

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 19 A 10 38

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)

C00350439 030800 P

LINDA MARIE NEALON
KUMANEUSA POLITICAL ACTION COM
MITTEE
23701 HARBOR VISTA DR
MALIBU CA 90263

2. FEC IDENTIFICATION NUMBER
C00350439

3. 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 _____
(Type of Election)
election on _____ 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>Jan. 1, 2000</u> through <u>March 31, 2000</u>		
6. (a) Cash on Hand January 1, <u>1900</u>		\$37541.94
(b) Cash on Hand at Beginning of Reporting Period	\$37541.94	
(c) Total Receipts (from Line 19)	\$19,970.00	\$19,970.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$57,511.94	\$57,511.94
7. Total Disbursements (from Line 30)	\$6000.00	\$6000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$51,511.94	\$51,511.94
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 202-684-1100
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 LINDA NEALON

Signature of Treasurer Linda Nealon

Date 4-5-00

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

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	
HUMANE USA PAC		FROM Jan. 1, 2000 TO Mar 31, 2000	
		COLUMN A	COLUMN B
		Total This Period	Calendar Year
I. Receipts			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	19,970.00	
ii.	Unitemized	0	
iii.	Total (add i and ii) >	19,970.00	
b.	Political Party Committees	0	
c.	Other Political Committees (such as PACs)	0	
d.	Total Contributions (add a iii, b and c) >	19,970.00	
12.	Transfers From Affiliated/Other Party Committees	0	
13.	All Loans Received	0	
14.	Loan Repayments Received	0	
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	
17.	Other Federal Receipts (Dividends, Interest, etc.)	0	
18.	Transfers from Nonfederal Account for Joint Activity	0	
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	19,970.00	
20.	Total Federal Receipts (subtract line 18 from line 19) >	19,970.00	
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share	0	
ii.	Non-Federal Share	0	
b.	Other Federal Operating Expenditures	0	
c.	Total Operating Expenditures (add a i, a ii, and b) >	0	
22.	Transfers to Affiliated/Other Party Committees	0	
23.	Contributions to Federal Candidates/Committees and Other Political Committees	6000.00	
24.	Independent Expenditures (use Schedule E)	0	
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	
26.	Loan Repayments Made	0	
27.	Loans Made	0	
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees	0	
b.	Political Party Committees	0	
c.	Other Political Committees (such as PACs)	0	
d.	Total Contribution Refunds (add a, b and c) >	0	
29.	Other Disbursements	0	
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	6000.00	
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	6000.00	
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	19,970.00	
33.	Total Contribution Refunds (from line 28d)	0	
34.	Net Contributions (other than loans)(subtract line 33 from 32)	19,970.00	
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	
36.	Offsets to Operating Expenditures (from line 15)	0	
37.	Net Operating Expenditures (subtract line 36 from 35) >	0	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
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 PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Barbara Birdsey 203 S. Orleans Rd Orleans, MASS. 02653	Self	2/12/00	5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles Birdsey 203 S. Orleans Rd Orleans, MASS 02653	Self	2/12/00	5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Florence Lambert 6245 Cardano Dr. La Jolla, CA.	Elephant Alliance	3/	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Animal Protection Executive	Aggregate Year-to-Date > \$ 1000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
LINDA NEALON 23701 Harbor Vista Dr MALIBU, CA 90265	NORR	2/18/00	5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife	Aggregate Year-to-Date > \$ 5000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joyce Stewart			20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 20.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Elissa Angell 702 S. Corona Denver, CO. 80209	Retired		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Galak 18524 SE 60th St Issaquah, WA. 98027	Self		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Psychologist	Aggregate Year-to-Date > \$ 1000.00	

SUBTOTAL of Receipts This Page (optional)

17520.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **212** OF
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

HUMANE USA PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wayne Pacelle 403 Hinsdale Ct. Silver Spring, MD. 20901	HUMANE SOCIETY OF THE UNITED STATES		2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Animal Protection Executive Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marni Kass unknown	Occupation		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Teft 2158 Baldwin Rd. Ojai, CA. 93023	Self		200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 200.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation 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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

19,970.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 11 OF 11
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

HUMANE USA PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GALLEGLY FOR CONGRESS 300 Esplanade DR # 1800 Oxnard, CA 9030	Seeking re-election Rep. Elton Gallegly - Rep. CA 23 rd Dist	2/21/00	1,000.00
Solis FOR CONGRESS 4401 Santa Anita Ave, 2 nd Fl EL MONTE, CA. 91731	Seeking re-election Sen. Hilda Solis - Sen. Dist 24	2/24/00	1,000.00
Tierney FOR CONGRESS 120 Cannon H.O.B. WASH. D.C. 20515	Seeking re-election Rep. John F. Tierney - MASS. 6 th District	3/22/00	1,000.00
DEPAZIO FOR CONGRESS 151 W. 7 th Ave # 400 Eugene, OR. 97401	Seeking re-election Rep. Peter DeFazio - Rep. OR. 4 th District	3/22/00	1,000.00
JOE SCARBOROUGH FOR CONGRESS 127 Cannon H.O.B. WASH. D.C. 20515	Seeking re-election Rep. Joe Scarborough - Rep. 15 th District	3/28/00	1,000.00
J. Inslee FOR CONGRESS 21905 64 th Ave West #101 Mountlake Terrace, WA 98043	Seeking re-election Rep. Jay Inslee - WA - 1 st District	1/18/00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

6000.00

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.

Hand Delivered Date of Receipt

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED
4-12-00

No Postmark

Postmark Illegible

Received from the House office of Records and Registration Date of Receipt

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Other (Specify): Postmarked

and/or Date of Receipt

Electronic Filing

Y.C.
PREPARER

4-19-00
DATE PREPARED