

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Humane Society Legislative Fund Political Action Committee

ADDRESS (number and street)

1255 23rd Street, NW

Suite 455

Check if different
than previously
reported. (ACC)

Washington

DC

20037

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00466813

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
03 01 2022

through

M M M / D D D / Y Y Y Y Y Y
03 31 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Amundson, Sara, J.,

Type or Print Name of Treasurer

Signature of Treasurer

Amundson, Sara, J.,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 20 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
03 / 01 / 2022 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2022

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2022		401632.44
(b) Cash on Hand at Beginning of Reporting Period.....	409197.44	
(c) Total Receipts (from Line 19)	32991.00	61636.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	442188.44	463269.20
7. Total Disbursements (from Line 31).....	20377.79	41458.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	421810.65	421810.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Humane Society Legislative Fund Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
03 / 01 / 2022

To:

M M / D D / Y Y Y Y Y
03 / 31 / 2022

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).....

32750.00

60250.00

(ii) Unitemized

241.00

1292.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

32991.00

61542.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

94.76

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

32991.00

61636.76

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))

32991.00

61636.76

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

32991.00

61636.76

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
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	377.79	1458.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	377.79	1458.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	40000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	20377.79	41458.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20377.79	41458.55

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	32991.00	61636.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32991.00	61636.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	377.79	1458.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	377.79	1458.55

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 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Humane Society Legislative Fund Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stern, Candis, , ,

Mailing Address 1208 Regency Ct

City
Las Cruces

State
NM

Zip Code
88007-8975

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 02 / 2022

Transaction ID : A0C6CF811DD32408D9FA

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Trimble, Mary, , ,

Mailing Address 8333 Douglas Ave

City
Dallas

State
TX

Zip Code
75225-5845

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

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 / 04 / 2022

Transaction ID : AAB6C00DA46E74DCBEC

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Trimble, Robert, , ,

Mailing Address 8333 Douglas Ave

City
Dallas

State
TX

Zip Code
75225-5845

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

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 / 04 / 2022

Transaction ID : A21BC2968A3EF439E9D1

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

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

12500.00

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

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

FOR LINE NUMBER: PAGE 7 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Humane Society Legislative Fund Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Haner, Heidi, , ,

Mailing Address 3422 Harriet Ave

City
Minneapolis

State
MN

Zip Code
55408-4233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2022

Transaction ID : A517489456B2142D483C

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tyler, Marta, , ,

Mailing Address 524 Santa Rita Ave

City
Palo Alto

State
CA

Zip Code
94301-4035

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

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 / 25 / 2022

Transaction ID : A25A15FBE2B464DCF82C

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Milzcik, Gregory, , ,

Mailing Address 9203 E Brahma Rd

City
Scottsdale

State
AZ

Zip Code
85262-1088

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

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 / 29 / 2022

Transaction ID : A33354ABED9AB49BA8FE

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

10250.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Humane Society Legislative Fund Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Milzcik, Eileen, , ,

Mailing Address 9203 E Brahma Rd

City
Scottsdale

State
AZ

Zip Code
85262-1088

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

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 / 29 / 2022

Transaction ID : AD6B43D91746B49339AC

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schwartz, Leslie, , ,

Mailing Address PO Box 977

City
Durham

State
NH

Zip Code
03824-0977

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

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 / 29 / 2022

Transaction ID : ACCA61680E6A145E19C0

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

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

SUBTOTAL of Receipts This Page (optional).....▶

10000.00

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

32750.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. CitiBank

Mailing Address 1 Penns Way

City
New CastleState
DEZip Code
19720-2408Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2022

FEC Identification Number

C

Transaction ID : B4E7B30C70

Amount of Each Disbursement this Period

81.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paragon Payment SolutionsMailing Address 2141 E Broadway Rd
Ste 202City
TempeState
AZZip Code
85282-1895Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2022

FEC Identification Number

C

Transaction ID : B2F60AEDB4

Amount of Each Disbursement this Period

296.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

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

377.79

377.79

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 RAJA FOR CONGRESS

Mailing Address PO BOX 681202

City
SCHAUMBURGState
ILZip Code
60168Purpose of Disbursement
Contribution to Committee

Candidate Name

Krishnamoorthi, Raja, , Rep.,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2022

FEC Identification Number

C C00575092**Transaction ID : B791F4A41B**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DEBORAH ROSS FOR CONGRESS

Mailing Address PO BOX 28258

City
RALEIGHState
NCZip Code
27611Purpose of Disbursement
Contribution to Committee

Candidate Name

Ross, Deborah, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2022
☒ Primary ☐ General
☐ Other (specify)

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2022

FEC Identification Number

C C00729277**Transaction ID : B44040B02F2**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FREDERICA S. WILSON FOR CONGRESSMailing Address 19821 NW 2ND AVENUE
BOX 354City
MIAMI GARDENSState
FLZip Code
33169Purpose of Disbursement
Contribution to Committee

Candidate Name

Wilson, Frederica, S., Rep.,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2022

FEC Identification Number

C C00460055**Transaction ID : BBBF3E582A**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Blumenauer for CongressMailing Address 830 NE Holladay
#105City
PortlandState
ORZip Code
97232-5105Purpose of Disbursement
Contribution to Committee

Candidate Name

Blumenauer, Earl, , Rep.,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 03

Date of Disbursement

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

FEC Identification Number

C C00307314**Transaction ID : B7B78FD637I**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RODNEY FOR CONGRESS

Mailing Address PO BOX 344

City
TaylorvilleState
ILZip Code
62568-0344Purpose of Disbursement
Contribution to Committee

Candidate Name

Davis, Rodney, , Rep.,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2022
☒ Primary ☐ General
☐ Other (specify)

State: IL District: 15

Date of Disbursement

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

FEC Identification Number

C C00521948**Transaction ID : B2707D5C5B:**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tony Cardenas for Congress

Mailing Address 3700 Willshire Blvd

City
Los angelesState
CAZip Code
93212Purpose of Disbursement
Contribution to Committee

Candidate Name

Cardenas, Tony, , Rep.,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 29

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	2	2		

FEC Identification Number

C C00498873**Transaction ID : BAC53E39B:**

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).....▶

8500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. MIKE LEVIN FOR CONGRESS

Mailing Address 555 CAPITOL MALL, SUITE 400

City
SACRAMENTOState
CAZip Code
95814Purpose of Disbursement
Contribution to Committee

Candidate Name

Levin, Mike, , Rep.,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 49

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	2	2		

FEC Identification Number

C C00634253**Transaction ID : B2748324699**

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
KensingtonState
MDZip Code
20895-2526Purpose of Disbursement
Contribution to Committee

Candidate Name

Vanhollen, Chris, , ,Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2022
☒ Primary ☐ General
☐ Other (specify)

State: MD District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	2	2		

FEC Identification Number

C C00573758**Transaction ID : B2D76DD5BD**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JIMMY GOMEZ FOR CONGRESS

Mailing Address 777 S FIGUEROA ST SUITE 4050

City
LOS ANGELESState
CAZip Code
90017Purpose of Disbursement
Contribution to Committee

Candidate Name

Gomez, Jimmy, , Rep.,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 34

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	2	2		

FEC Identification Number

C C00629659**Transaction ID : B328476262t**

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)..... ►

5500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. BONAMICI FOR CONGRESS

Mailing Address 2236 SE 10TH AVE

City
PORTLANDState
ORZip Code
97214Purpose of Disbursement
Contribution to Committee

Candidate Name

Bonamici, Suzanne, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: OR

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2022

FEC Identification Number

C C00500421

Transaction ID : B226B49E74/

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

20000.00