PAGE 1 / 11

Image# 202207209522227055

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3X	For Other Than An Au	thorized Committee	Office Use C	only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Humane Society Le	gislative Fund Political	Action Committee		
ADDRESS (number and street ▼ Check if different	1255 23rd Street, NW Suite 455			
than previously reported. (ACC)	Washington		DC 20037	
2. FEC IDENTIFICATION	NUMBER ▼ C	ITY ▲	STATE ▲ ZIF	CODE A
C C00466813		IS THIS REPORT (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	Report Due On: Ma	May 20 (Ms)  ar 20 (M3)  Jun 20 (M6)  Jul 20 (M7)		Nov 20 (M11) (Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)  Jan 31 (YE)
April 15 Quarterly Repo July 15 Quarterly Repo October 15 Quarterly Repo January 31	t (Q2)  (C)  12-Day  PRE-Election  Report for the:	Primary (12P)  Convention (12C)	General (12G) Special (12S)	Runoff (12R)
Year-End Repo July 31 Mid-Yea Report (Non-ele Year Only) (MY Termination Rep (TER)	ar (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S) the
5. Covering Period	06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through 06	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	<u> </u>
I certify that I have examine Type or Print Name of Treas	Amundson, Sara, J, ,	of my knowledge and belief it is	true, correct and complete.	
Signature of Treasurer	Amundson, Sara, J, ,	[Electronically Filed]	Date 07 / 15	2022
NOTE: Submission of false, e	rroneous, or incomplete information	on may subject the person signing	this Report to the penalties of	of 52 U.S.C. § 30109
Office Use Only				ORM 3X 05/2016

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)
Page 2

Write or Type Committee Name

#### Humane Society Legislative Fund Political Action Committee

06 01 2022 06 30 2022 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 401632.44 January 1. 2022 (b) Cash on Hand at 427792.64 Beginning of Reporting Period..... 19630.00 112281.76 Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 513914.20 447422.64 6(a) and 6(c) for Column B)..... 15761.23 82252.79 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 431661.41 431661.41 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### Humane Society Legislative Fund Political Action Committee

01 2022 06 30 2022 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 19500.00 110750.00 (i) Itemized (use Schedule A)..... 130.00 1437.00 (ii) Unitemized ..... (iii) TOTAL (add 112187.00 19630.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 94.76 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 112281.76 19630.00 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 112281.76 19630.00 20. Total Federal Receipts 19630.00 112281.76 (subtract Line 18(c) from Line 19) .......▶

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expendi     (a) Allocated Fed     Astirity (frame)	eral/Non-Federal				
Activity (from (i) Federal S	Schedule H4) Share	0.00	0.00		
(i) Federal S	onare	45 45 45			
` '	eral Share	0.00	0.00		
<ul><li>(b) Other Federal Expenditures .</li></ul>	Operating	261.23	2552.79		
	g Expenditures (a)(ii), and (b))▶	261.23	2552.79		
2. Transfers to Affiliat		7			
Committees  Contributions to		0.00	0.00		
Federal Candidate	s/Committees Committees	12500.00	76500.00		
. Independent Exper		0.00			
<ol> <li>Coordinated Party (52 U.S.C. § 3011</li> </ol>	6(d))	0.00	0.00		
(use Schedule F)		0.00	0.00		
6. Loan Repayments	Made	0.00	0.00		
'. Loans Made B. Refunds of Contrib	outions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	rsons Other	0.00	0.00		
(b) Political Party	Committees	0.00	0.00		
(c) Other Political		0.00	0.00		
(such as PAC	s)	0.00	0.00		
(d) Total Contribu					
(add Lines 28	(a), (b), and (c))	0.00	0.00		
Other Disburseme	,				
Non-Federal Dona	tions)	3000.00	3200.00		
	ctivity (52 U.S.C. § 30101(20)) eral Election Activity le H6)				
	are	0.00	0.00		
	are	0.00	0.00		
	on Activity Paid Federal Funds	0.00	0.00		
(c) Total Federal	Election Activity (add	0.00			
Lines 30(a)(i),	30(a)(ii) and 30(b))	0.00	0.00		
	ts (add Lines 21(c), 22,				
23, 24, 25, 26, 27	, 28(d), 29 and 30(c))	15761.23	82252.79		
. Total Federal Disb					
	a)(ii) and Line 30(a)(ii)	15761.23	00070 70		
		10/01.23	82252.79		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	19630.00	112281.76		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19630.00	112281.76		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	261.23	2552.79		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
3. Net Operating Expenditures (subtract Line 37 from Line 36)	261.23	2552.79		

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

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

11

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Humane Society Legislative Fund Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Leignadier, Victoria, , , Date of Receipt Mailing Address 25 Marina Point Place 2022 City Zip Code State Transaction ID: AA19C579332304A9FB3F FL Palm Coast 32137-4507 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Trevor, Shelley, , , Date of Receipt Mailing Address 40730 N. 54th Street 2022 City State Zip Code Transaction ID: ADE8CA79FF3C5480AA9B Cave Creek ΑZ 85331-8016 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Farrah, Susan, , , Date of Receipt Mailing Address 7596 S Telluride Ct 24 2022 City State Zip Code Transaction ID: A97C923380A4145AA80E CO Centennial 80016-1649 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 9500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

11

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Humane Society Legislative Fund Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Farrah, Dennis, , , Date of Receipt Mailing Address 14829 E Maplewood Dr 2022 City Zip Code State Transaction ID: AB5D3307D6421492D951 CO Centennial 80016-4704 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wilson, Danielle, , , Date of Receipt Mailing Address PO Box 931 2022 City State Zip Code Transaction ID: ACE0C01B4C1D54E86AA8 NM Santa Fe 87504-0931 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Quimby, Debra, , , Date of Receipt Mailing Address 4607 W David Alan Ct 28 2022 City State Zip Code Transaction ID: A1523F1CB811F4906950 IN Bloomington 47404-9215 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 10000.00 SUBTOTAL of Receipts This Page (optional)..... 19500.00 TOTAL This Period (last page this line number only).....

### S 17

Use separate schedule(s) for each category of the Detailed Summary Page	SCHE	DULE B (FEC Form 3X)									F 11	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of or commercial purposes, other than using the name and address of any political committee to solicit confributions from such committees.  NAME OF COMMITTEE (in Full)  Humane Society Legislative Fund Political Action Committee  Full Name (Last, First, Middle Initial)  A. Paragon Payment Solutions  Mailing Address 2141 E Broadway Rd Siz 202  City Size 202  City Size 202  City Category Type  Office Sought: House Disbursement For: Gategory Type  Office Sought: President Disbursement Broth Senate Disbu	ITEMI	ZED DISBURSEMENTS		Use separate schedule(s)		(check only one)				00 [		
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.  MAME OF COMMITTEE (In Full)  Humane Society Legislative Fund Political Action Committee  Full Name (Last, First, Middle Initial)  A Paragon Payment Solutions  Mailing Address 2141 E Broadway Rd Size 202  City Tampoe AZ Size 329.1895  Furpose of Diabursement Credit Card Processing Foes  Candidate Name  Category/ Type  President  State: District  Full Name (Last, First, Middle Initial)  B. CittBank  Mailing Address 1 Penns Way  City Mave Castle  Propose of Diabursement  State: District  Full Name (Last, First, Middle Initial)  C.  Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  C.  Full Name (Last, First, Middle Initial)  C.  State: District  Full Name (Last, First, Middle Initial)  C.  State: District  Full Name (Last, First, Middle Initial)  C.  State: District  Full Name (Last, First, Middle Initial)  C.  State: District  Full Name (Last, First, Middle Initial)  C.  State: District  Full Name (Last, First, Middle Initial)  C.  State: District  Full Name (Last, First, Middle Initial)  C.  State: District  Full Name (Last, First, Middle Initial)  C.  State: District  Full Name (Last, First, Middle Initial)  C.  State: District  Full Name (Last, First, Middle Initial)  C.  State: District  Full Name (Last, First, Middle Initial)  C.  State: District  Full Name (Last, First, Middle Initial)  C.  State: District  Full Name (Last, First, Middle Initial)  C.  State: District  Full Name (Last, First, Middle Initial)  C.  State: District  Full Name (Last, First, Middle Initial)  C.  State: District  Full Name (Last, First, Middle Initial)  C.  State: District  Full Name (Last, First, Middle Initial)  C.  State: District  Full Name (Last, First, Middle Initial)  C.  State: District  Full Name (Last, First, Middle					*				$\Box$	L		
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 Pall) Humane Society Legislative Fund Political Action Committee  Full Name (Last, First, Middle Initial)  A. Paragon Payment Solutions  Mailing Address 2141 E Broadway Rd Sista 202  City	Any info	ormation conject from such Reports and State	ments may	not he sold or use	ed by an							nns
Humane Society Legislative Fund Political Action Committee  Full Name (Last, First, Middle Initial) A Paragon Payment Solutions  Mailing Address 2141 E Broadway Rd Size 202 City Tempe AZ State Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: Full Name (Last, First, Middle Initial) CitiBank Mailing Address 1 Penns Way  City New Castle Purpose of Disbursement Bank Fee Candidate Name Office Sought: President State: District: Full Name (Last, First, Middle Initial) Committee of Disbursement Bank Fee Candidate Name Office Sought: President State: District: Full Name (Last, First, Middle Initial) Committee of Disbursement State: District: Full Name (Last, First, Middle Initial) Committee of Disbursement State: District: Full Name (Last, First, Middle Initial) Committee of Disbursement State: District: Full Name (Last, First, Middle Initial) Committee of Disbursement State: District: Full Name (Last, First, Middle Initial) Committee of Disbursement State: District: Full Name (Last, First, Middle Initial) Committee of Disbursement State: District: Full Name (Last, First, Middle Initial) Committee of Disbursement State: District: Full Name (Last, First, Middle Initial) Committee of Disbursement State: District: Mailing Address  City State: District: Mailing Address  Category/ Type  Amount of Each Disbursement this Period  FEC Identification Number Category/ Type  Memo Item  Substoration District: Memo Item  Memo Item  Memo Item  Substoration District: Memo Item  Memo Item  Memo Item  Memo Item  Memo Item  Substoration District: Memo Item	or for c	ommercial purposes, other than using the na	me and add	ress of any politic	cal comm	ittee to	solicit co	ntributio	ns fror	n such	committee	e
Full Name (Last, First, Middle Initial)  A Paragon Payment Solutions  Mailing Address 2141 E Broadway Rd Size 212  City State Zip Code Purpose of Disbursement Credit Card Precessing Fees  Candidate Name  City State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State: Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code DE 19720-2408  Purpose of Disbursement  Category/ Type  Category/ Type  Date of Disbursement Number  C.  Transaction ID : BBA4A0A0B- Amount of Each Disbursement in Period  Transaction ID : BBA4B0A0B- Amount of Each Disbursement in Period  Date of Disbursement  Date of Disbursement in Period  Transaction ID : BBA4B0A0B- Amount of Each Disbursement in Period  Date of Disbursement  C.  Transaction ID : BBA4B0A0B- Amount of Each Disbursement  Date of Disbursement  C.  Transaction ID : BBA4B0A0B- Amount of Each Disbursement  Date of Disbursement  C.  Transaction ID : BBA4B0A0B- Amount of Each Disbursement in Period  Date of Disbursement  C.  Transaction ID : BBA4B0A0B- Amount of Each Disbursement  C.  Transaction ID : BBA4B0A0B- Amount of Each Disbursement  C.  Transaction ID : BBA4B0A0B- Amount of Each Disbursement  C.  Transaction ID : BBA4B0A0B- Amount of Each Disbursement in Period  Date of Disbursement  C.  Transaction ID : BBA4B0A0B- Amount of Each Disbursement in Period  Date of Disbursement  C.  Transaction ID : BBA4B0A0B- Amount of Each Disbursement in Period  Date of Disbursement  C.  Transaction ID : BBA4B0A0B- Amount of Each Disbursement in Period  Date of Disbursement  Date of Disbursem	I \	, ,										
A Paragon Payment Solutions  Mailing Address 2141 E Broadway Rd Sie 202  City State Zip Code 85282-1895  Purpose of Disbursement Credit Card Processing Fees  Candidate Name  Office Sought: House President Perimary General Primary General President State: District:  Full Name (Last, First, Middle Initiat)  C. Category: Transaction ID : 85A2821081  Amount of Each Disbursement Ibs Period  Transaction ID : 85A2821081  Amount of Each Disbursement Perion General Primary General Memolitem Memolitem		, ,	Political	Action Com	mittee							
Mailing Address 2141 E Broadway Rd Sie 202  City	_						Doto o	f Diobur	oomon			
Site 202 City Tempe							M M / D D / Y Y Y Y					
Tempe	Maili	-					00		ÜΖ		2022	
Purpose of Disbursement Credit Card Processing Fees Candidate Name  Category/ Type  Disbursement For: Senate Primary Office Sought: State: District:  Full Name (Last, First, Middle Initial) Candidate Name  Category/ Type  Disbursement For: Senate Primary Office Sought: State: District:  Full Name (Last, First, Middle Initial) Candidate Name  Disbursement  Disbursement  Disbursement  Disbursement  Disbursement  Disbursement  Disbursement  Disbursement  Disbursement  Category/ Type  Disbursement  Disbursement  Disbursement  Category/ Type  Disbursement  Disbursement  Disbursement  Category/ Type  Disbursement  District:  FEC Identification Number  Category/ Type  Memo Item  Subaration ID: BBA430A00B  Amount of Each Disbursement  Category/ Type  Disbursement  District:  FEC Identification Number  Category/ Type  Memo Item  Subaration ID: BBA430A0CB  Amount of Each Disbursement  District:  Fell Name (Last, First, Middle Initial)  Date of Disbursement  Memo Item  Subaration ID: BBA430A0CB  Amount of Each Disbursement  District:  Fell Name (Last, First, Middle Initial)  Date of Disbursement  District:  Fell Name (Last, First, Middle Initial)  Date of Disbursement  District:  District:  Fell Name (Last, First, Middle Initial)  Date of Disbursement  Memo Item  District:  Distr	•			l .			FEC Id	entificati	on Nu	mber		
Cradicard Processing Fees  Candidate Name  Category/ Office Sought: House   Disbursement For:   Senate   President   Other (specify) ▼   Memo Item  District:   Full Name (Last, First, Middle Initial)   President   Disbursement For:   Senate   President   Disbursement   Disbu			AZ	85282-1895						-	-	
Cardidate Name  Office Sought: House Senate Primary General Ge												
Office Sought: House Senate President For: Senate President Other (specify)   State: District:  Full Name (Last, First, Middle Initial)  B. CitiBank  Mailing Address 1 Penns Way  City New Castle Purpose of Disbursement Bank Fee  Candidate Name  Office Sought: House Disbursement For: Senate President Other (specify)  Transaction ID: 55AE22106i Amount of Each Disbursement this Period  Transaction ID: 55AE22106i Amount of Each Disbursement this Period  Transaction ID: 55AE22106i Amount of Each Disbursement this Period  Transaction ID: 55AE22106i Amount of Each Disbursement this Period  Transaction ID: 55AE22106i Amount of Each Disbursement this Period  Transaction ID: 55AE22106i Amount of Each Disbursement this Period  Transaction ID: 55AE22106i Amount of Each Disbursement this Period  Transaction ID: 55AE22106i Amount of Each Disbursement this Period  Transaction ID: 55AE22106i Amount of Each Disbursement this Period  Transaction ID: 55AE22106i Amount of Each Disbursement this Period  Transaction ID: 55AE22106i Amount of Each Disbursement this Period  Transaction ID: 55AE22106i Amount of Each Disbursement this Period  Transaction ID: 55AE22106i Amount of Each Disbursement this Period  Transaction ID: 55AE22106i Amount of Each Disbursement this Period  Transaction ID: 55AE22106i Amount of Each Disbursement this Period  Transaction ID: 55AE22106i Amount of Each Disbursement this Period  Transaction ID: 55AE22106i Amount of Each Disbursement this Period  Transaction ID: 55AE22106i Amount of Each Disbursement this Period  Transaction ID: 55AE22106i Amount of Each Disbursement this Period  Transaction ID: 55AE22106i Amount of Each Disbursement this Period  Transaction ID: 55AE22106i Amount of Each Disbursement this Period  Transaction ID: 55AE22106i Amount of Each Disbursement this Period  Transaction ID: 55AE22106i Amount of Each Disbursement this Period  Transaction ID: 55AE22106i Amount of Each Disbursement this Period	Cano	lidate Name			Catego	ory/	_					eriod
Senate President Other (specify)   State: District:  Full Name (Last, First, Middle Initial)  B. CitiBank  Mailing Address 1 Penns Way  City New Castle DE 19720-2408  Purpose of Disbursement Bank Fee  Candidate Name  Office Sought: Senate President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  Date of Disbursement  FEC Identification Number  Category/ Type  Office Sought: Senate Primary General Other (specify)  Date of Disbursement this Period  FEC Identification Number  Category/ Amount of Each Disbursement this Period  Date of Disbursement this Period  Date of Disbursement  Category/ Type  Date of Disbursement this Period  Date of Disbursement  Category/ Type  Disbursement  Category/ Type  Disbursement  Category/ Type  Office Sought: House Senate Primary General Primary General President  Category/ Type  Date of Disbursement  Category/ Type  Memo Item  State: District: General Primary General Primary General Primary General President  State: District: Memo Item  Substortal of Disbursement this Period						,	Amount of Lacif Disbursement this Period					
State: District: Other (specify) ▼    Memo Item	Offic		1								180.25	
State: District:  Full Name (Last, First, Middle Initial)  B. CitiBank  Mailing Address 1 Penns Way  City New Castle Purpose of Disbursement Bank Fee  Candidate Name  Office Sought: House Primary Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code DE 19720-2408  President Other (specify)  Memo Item  Primary General Other (specify)  Date of Disbursement Units Period  Transaction ID: B5AE2B2106i Amount of Each Disbursement this Period  Memo Item  Date of Disbursement Units Period  Transaction ID: B5AE2B2106i Amount of Each Disbursement this Period  Date of Disbursement  Date of Disbursement  Category/ Type  Office Sought: House Disbursement For:  Senate President Other (specify)   Amount of Each Disbursement this Period  Office Sought: House Disbursement For:  Senate Primary General Other (specify)   Memo Item  State: District:  Substortal of Disbursements This Page (optional)			_									
Full Name (Last, First, Middle Initial)  B. CitiBank  Mailing Address 1 Penns Way  City New Castle Purpose of Disbursement Bank Fee Candidate Name  Category/ Type  Office Sought: House Senate President State: District:  City State Disbursement For: Senate Primary Other (specify)  Category/ Type  Category/ Type  Disbursement  Category/ Type  Other (specify)  Category/ Type  Amount of Each Disbursement  Category/ Type  Other (specify)  Amount of Each Disbursement this Period  Category/ Type  Other (specify)  Category/ Type  Other (specify)  Memo Item  FEC Identification Number  Category/ Type  Other (specify)  FEC Identification Number  Category/ Type  Other (specify)  Memo Item  FEC Identification Number  Category/ Type  Other (specify)  Memo Item  State: District:  Substrotal of Disbursement this Period  Memo Item  FEC Identification Number  Category/ Type  Other (specify)  Memo Item  Amount of Each Disbursement this Period  Memo Item  State: District:  Substrotal of Disbursements This Page (optional)	State		Other (spe	ecity) ▼			Me	emo Item	1			
B. CitiBank  Mailing Address 1 Penns Way  City New Castle Purpose of Disbursement Bank Fee Candidate Name  Office Sought: District:  Fill Name (Last, First, Middle Initial)  C.  Mailing Address  City Purpose of Disbursement For: State: District:  Mailing Address  City Purpose of Disbursement  Candidate Name  Category/ Type  Memo Item  Substrict:  Memo Item  Substrict:  Substrict:  Substrict:  Substrict:  Substrict:  Substrict:  Amount of Each Disbursement this Period  Memo Item												
Mailing Address 1 Penns Way  City New Castle DE	B. Cit	iBank					Date o					
New Castle Purpose of Disbursement Bank Fee Candidate Name  Category/ Type  Office Sought: House Primary General President City State Zip Code Purpose of Disbursement Candidate Name  Category/ Type  District:  Fill Name (Last, First, Middle Initial) C.  Category/ Type  Date of Disbursement  Category/ Type  Type  Type  Date of Disbursement  Category/ Type  Type  Type  Type  Category/ Type  Typ	Maili	ng Address 1 Penns Way					06		- 1			
Purpose of Disbursement Bank Fee Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Category/ Type  Other (specify)  Date of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Category/ Type  Memo Item  FEC Identification Number  Category/ Type  Memo Item  State: District: Memo Item  Substract In State Primary General Other (specify)  State: District: Memo Item  Substract In State In S	•			l .			FEC Id	entificati	on Nu	mber		
Bank Fee Candidate Name Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Other (specify)  Date of Disbursement  Candidate Name  Category/ Type  Date of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substock Amount of Each Disbursement this Period  Memo Item  Memo Item  Substock Amount of Each Disbursement this Period  Memo Item  Substock Amount of Each Disbursement this Period  Memo Item  Substock Amount of Each Disbursement this Period  Memo Item			DE	19/20-2408					-			
Candidate Name    Category/ Type								nos:"	n ID	DEATS	D24001	
Office Sought: House Senate Primary General Other (specify)  State: District: Memo Item  President State: District: District: District: Date of Disbursement  C. Date of Disbursement  City State Zip Code FEC Identification Number  Candidate Name Category/ Type  Office Sought: House Senate Primary General Other (specify)   State: District: Memo Item  Substituting Address  City State Zip Code FEC Identification Number  Category/ Type  Office Sought: House Primary General Other (specify)   Senate Primary General Other (specify)   State: District: Memo Item  Substituting Address  City State Zip Code FEC Identification Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item  Substituting Address  City State Zip Code FEC Identification Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item	Category/						_					eriod
State: District: Other (specify)  Memo Item  Date of Disbursement  Mailing Address  City State Zip Code FEC Identification Number  Candidate Name Category/ Type  Office Sought: House Primary General Other (specify)   State: District: Memo Item  State: Disbursement For: Senate Primary General Other (specify)   State: District: Memo Item  Subtotal of Disbursements This Page (optional)	Offic	e Sought: House Disburse	ement For:								80.98	
State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  State  Zip Code  Purpose of Disbursement  Candidate Name  Category/  Office Sought:  House  President  Senate  President  State:  District:  Memo Item  Date of Disbursement  FEC Identification Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item  Subtrotal of Disbursements This Page (optional)										7		
City State Zip Code FEC Identification Number  Candidate Name Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  M M M / D D / YYYYY  FEC Identification Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item  261.23	State		Other (spe	ecity)			Me	mo Item	1			
City State Zip Code FEC Identification Number  Candidate Name Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Subtotal of Disbursements This Page (optional)		Name (Last, First, Middle Initial)					Doto =	f Diabor	noma-	+		
City State Zip Code FEC Identification Number  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substrict: Memo Item  261.23	<b>U</b> .							_			V V V	/
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Substitute of Disbursements This Page (optional)	Maili	ng Address					W = M		- U	, T	- Y = Y = Y	
Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Subtrotal of Disbursements This Page (optional)	City		State	Zip Code			FEC Id	entificati	on Nu	mber		
Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)	Purp	ose of Disbursement				$\overline{}$	С					
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  Subtrotal of Disbursements This Page (optional)	Category/					Amoun	t of Eac	h Disb	ourseme	ent this Pe	eriod	
Senate Primary General Other (specify) Memo Item  State: District:  SUBTOTAL of Disbursements This Page (optional)	Offic	e Sought: House Disburse	ement For:		туре	7						
State: District: Memo Item  SUBTOTAL of Disbursements This Page (optional)			7	General				-		7	1 46	
State: District:  SUBTOTAL of Disbursements This Page (optional)			Other (spe	ecify) 🔻			Me	emo Item	1			
304 22	State	e: District:					.,,,					
261 23	SUBTO	OTAL of Disbursements This Page (optional).				▶				70	261.23	3
			,				-		-		261.23	3

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SCHEDULE B (FEC Form 3X)	Llea caparata achadula(a)	FOR LINE NUMBER: PAGE 9 OF 11				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 <b>X</b> 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
Humane Society Legislative Fund F	Political Action Com	mittee				
Full Name (Last, First, Middle Initial)  A. MCCAUL FOR CONGRESS, INC			Date of Disbursement			
" MCCAUL FOR CONGRESS, INC			M M / D D / Y Y Y Y			
Mailing Address 815-A BRAZOS STREET PMB 230			06 10 2022			
,	State Zip Code TX 78701		FEC Identification Number			
AUSTIN Purpose of Disbursement	TX 78701		0 00000000			
Contribution to Committee			C C00392688			
Candidate Name		Catagony	Transaction ID: B5D4A18113I Amount of Each Disbursement this Period			
McCaul, Michael, , Rep.,		Category/ Type	Amount of Lacif Disbursement this Fellou			
	nent For: 2022		2500.00			
	Primary General					
	Other (specify) ▼		Memo Item			
State: TX District: 10  Full Name (Last, First, Middle Initial)						
GUY FOR CONGRESS			Date of Disbursement			
GOT FOR CONGRESS			M M / D D / Y Y Y Y			
Mailing Address P.O. BOX 23177			06 10 2022			
City	State Zip Code		FEC Identification Number			
PITTSBURGH	PA 15222					
Purpose of Disbursement Contribution to Committee			C C00657833			
Candidate Name			Transaction ID : B262A077169			
Reschenthaler, Guy, , Rep.,		Category/ Type	Amount of Each Disbursement this Period			
	nent For: 2022	- 7,60	2500.00			
Senate	Primary General		7 7 7			
President	Other (specify)		Memo Item			
State: PA District: 14			<u> </u>			
Full Name (Last, First, Middle Initial)			Date of Disbursement			
RODNEY FOR CONGRESS						
Mailing Address PO BOX 344			06 10 2022			
City	State Zip Code		EEC Identification Number			
Taylorville	IL 62568-0344		FEC Identification Number			
Purpose of Disbursement Contribution to Committee	,		C C00521948			
Candidate Name			Transaction ID : BE975F8097			
Davis, Rodney, , Rep.,	Category/	Amount of Each Disbursement this Period				
	nent For: 2022	Туре	2500.00			
<u> </u>	Primary General					
	Other (specify)		Momo Itom			
State: IL District: 15			Memo Item			
SUBTOTAL of Disbursements This Page (optional)			7500.00			
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	21b 28a	22 <b>X</b> 23 26 27 28c 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full) Humane Society Legislative Fund F					
Full Name (Last, First, Middle Initial)  A. DIRIGO PAC	Date of Disbursement				
Mailing Address PO BOX 1355			06 15 2022		
Alexandria	State Zip Code VA 22313-1355		FEC Identification Number		
Purpose of Disbursement Contribution to Committee Candidate Name			C C00391797 Transaction ID : BDD94DC806		
DIRIGO PAC	nent For: 2022	Category/ Type	Amount of Each Disbursement this Period 5000.00		
Senate	nent For: 2022  Primary General  Other (specify) ▼		Memo Item		
State: District:	Other		I Metric Ifelli		
Full Name (Last, First, Middle Initial)  B.		Date of Disbursement			
Mailing Address					
	State Zip Code		FEC Identification Number		
Purpose of Disbursement			C		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disbursem  Senate President					
State: District:	Other (specify)		Memo Item		
Full Name (Last, First, Middle Initial)  C.			Date of Disbursement		
Mailing Address			M M / D D / Y Y Y Y Y		
	State Zip Code		FEC Identification Number		
Purpose of Disbursement	С				
Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
President	nent For: Primary ☐ General Other (specify) ▼		Memo Item		
State: District:			<u> </u>		
SUBTOTAL of Disbursements This Page (optional)		·····	5000.00		
TOTAL This Period (last page this line number only).			12500.00		

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 OF 11				
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one)  22 23 26 27 28b 28c <b>x</b> 29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)	o and address of any pointed		CONOR CONTRIBUTION OF THE CONTRIBUTION			
Humane Society Legislative Fund F	Political Action Comn	nittee				
Full Name (Last, First, Middle Initial)  - John Kavanagh For State Senator		Date of Disbursement				
Mailing Address 16038 E. Seminole Lane			06 15 2022			
Fountain Hills	State Zip Code AZ 85268-3125		FEC Identification Number			
Purpose of Disbursement Contribution to Committee			C Transaction ID : B7A59DF38A			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 500.00			
Senate x	nent For: 2022 Primary ☐ General Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial)  FRIENDS OF DON BEYER  Mailing Address 1751 POTOMAC GREENS DRIVE		Date of Disbursement  One of Disbursement				
,	State Zip Code VA 22314		FEC Identification Number			
Purpose of Disbursement Contribution to Committee		C Transaction ID : B0BAD6B3E2				
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
Senate President	nent For: 2022 Primary General Other (specify)		2500.00 Memo Item			
State: District:  Full Name (Last, First, Middle Initial)			Date of Disbursement			
Mailing Address			M M / D D / Y Y Y Y			
City	State Zip Code		FEC Identification Number			
Purpose of Disbursement		C				
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
	nent For: Primary General Other (specify)		Memo Item			
State: District:			<u> </u>			
SUBTOTAL of Disbursements This Page (optional)		······	3000.00			
TOTAL This Period (last page this line number only).			3000.00			