

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 OCT 30 A 10:14

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>HUMANE USA PAC</b>		2. FEC IDENTIFICATION NUMBER <b>200350439</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>23701 HARBOR VISTA DR.</b>		
CITY, STATE and ZIP CODE <b>MALIBU, CA. 90265</b>		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report

Monthly Report Due On:

- February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31

- 12-Day Pre-Election Report for the General  
(Type of Election)  
election on Nov 7, 2000 In the State of \_\_\_\_\_  
 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ In the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/1/00</u> through <u>10/18/00</u>			
6. (a)	Cash on Hand January 1, 19 <u>99</u>		\$ 37,541.94
(b)	Cash on Hand at Beginning of Reporting Period	\$ 62,503.03	
(c)	Total Receipts (from Line 14)	\$ 2,500.00	\$ 109,256.96
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 84,003.03	\$ 146,798.90
7.	Total Disbursements (from Line 3D)	\$ 23,848.42	\$ 86,644.29
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 60,154.61	\$ 60,154.61
9.	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of Treasurer <b>LINDA NEALON</b>			
Signature of Treasurer <i>Linda Nealon</i>			Date <b>10-24-00</b>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X  
(revised 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
I. Receipts			
	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	21500.00	109256.96	11(a)(i)
ii. Unitemized	-	-	11(a)(ii)
iii. Total (add i and ii) >	21500.00	109256.96	11(a)(iii)
b. Political Party Committees	-	-	11(b)
c. Other Political Committees (such as PACs)	-	-	11(c)
d. Total Contributions (add a iii, b and c) >	21500.00	109256.96	11(d)
12. Transfers From Affiliated/Other Party Committees	-	-	12
13. All Loans Received	-	-	13
14. Loan Repayments Received	-	-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-	-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-	-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	-	-	17
18. Transfers from Nonfederal Account for Joint Activity	-	-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	21500.00	109256.96	19
20. Total Federal Receipts (subtract line 18 from line 19) >	21500.00	109256.96	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-	-	21(a)(i)
ii. Non-Federal Share	-	-	21(a)(ii)
b. Other Federal Operating Expenditures	11863.04	18258.91	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	11863.04	18258.91	21(c)
22. Transfers to Affiliated/Other Party Committees	-	-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	7450.00	83250.00	23
24. Independent Expenditures (use Schedule E)	4535.38	4535.38	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-	-	25
26. Loan Repayments Made	-	-	26
27. Loans Made	-	-	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	-	-	28(a)
b. Political Party Committees	-	-	28(b)
c. Other Political Committees (such as PACs)	-	-	28(c)
d. Total Contribution Refunds (add a, b and c) >	-	-	28(d)
29. Other Disbursements	-	-	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 29d, and 29) >	23848.42	86644.29	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	23848.42	86644.29	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	21500.00	109256.96	32
33. Total Contribution Refunds (from line 28d)	-	-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	21500.00	109256.96	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	11863.04	18258.91	35
36. Offsets to Operating Expenditures (from line 15)	-	-	36
37. Net Operating Expenditures (subtract line 36 from 35) >	11863.04	18258.91	37

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 114 OF 114  
FOR LINE NUMBER

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 USA POLITICAL ACTION COMMITTEE			
A. Full Name, Mailing Address and ZIP Code KONARINA ESHOO 698 Emerson St. Palo Alto, CA 94301	Purpose of Disbursement Seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/10/00	Amount of Each Disbursement This Period 200.00
B. Full Name, Mailing Address and ZIP Code Hon. Pete Stark 39300 Civic Center DR #220 Fremont, CA. 94538	Purpose of Disbursement Seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/10/00	Amount of Each Disbursement This Period 200.00
C. Full Name, Mailing Address and ZIP Code Hon. Henry Waxman 8736 W. 3rd St #600 Los Angeles, CA 90044	Purpose of Disbursement seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/10/00	Amount of Each Disbursement This Period 100.00
D. Full Name, Mailing Address and ZIP Code Hon Marge Roukema 1200 E. Ridgewood Ave Ridgewood, NJ 07450	Purpose of Disbursement Seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/10/00	Amount of Each Disbursement This Period 250.00
E. Full Name, Mailing Address and ZIP Code Hon Michael Capuano 110 1st St Cambridge, MA 02141	Purpose of Disbursement Seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/10/00	Amount of Each Disbursement This Period 100.00
F. Full Name, Mailing Address and ZIP Code Hon. Joe Moakley 235 C HOB WASH D.C. 20515	Purpose of Disbursement seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/10/00	Amount of Each Disbursement This Period 100.00
G. Full Name, Mailing Address and ZIP Code Hon. Bill Delahunt 1317 2 HOB WASH D.C. 20515	Purpose of Disbursement seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/10/00	Amount of Each Disbursement This Period 250.00
H. Full Name, Mailing Address and ZIP Code Hon Rod Frelinghuysen 30 Schuyler Pl Morristown, NJ 07960	Purpose of Disbursement seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/10/00	Amount of Each Disbursement This Period 250.00
I. Full Name, Mailing Address and ZIP Code Hon Mark Green 700 E. Walnut St Green Bay, WI 54301	Purpose of Disbursement seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/12/00	Amount of Each Disbursement This Period 500.00

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

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of disbursement. See Form 990 for instructions.

PAGE 21 OF 4  
FORM NUMBER

Any information reported on this Schedule B must be substantiated by a receipt or other appropriate documentation for the purpose of filing on this return. If the information is not substantiated, the disbursement will be treated as a contribution to the committee.

NAME OF COMMITTEE (in full)

HUMANE USA Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement (This Period)
Hon. Ellen Tauscher 1440 L HOB WASH D.C. 20515	seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/00	250.00
Hon. Nancy Pelosi 2457 R HOB WASH D.C. 20515	Seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/00	250.00
Hon. Lynn Rivers 301 W. Michigan Ave #400 Ypsilanti, MI 48197	Seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/00	250.00
Hon. Charles A. Gonzalez 405 N. St. Marys St # 720 San Antonio, TX 78205	seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/00	250.00
Hon. Steve Horn 4010 Watson Plaza DR #16 Lakewood, CA 90712	Seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/00	250.00
Marketry Inc. 1601 114 St. Bellevue, WA.	Purchase names for independent expenditure Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	2799.22
Hon. Gene Taylor 2311 R HOB WASH D.C. 20515	seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	500.00
Hon Bob Filner 2463 R HOB WASH D.C. 20515	seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	250.00
Hon. Dennis Moore 506 CHOB WASH D.C. 20515	seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	250.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (see page 01 for instructions)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 4  
FOR LINE NUMBER

Any information copied from each Report and Statement is true and correct to the best of the donor's knowledge for the purpose of the following disclosure of the financing of an awareness or political committee or contribution to or from such committee.

NAME OF COMMITTEE (in Full)

HUMANE USA Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hon Sheila Jackson Lee 410 CHOB WASH D.C. 20515	Seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	250.00
Hon Nicholas V. Lampson 417 CHOB WASH DC 20515	Seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	250.00
Hon William V. Roth Jr. 3021 Federal Bldg 8th King St Wilmington, DE 19801	Seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	500.00
Hon Kenny Hulskof 33 E. Broadway #280 Columbia, MO 65203	Seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	250.00
Hon. Frank L. Biando 5914 Main St. Mays Landing, NJ 08330	Seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	250.00
Hon Zach Wamp 900 Georgia Ave #126 Chattanooga, TN 37402	Seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	250.00
Hon Bob Clement 336 U.S. Courthouse Nashville, TN 37203	Seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	250.00
Hon Albert Wynn 407 CHOB WASH D.C. 20515	Seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	250.00
Hon Harold Ford Jr. 325 CHOB WASH D.C. 20515	Seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	250.00

CUR TOTAL of Disbursements This Page (optional)

TOTAL This Period (as payable to donor only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such reports and statements may not be used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and the seal or political logo or logo of a political contribution to such committee.

NAME OF COMMITTEE (in Full) **HUMANE USA Political Action Committee**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hon Elijah Cummings 1632 LHOB WASH D.C. 20515	seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	250.00
Hon Lloyd Doggett 328 LHOB WASH D.C. 20515	seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	250.00
Hon Benjamin J. Cardin 104 CHOB WASH D.C. 20515	seeking re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	250.00
Fenn King Communications 2715 M. St NW #150 WASH D.C. 20007	media buy/ad cast Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	1736.16
Matt Kuzins 926 J. St. #218 Sacramento, CA 95814	Fundraising mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/00	11863.04
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) \_\_\_\_\_

TOTAL This Period (last page of this number only) **23848.42**

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 2  
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

HUMANE USA Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Glaser c/o Real Networks 1111 3rd Ave # 2900 Seattle, WA 98101	Real Networks Occupation: President - CEO	10/8/00	5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sarah Block c/o Real Networks 1111 3rd Ave, #2900 Seattle, WA 98101	Real Networks Occupation: Executive	10/8/00	5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Norris 646 N. Ithaca Ave. Bryn Mawr PA 19010	— Occupation: Student	9/27/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ann Church 722 Lawton St McLean, VA 22101	— Occupation: Retired	10/2/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Caryn Grinstberg 1402 N. Lincoln St Arlington, VA 22201	Priority Ventures Group Occupation: market strategy consultant	10/2/00	2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2000.		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judy Peil 15 Wydown Ter. Clayton, MO 63105	Judy Peil Travel Occupation: Owner	10/1/00	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Williams 61 Plishower Rd Lebanon, NJ 08833	— Occupation:	10/1/00	1000.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

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

SCHEDULE A

ITEMIZED RECEIPTS

Use separate columns for each category of the Detailed Summary Page

PAGE 2 OF 2  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

HUMANE USA Political Action Committee

A. Full Name, Mailing Address and ZIP Code Nancy Grove 7 Sunny meade St. Louis, MO 63124 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Aggregate Year-to-Date > \$ 5000.	Date (month, day, year) 10/1/00	Amount of Each Receipt This Period 5000.00
B. Full Name, Mailing Address and ZIP Code Robert Weiner PO Box 2399 Dalton, GA 30722 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Products Concept Residential Occupation Executive Aggregate Year-to-Date > \$ 1500.	Date (month, day, year) 10/4/2000	Amount of Each Receipt This Period 1500.
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (but over this line number only)

21500.00



ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

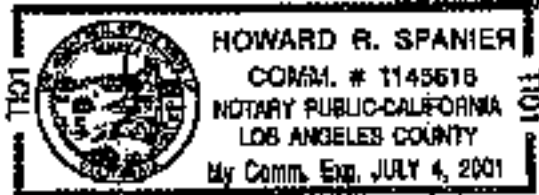
Name of Committee (in Full) <b>HUMANE USA PAC</b>				
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
Marketry Inc. 1601 114th St Bellevue, WA.	purchase names for mailing	10/16/00	2799.22	Marla Cantwell <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Fenn + King Communications 2715 M. St NW #150 WASH DC 20007	Set up cost-advertising expense for commercial	10/18/00	1736.16	Bob Barr <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			<u>4535.38</u>	
(b) SUBTOTAL of Unitemized Independent Expenditures			<u>4535.38</u>	
(c) TOTAL Independent Expenditures			<u>4535.38</u>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

[Signature] 10/25/00  
Signature Date

Subscribed and sworn to before me this 25<sup>th</sup> day of October, 2000

My Commission expires: 7/04/01 [Signature]



Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>10 26 - 00</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jel</i> PREPARER	<i>10 30 - 00</i> DATE PREPARED