

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

HumaneUSA Federal PAC

ADDRESS (number and street)

P.O. Box 19224

Check if different than previously reported. (ACC)

Washington DC 20036

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00350439

3. IS THIS REPORT NEW (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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

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

Election on 06 08 2010 in the State of CA

(d) 30-Day **Post -Election** Report for the:

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

Election on in the State of

5. Covering Period 04 01 2010 through 05 19 2010

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 J. Scheele

Signature of Treasurer Electronically Filed by J. Scheele Date 05 26 2010

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

Office Use Only												FEC FORM 3X (Rev. 12/2004)
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SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
HumaneUSA Federal PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
1	9

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		21844.22
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	938.79									
(c) Total Receipts (from Line 19)	7138.16	22956.32								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8076.95	44800.54								
7. Total Disbursements (from Line 31)	4427.59	41151.18								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3649.36	3649.36								
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. 06/2004)

Write or Type Committee Name
HumaneUSA Federal PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
1	9

Y	Y	Y	Y
2	0	1	0

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)	6818.16	22636.32
(ii) Unitemized	320.00	320.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7138.16	22956.32
(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)	7138.16	22956.32
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 Transfer (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))	7138.16	22956.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7138.16	22956.32

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	4927.59	10901.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4927.59	10901.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-500.00	30250.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	4427.59	41151.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4427.59	41151.18

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 14

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)	7138.16	22956.32
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7138.16	22956.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4927.59	10901.18
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4927.59	10901.18

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 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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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)
HumaneUSA Federal PAC

A.

Full Name (Last, First, Middle Initial)
Gene Baur

Mailing Address PO Box 150

City State Zip Code
Watkins Glen NY 14891

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

Name of Employer Occupation
FARMSANCTUARY President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: A2010-974818

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
MARY MAX

Mailing Address 118 RIVERSIDE DRIVE
APT 15 D

City State Zip Code
NEW YORK NY 10024

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

Name of Employer Occupation
Self Employed HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1363.62

Date of Receipt
MM / DD / YYYY
04 / 10 / 2010

Transaction ID: A2010-974814

Amount of Each Receipt this Period
454.54

C.

Full Name (Last, First, Middle Initial)
MARY MAX

Mailing Address 118 RIVERSIDE DRIVE
APT 15 D

City State Zip Code
NEW YORK NY 10024

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

Name of Employer Occupation
Self Employed HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1818.16

Date of Receipt
MM / DD / YYYY
05 / 10 / 2010

Transaction ID: A2010-1184362

Amount of Each Receipt this Period
454.54

SUBTOTAL of Receipts This Page (optional) ► 5909.08

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 7 / 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HumaneUSA Federal PAC

A.

Full Name (Last, First, Middle Initial) PETER MAX		Date of Receipt MM / DD / YYYY 04 / 13 / 2010
Mailing Address 118 RIVERSIDE DRIVE APT 15 D		Transaction ID: A2010-974813
City NEW YORK	State Zip Code NY 10024	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 454.54
Name of Employer Self Employed	Occupation ARTIST	Aggregate Year-to-Date ▼ 1363.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) PETER MAX		Date of Receipt MM / DD / YYYY 05 / 13 / 2010
Mailing Address 118 RIVERSIDE DRIVE APT 15 D		Transaction ID: A2010-1184363
City NEW YORK	State Zip Code NY 10024	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 454.54
Name of Employer Self Employed	Occupation ARTIST	Aggregate Year-to-Date ▼ 1818.16
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	909.08
TOTAL This Period (last page this line number only)	6818.16

**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)
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) Victor O. Schinnerer & Company Inc.	Transaction ID: B326665 Date of Disbursement																			
	Mailing Address Two Wisconsin Circle	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	1	0												
	City Chevy Chase State MD Zip Code 20815	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Insurance payment.	<table border="1"><tr><td>1329.00</td></tr></table>	1329.00																		
1329.00																					
	Candidate Name	001 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable																			

B.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B326671 Date of Disbursement																			
	Mailing Address P.O. Box 19224	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	1	0												
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Salary - Program Director.	<table border="1"><tr><td>1346.08</td></tr></table>	1346.08																		
1346.08																					
	Candidate Name Jina J Scheele	001 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable																			

C.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B329165 Date of Disbursement																			
	Mailing Address P.O. Box 19224	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	5		2	0	1	0												
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Reimbursement for long dist., internet, utilities, fax and phone expenses.	<table border="1"><tr><td>95.00</td></tr></table>	95.00																		
95.00																					
	Candidate Name Jina J Scheele	001 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>2770.08</td></tr></table>	2770.08
2770.08		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

A. Form/Schedule : **SB21B**

Reimbursements cover expenses for long distance, internet, utilities, phone and fax. These expenses will be itemized once they reach \$200 for the calendar year.

Transaction ID :

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)

PAGE 10 / 14

<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)
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B330243 Date of Disbursement 05 / 14 / 2010
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 1346.08
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Salary - Program Director.	001 Category/Type
	Candidate Name Jina J Scheele	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Not Applicable	

B.	Full Name (Last, First, Middle Initial) Lyris Technologies	Transaction ID: B329163 Date of Disbursement 04 / 02 / 2010
	Mailing Address 1202 Potomac St.	Amount of Each Disbursement this Period 200.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Website maintenance.	001 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: CA District: Not Applicable	

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: B329164 Date of Disbursement 04 / 05 / 2010
	Mailing Address PO Box 25118	Amount of Each Disbursement this Period 105.00
	City Tampa State FL Zip Code 33622	
	Purpose of Disbursement Bank overdraft fees.	001 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: FL District: Not Applicable	

SUBTOTAL of Disbursements This Page (optional)	1651.08
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

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)
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: B329170 Date of Disbursement																			
	Mailing Address PO Box 25118	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	6		2	0	1	0												
	City Tampa State FL Zip Code 33622	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank overdraft fees.	<table border="1"><tr><td>105.00</td></tr></table>	105.00																		
105.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr><tr><td>Category/ Type</td></tr></table>	001	Category/ Type																	
001																					
Category/ Type																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable																			

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: B329171 Date of Disbursement																			
	Mailing Address PO Box 25118	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	7		2	0	1	0												
	City Tampa State FL Zip Code 33622	Amount of Each Disbursement this Period																			
	Purpose of Disbursement April 2010 American Express fees.	<table border="1"><tr><td>4.95</td></tr></table>	4.95																		
4.95																					
	Candidate Name	<table border="1"><tr><td>001</td></tr><tr><td>Category/ Type</td></tr></table>	001	Category/ Type																	
001																					
Category/ Type																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable																			

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: B329172 Date of Disbursement																			
	Mailing Address PO Box 25118	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	8		2	0	1	0												
	City Tampa State FL Zip Code 33622	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank overdraft fees.	<table border="1"><tr><td>70.00</td></tr></table>	70.00																		
70.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr><tr><td>Category/ Type</td></tr></table>	001	Category/ Type																	
001																					
Category/ Type																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>179.95</td></tr></table>	179.95
179.95		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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)

PAGE 12 / 14

<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)
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: B329173 Date of Disbursement
	Mailing Address PO Box 25118	<input type="text" value="04"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Tampa State FL Zip Code 33622	Amount of Each Disbursement this Period
	Purpose of Disbursement April 2010 American Express fees.	<input type="text" value="15.91"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: B329174 Date of Disbursement
	Mailing Address PO Box 25118	<input type="text" value="04"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Tampa State FL Zip Code 33622	Amount of Each Disbursement this Period
	Purpose of Disbursement April 2010 bank charge	<input type="text" value="14.38"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: B330240 Date of Disbursement
	Mailing Address PO Box 25118	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Tampa State FL Zip Code 33622	Amount of Each Disbursement this Period
	Purpose of Disbursement May 2010 BankCard merchant fees	<input type="text" value="227.74"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="258.03"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

PAGE 13 / 14

<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)
HumaneUSA Federal PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 25118</p> <p>City Tampa State FL Zip Code 33622</p> <p>Purpose of Disbursement May 2010 bank charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>Transaction ID: B330241</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 4.95</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 25118</p> <p>City Tampa State FL Zip Code 33622</p> <p>Purpose of Disbursement May 2010 American Express fees.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>Transaction ID: B330242</p> <p>Date of Disbursement 05 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 17.66</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

22.61

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

4881.75

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)
HumaneUSA Federal PAC

<p>A. Full Name (Last, First, Middle Initial) Friends of Barbara Boxer</p> <p>Mailing Address PO Box 411176</p> <p>City Los Angeles State CA Zip Code 90041</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Barbara Boxer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B324939 Date of Disbursement: 04 / 06 / 2010</p> <p>Amount of Each Disbursement this Period -2500.00</p> <p>Voided: Original check dated 03/12/2010</p>
<p>B. Full Name (Last, First, Middle Initial) Mary Bono Mack Committee</p> <p>Mailing Address PO Box 3370</p> <p>City Palm Springs State CA Zip Code 92263</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mary Bono Mack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B330108 Date of Disbursement: 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Peters for Congress</p> <p>Mailing Address PO Box 226</p> <p>City Bloomfield Hills State MI Zip Code 48303</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Gary Peters</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B330110 Date of Disbursement: 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-500.00

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

-500.00