 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) McCotter Congressional Committee</p> <p>Mailing Address PO Box 530788</p> <p>City Livonia State MI Zip Code 48153</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Thaddeus McCotter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 11</p>	<p><b>Transaction ID:</b> B299551 <b>Date of Disbursement:</b> 12 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

2500.00

**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) Frank LoBiondo for Congress	Transaction ID: B292527 Date of Disbursement 09 / 23 / 2009
	Mailing Address PO Box 775	Amount of Each Disbursement this Period 1000.00
	City Marmora State NJ Zip Code 08223	
	Purpose of Disbursement Contribution Candidate Name Frank A LoBiondo	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Dina Titus for Congress	Transaction ID: B296298 Date of Disbursement 11 / 18 / 2009
	Mailing Address P. O. Box 50614 Suite C5	Amount of Each Disbursement this Period 500.00
	City Henderson State NV Zip Code 89016	
	Purpose of Disbursement Contribution Candidate Name Dina Titus	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Dan Maffei	Transaction ID: B294062 Date of Disbursement 10 / 09 / 2009
	Mailing Address PO Box 74	Amount of Each Disbursement this Period 500.00
	City Syracuse State NY Zip Code 13214	
	Purpose of Disbursement Contribution Candidate Name Dan Maffei	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2000.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
Friends of Maurice Hinchey

Mailing Address PO Box 4497

City Kingston State NY Zip Code 12402

Purpose of Disbursement Contribution  
Candidate Name Maurice Hinchey

Office Sought:  House  Senate  President  
State: NY District: 22

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: B296297  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
Friends of Schumer

Mailing Address 509 Madison Ave Suite 1902

City New York State NY Zip Code 10022

Purpose of Disbursement Contribution  
Candidate Name Charles E Schumer

Office Sought:  House  Senate  President  
State: NY District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: B296296  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
Gillibrand for Senate

Mailing Address P.O. Box 15734

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution  
Candidate Name Kirsten Gillibrand

Office Sought:  House  Senate  President  
State: NY District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
Special Primary

Transaction ID: B296299  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

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

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) Committee for A Livable Future	Transaction ID: B271780 Date of Disbursement
	Mailing Address 921 SW Washington #470	<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Portland State OR Zip Code 97205	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

B.	Full Name (Last, First, Middle Initial) Henry E. Brown for Congress	Transaction ID: B271779 Date of Disbursement
	Mailing Address P.O. Box 61886	<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City North Charleston State SC Zip Code 29419	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Henry E Brown, Jr.	<input type="text" value="1000.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Henry E. Brown for Congress	Transaction ID: B292528 Date of Disbursement
	Mailing Address P.O. Box 61886	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City North Charleston State SC Zip Code 29419	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Henry E Brown, Jr.	<input type="text" value="500.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Leahy for U.S. Senate  Mailing Address PO Box 1042  City Montpelier State VT Zip Code 05601  Purpose of Disbursement Contribution Candidate Name Patrick J Leahy Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VT District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B299547 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) People for Patty Murray  Mailing Address PO Box 3662  City Seattle State WA Zip Code 98124  Purpose of Disbursement Contribution Candidate Name Patty Murray Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B291700 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Nat'l Org. to Retain the Majority (NORM PAC)  Mailing Address 603 Stewart Street #819  City Seattle State WA Zip Code 98101  Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:  Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	<b>Transaction ID:</b> B293010 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9	Amount of Each Disbursement this Period 2000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	30500.00

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HumaneUSA Federal PAC

A.

Full Name (Last, First, Middle Initial)  
Senfronia Thompson Campaign Cmte

Mailing Address 7611 Sterlingshire Drive

City Houston State TX Zip Code 77016

Purpose of Disbursement  
P-2010 State House 141 TX

Candidate Name  
Senfronia Thompson

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: B295406

Date of Disbursement

11 / 05 / 2009

Amount of Each Disbursement this Period

250.00

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

250.00

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

250.00