



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Humane Society Legislative Fund Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value=""/>	<input type="text" value="409141.49"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="397600.24"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="35085.00"/>	<input type="text" value="57233.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="432685.24"/>	<input type="text" value="466374.49"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="34766.69"/>	<input type="text" value="68455.94"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="397918.55"/>	<input type="text" value="397918.55"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Humane Society Legislative Fund Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

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).....	35000.00	55834.00
(ii) Unitemized .....	85.00	1399.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35085.00	57233.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	35085.00	57233.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	35085.00	57233.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35085.00	57233.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	266.69	1955.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	266.69	1955.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33000.00	65000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	1500.00	1500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	34766.69	68455.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34766.69	68455.94

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	35085.00	57233.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35085.00	57233.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	266.69	1955.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	266.69	1955.94

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 14
	(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Kathryn Oliver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1710 30th Ave W  
 City Seattle State WA Zip Code 98199-4221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PATH Occupation Senior Outreach Associate  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 02 / 2016**  
**Transaction ID : AE075CAE4ABA14690B42**  
 Amount of Each Receipt this Period **5000.00**  
 Memo Item

**B. Dr. Roger White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 502 16th Street SW  
 City Rochester State MN Zip Code 55902-2153  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 03 / 2016**  
**Transaction ID : AACAD2CBD97D74442A19**  
 Amount of Each Receipt this Period **5000.00**  
 Memo Item

**C. Linda Delma**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39 Edgewood Rd  
 City Summit State NJ Zip Code 07901-3903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 17 / 2016**  
**Transaction ID : A2E995AA057524DED89C**  
 Amount of Each Receipt this Period **5000.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>15000.00</b>
<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 7 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Kathryn Head**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39 Edgewood Rd  
 City Summit State NJ Zip Code 07901-3903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Not Employed Occupation Not Employed  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 17 / 2016**  
**Transaction ID : A75AE810684C4436A89B**  
 Amount of Each Receipt this Period **5000.00**  
 Memo Item

**B. Howard Baskin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7106 Riverwood Blvd  
 City Tampa State FL Zip Code 33615-2031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Management Consultant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 17 / 2016**  
**Transaction ID : A6DEAC3FCEFF6462CA94**  
 Amount of Each Receipt this Period **5000.00**  
 Memo Item

**C. Carole Baskin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 340189  
 City Tampa State FL Zip Code 33694-0189  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Big Cat Rescue Occupation CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 17 / 2016**  
**Transaction ID : AE816F66159EA49698AE**  
 Amount of Each Receipt this Period **5000.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>15000.00</b>
<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 8 OF 14  
(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)  
**Humane Society Legislative Fund Political Action Committee**

**A. Wendy Bernstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 16300 Jousting Terrace

City Derwood State MD Zip Code 20855-1654

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

Name of Employer National Naval Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2016

**Transaction ID : AA283C453D0384227983**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	35000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**Humane Society Legislative Fund Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

Transaction ID : B6506ADE8B5804208824

Amount of Each Disbursement this Period

11.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wells Fargo**

Mailing Address 215 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1155

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2016

Transaction ID : B8CA341611B714683B1A

Amount of Each Disbursement this Period

5.23

Memo Item

Full Name (Last, First, Middle Initial)

**C. Blackbaud, Inc.**

Mailing Address 2000 Daniel Island Drive

City Daniel Island State SC Zip Code 29492-7540

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2016

Transaction ID : BCD4516C7EDD74EFBB02

Amount of Each Disbursement this Period

249.51

Memo Item

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

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

266.69

266.69

**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)

**Humane Society Legislative Fund Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. RUSS FOR WISCONSIN**

Mailing Address PO BOX 620061

City Middleton State WI Zip Code 53562-0061

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Russell Dana Feingold**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: WI District:

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

**Transaction ID : B9BC8DDB2086D4C4DB35**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. UDALL FOR US ALL**

Mailing Address PO BOX 25766

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Sen. Tom S. Udall**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: NM District:

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2016

**Transaction ID : B42D6F09DB71648E4974**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN COSTELLO FOR CONGRESS**

Mailing Address PO BOX 3154

City West Chester State PA Zip Code 19381-3154

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Rep. Ryan A. Costello**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: PA District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

**Transaction ID : BDA4B5A01FD164897A4**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

11000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**Humane Society Legislative Fund Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. STRICKLAND FOR SENATE**

Mailing Address PO BOX 2196

City Columbus State OH Zip Code 43216-2196

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Ted Strickland**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OH District:

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2016

Transaction ID : **B4004DB38082A47DF9EE**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. HUFFMAN FOR CONGRESS**

Mailing Address P.O. BOX 151563

City San Rafael State CA Zip Code 94915-1563

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Jared Huffman**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CA District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2016

Transaction ID : **BC10D47782726414BB19**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JULIA BROWNLEY FOR CONGRESS**

Mailing Address 728 W. EDNA PLACE

City Covina State CA Zip Code 91722-3222

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Rep. Julia Brownley**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CA District: 26

Date of Disbursement

MM / DD / YYYY  
03 / 29 / 2016

Transaction ID : **B6E211FD41FD34673B6D**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

8000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**Humane Society Legislative Fund Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOE HECK**

Mailing Address PO BOX 750114

City Las Vegas State NV Zip Code 89136-0114

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Rep. Joe J. Heck Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NV District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : B1069ED4042D24CE0997

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. VAN HOLLEN FOR SENATE**

Mailing Address 10605 CONCORD ST SUITE 202

City Kensington State MD Zip Code 20895-2526

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Chris Vanhollen**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: MD District:

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : B583F27EC12944F288C6

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CATHERINE CORTEZ MASTO FOR SENATE**

Mailing Address 8020 SOUTH RAINBOW BLVD #100-112

City Las Vegas State NV Zip Code 89139-6483

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Catherine Cortez Masto**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NV District:

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : B84924416267249FEB65

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

12000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**Humane Society Legislative Fund Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. JAMIE RASKIN FOR CONGRESS**

Mailing Address P.O. BOX 5418

City Takoma Park State MD Zip Code 20913-5418

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Jamie Raskin**

Office Sought:  House  Senate  President  
State: MD District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

**Transaction ID : B202E0C47AF4843B29D8**

Amount of Each Disbursement this Period

2000.00

Memo Item

Category/  
Type

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Category/  
Type

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Category/  
Type

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

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

2000.00

33000.00

