

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** 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:
 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) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 07 2006 in the State of _____

5. Covering Period 10 19 2006 through 11 27 2006

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 01 29 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
HumaneUSA Federal PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		50535.00
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	698.82									
(c) Total Receipts (from Line 19)	36414.21	129208.77								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	37113.03	179743.77								
7. Total Disbursements (from Line 31)	19085.16	161715.90								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18027.87	18027.87								
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)	2504.78									

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
HumaneUSA Federal PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	30650.00	115000.00
(i) Itemized (use Schedule A)	5762.75	14167.25
(ii) Unitemized	36412.75	129167.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	36412.75	129167.25
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	1.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1.46	40.52
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))	36414.21	129208.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36414.21	129208.77

DETAILED SUMMARY PAGE

of Disbursements

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.....	9685.16	66528.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	9685.16	66528.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	86787.05
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.....	7400.00	8400.00
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))..	19085.16	161715.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	19085.16	161715.90

DETAILED SUMMARY PAGE
of Disbursements

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)	36412.75	129167.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36412.75	129167.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9685.16	66528.85
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9685.16	66527.85

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HumaneUSA Federal PAC

A. Full Name (Last, First, Middle Initial)
NANCI ALEXANDER

Mailing Address 7809 AFTON VILLA COURT

City BOCA RATON State FL Zip Code 33433

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

Name of Employer SELF Occupation HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: A2006-1652479

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
MRS. SHIRLEY COFFEY

Mailing Address 12713 54TH AVE. NW

City GIG HARBOR State WA Zip Code 98332

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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: A2006-1652484

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. MARK EISNER, JR.

Mailing Address 1203 DREAMS LANDING WAY

City ANNAPOLIS State MD Zip Code 21401

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: A2006-1652934

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	5600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 31
	(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

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NAME OF COMMITTEE (In Full)
HumaneUSA Federal PAC

A. Full Name (Last, First, Middle Initial)
NANCY GROVE

Mailing Address 7 SUNNYMEADE DRIVE

City State Zip Code
ST LOUIS MO 63124

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

Name of Employer INFORMATION REQUESTED Occupation ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: A2006-1653140

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
ROBERT W HULL

Mailing Address 9648 OLD BONHOMME

City State Zip Code
ST. LOUIS MO 63132

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: A2006-1650592

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MS. JANA KOHL

Mailing Address 234 W. CONCORD LANE

City State Zip Code
CHICAGO IL 60614

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

Name of Employer SELF EMPLOYED Occupation Doctor of Psychology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: A2006-1652477

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	10500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input 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	PAGE 8 / 31
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NAME OF COMMITTEE (In Full)
HumaneUSA Federal PAC

A. Full Name (Last, First, Middle Initial)
MS. SALLY MACKLER

Mailing Address PO BOX 1492

City JACKSONVILLE State OR Zip Code 97530

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

Name of Employer SELF EMPLOYED Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: A2006-1652478

Amount of Each Receipt this Period
 150.00

B. Full Name (Last, First, Middle Initial)
TORBEN MADSON

Mailing Address PO BOX 201

City ORLANDO State FL Zip Code 32802

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 2 / 2 0 0 6

Transaction ID: A2006-1653662

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
PETER MAX

Mailing Address 118 RIVERSIDE DRIVE

City NEW YORK State NY Zip Code 10024

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

Name of Employer SELF EMPLOYED Occupation ARTIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 6 / 2 0 0 6

Transaction ID: A2006-1682256

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input 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	PAGE 9 / 31
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NAME OF COMMITTEE (In Full)
HumaneUSA Federal PAC

Full Name (Last, First, Middle Initial) A. CHERYL MCAULIFFE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 9452 LOGAN LANE		Transaction ID: A2006-1652486	
City State Zip Code DOUGLASVILLE GA 30135	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer INFORMATION REQUESTED Occupation REAL ESTATE	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. GIL MICHAELS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address PO BOX 5313		Transaction ID: A2006-1653268	
City State Zip Code BEVERLY HILLS CA 90209	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer INFORMATION REQUESTED Occupation EXECUTIVE	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MRS. POLLY MICHAELS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address PO BOX 5312		Transaction ID: A2006-1653269	
City State Zip Code BEVERLY HILLS CA 90209	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer INFORMATION REQUESTED Occupation EXECUTIVE	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	10500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 31
	<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)
HumaneUSA Federal PAC

Full Name (Last, First, Middle Initial) A. MS. BARBARA MUNVES		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 230 WEST 78TH STREET		Transaction ID: A2006-1652810	
City State Zip Code NEW YORK NY 10024	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer SELF EMPLOYED	Occupation Writer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. MS RUTH P NASH		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 16 CREST RD.		Transaction ID: A2006-1653638	
City State Zip Code BELVEDERE CA 94920	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. MS. INGRID E NEWKIRK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 501 FRONT STREET		Transaction ID: A2006-1653139	
City State Zip Code NORFOLK VA 23510	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer PETA	Occupation FOUNDER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	950.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HumaneUSA Federal PAC

Full Name (Last, First, Middle Initial) A. Richard Odgers		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 28 Eugene Street		Transaction ID: A2006-1682233
City State Zip Code Mill Valley CA 94941	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. MS. DEBORAH UHLMAN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 161 E. CHICAGO AVE APT 27F		Transaction ID: A2006-1653655
City State Zip Code CHICAGO IL 60611	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer SELF Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REAL ESTATE Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. SONIA WAISMAN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 1632 PROSPECT AVE.		Transaction ID: A2006-1653274
City State Zip Code HERMOSA BEACH CA 90254	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer SELF EMPLOYED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation AUTHOR Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HumaneUSA Federal PAC

A. Full Name (Last, First, Middle Initial)
E. S Wilkinson, Jr.

Mailing Address PO Box 222

City Palos Verdes Estat State CA Zip Code 90274

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

Name of Employer Information requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: A2006-1653664

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
K. WILLIAM WISEMAN

Mailing Address P.O.BOX 120

City WOOLWICH State ME Zip Code 04579

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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: A2006-1652482

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MRS. ELEANORA M WORTH

Mailing Address 2101 FOREST HILL RD.

City ALEXANDRIA State VA Zip Code 22307

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 ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: A2006-1652649

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	30650.00

**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)

PAGE 13 / 31

<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. J. Scheele Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 19224 City Washington State DC Zip Code 20036 Purpose of Disbursement Salary - program director Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		Transaction ID: B153102 Date of Disbursement 10 / 19 / 2006 Amount of Each Disbursement this Period 1346.08 001 Category/ Type
--	--	--

B. Kuzins & Company Full Name (Last, First, Middle Initial) Mailing Address 926 J Street Suite 1218 City Sacramento State CA Zip Code 95814 Purpose of Disbursement In-house mailing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		Transaction ID: B154642 Date of Disbursement 10 / 19 / 2006 Amount of Each Disbursement this Period 3972.68 001 Category/ Type
---	--	--

C. Public Affairs Support Services Inc. Full Name (Last, First, Middle Initial) Mailing Address 1020 North Fairfax St. 5th Floor City Alexandria State VA Zip Code 22314 Purpose of Disbursement PAC administration Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		Transaction ID: B154643 Date of Disbursement 10 / 19 / 2006 Amount of Each Disbursement this Period 2617.27 001 Category/ Type
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SUBTOTAL of Disbursements This Page (optional) ▶

7936.03

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)

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<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

Full Name (Last, First, Middle Initial) A. Lyris Technologies		Transaction ID: B154645 Date of Disbursement 10 / 19 / 2006
Mailing Address 1202 Potomac St.		Amount of Each Disbursement this Period 200.00
City Washington State DC Zip Code 20007	Purpose of Disbursement Admin expen-other Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) B. Wisconsin State Elections Board		Transaction ID: B154648 Date of Disbursement 10 / 20 / 2006
Mailing Address 17 West Main Street #310		Amount of Each Disbursement this Period 125.00
City Madison State WI Zip Code 53701	Purpose of Disbursement Admin expen-Filing Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: B154649 Date of Disbursement 10 / 31 / 2006
Mailing Address PO Box 25118		Amount of Each Disbursement this Period 3.00
City Tampa State FL Zip Code 33622	Purpose of Disbursement Bank Service Charge Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

SUBTOTAL of Disbursements This Page (optional) ▶	328.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<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

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: B154867 Date of Disbursement
Mailing Address PO Box 25118		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Tampa	State FL	Zip Code 33622
Purpose of Disbursement Bank Service Charge	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: FL District:	Not Applicable	
		Amount of Each Disbursement this Period <input type="text" value="45.05"/>

Full Name (Last, First, Middle Initial) B. Treasurer of Virginia		Transaction ID: B154895 Date of Disbursement
Mailing Address 101 North 14th Street		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement Admin expen-Tax Payment	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: VA District:	Not Applicable	
		Amount of Each Disbursement this Period <input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: B154896 Date of Disbursement
Mailing Address PO Box 25118		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Tampa	State FL	Zip Code 33622
Purpose of Disbursement Bank Service Charge	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: FL District:	Not Applicable	
		Amount of Each Disbursement this Period <input type="text" value="5.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="75.05"/>
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)

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<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

Full Name (Last, First, Middle Initial)

A. J. Scheele

Mailing Address P.O. Box 19224

City Washington State DC Zip Code 20036

Purpose of Disbursement
Salary - program director

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Transaction ID: B154897

Date of Disbursement

11 / 13 / 2006

Amount of Each Disbursement this Period

1346.08

SUBTOTAL of Disbursements This Page (optional) ▶

1346.08

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

9685.16

**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 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

Full Name (Last, First, Middle Initial) A. Friends of Charlie Wilson		Transaction ID: B154650 Date of Disbursement 10 / 22 / 2006	
Mailing Address 20525 Center Ridge Road #700		Amount of Each Disbursement this Period 1000.00	
City Cleveland State OH Zip Code 44116	Purpose of Disbursement G-2006 U.S. House 06 OH	011 Category/Type	
Candidate Name Charles A Wilson	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06	Check Voided. Previously reported on FEC 2005 Mid-Year Rpt.		

Full Name (Last, First, Middle Initial) B. Zack Space for Congress Cmte		Transaction ID: B154676 Date of Disbursement 10 / 27 / 2006	
Mailing Address 714 N. Wooster Ave.		Amount of Each Disbursement this Period 1000.00	
City Dover State OH Zip Code 44622	Purpose of Disbursement G-2006 U.S. House 18 OH	011 Category/Type	
Candidate Name Zachary T Space	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Check Voided. Previously reported on FEC 2005 Mid-Year Rpt.		

Full Name (Last, First, Middle Initial) C. Friends of Dick Lugar Inc.		Transaction ID: B118809 Date of Disbursement 10 / 31 / 2006	
Mailing Address 47 S Meridian St Suite 200		Amount of Each Disbursement this Period -1000.00	
City Indianapolis State IN Zip Code 46204	Purpose of Disbursement P-2006 U.S. Senate IN	011 Category/Type	
Candidate Name Richard G Lugar	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District:	Check Voided. Previously reported on FEC 2005 Mid-Year Rpt.		

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	1000.00

**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)

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<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

A. Full Name (Last, First, Middle Initial)
Karen Carter for US Congress

Mailing Address 1215 Prytania Street Suite 364A

City State Zip Code
New Orleans LA 70130

Purpose of Disbursement
O-2006 U.S. House 2 LA

Candidate Name
Karen Carter

011
Category/
Type

Office Sought: House
 Senate
 President
State: LA District: 2

Disbursement For: 2006
 Primary General
 Other (specify) ▼
Runoff

Transaction ID: B154751
Date of Disbursement

11 / 22 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

2000.00

**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)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HumaneUSA Federal PAC

Full Name (Last, First, Middle Initial) A. Huser for State Rep.		Transaction ID: B154651 Date of Disbursement 10 / 22 / 2006	
Mailing Address 213 7th Street N.W.		Amount of Each Disbursement this Period 500.00	
City Altoona State IA Zip Code 50009	Purpose of Disbursement G-2006 State House 42 IA	011 Category/ Type	
Candidate Name Geri D Huser	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 42			

Full Name (Last, First, Middle Initial) B. McCarthy for State Representative		Transaction ID: B154652 Date of Disbursement 10 / 22 / 2006	
Mailing Address 5220 Southeast 31st Street		Amount of Each Disbursement this Period 500.00	
City Des Moines State IA Zip Code 50320	Purpose of Disbursement G-2006 State House 67 IA	011 Category/ Type	
Candidate Name Kevin McCarthy	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 67			

Full Name (Last, First, Middle Initial) C. George Eichhorn for State House		Transaction ID: B154653 Date of Disbursement 10 / 22 / 2006	
Mailing Address 3533 Fenton Ave.		Amount of Each Disbursement this Period 500.00	
City Stratford State IA Zip Code 50249	Purpose of Disbursement G-2006 State House 09 IA	011 Category/ Type	
Candidate Name George Eichhorn	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 09			

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HumaneUSA Federal PAC

Full Name (Last, First, Middle Initial) A. Citizens for Gronstal		Transaction ID: B154654 Date of Disbursement 10 / 22 / 2006
Mailing Address 220 Bennett Avenue		Amount of Each Disbursement this Period 500.00
City Council Bluffs	State IA Zip Code 51503	
Purpose of Disbursement G-2006 State Senate 50 IA		
Candidate Name Michael Gronstal		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 50		

Full Name (Last, First, Middle Initial) B. Citizens for Kuhn		Transaction ID: B154655 Date of Disbursement 10 / 22 / 2006
Mailing Address 2667 240th Street		Amount of Each Disbursement this Period 500.00
City Charles City	State IA Zip Code 50616	
Purpose of Disbursement G-2006 State House 14 IA		
Candidate Name Mark A Kuhn		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 14		

Full Name (Last, First, Middle Initial) C. Patrick Murphy for State Representative		Transaction ID: B154656 Date of Disbursement 10 / 22 / 2006
Mailing Address 155 N. Grandview Avenue		Amount of Each Disbursement this Period 500.00
City Dubuque	State IA Zip Code 52001	
Purpose of Disbursement G-2006 State House 28 IA		
Candidate Name Patrick Murphy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 28		

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HumaneUSA Federal PAC

Full Name (Last, First, Middle Initial) A. Friends of Mitch Greenlick		Transaction ID: B154657 Date of Disbursement 10 / 22 / 2006	
Mailing Address 712 NW Spring Avenue		Amount of Each Disbursement this Period 100.00	
City Portland State OR Zip Code 97229	Purpose of Disbursement G-2006 State House 33 OR Candidate Name Mitch Greenlick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 33	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) B. Friends of Larry Galizio		Transaction ID: B154658 Date of Disbursement 10 / 22 / 2006	
Mailing Address PO Box 231161		Amount of Each Disbursement this Period 100.00	
City Tigard State OR Zip Code 97281	Purpose of Disbursement G-2006 State House 35 OR Candidate Name Larry Galizio Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 35	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) C. Friends of Mary Nolan		Transaction ID: B154659 Date of Disbursement 10 / 22 / 2006	
Mailing Address PO Box 1686		Amount of Each Disbursement this Period 100.00	
City Portland State OR Zip Code 97207	Purpose of Disbursement G-2006 State House 36 OR Candidate Name Mary Nolan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 36	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HumaneUSA Federal PAC

Full Name (Last, First, Middle Initial) A. Friends of Greg Macpherson		Transaction ID: B154660 Date of Disbursement 10 / 22 / 2006
Mailing Address 322 2nd Street		Amount of Each Disbursement this Period 100.00
City Lake Oswego	State OR	
Zip Code 97034		
Purpose of Disbursement G-2006 State House 38 OR		
Candidate Name Greg Macpherson		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 38		

Full Name (Last, First, Middle Initial) B. Friends of Carolyn Tomei		Transaction ID: B154661 Date of Disbursement 10 / 22 / 2006
Mailing Address 11907 Southeast 19th Ave.		Amount of Each Disbursement this Period 100.00
City Milwaukie	State OR	
Zip Code 97222		
Purpose of Disbursement G-2006 State House 41 OR		
Candidate Name Carolyn Tomei		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 41		

Full Name (Last, First, Middle Initial) C. Friends of Diane Rosenbaum		Transaction ID: B154663 Date of Disbursement 10 / 22 / 2006
Mailing Address P.O. Box 14033		Amount of Each Disbursement this Period 100.00
City Portland	State OR	
Zip Code 97293		
Purpose of Disbursement G-2006 State House 42 OR		
Candidate Name Diane Rosenbaum		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 42		

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
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)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HumaneUSA Federal PAC

Full Name (Last, First, Middle Initial) A. Friends of Chip Shields		Transaction ID: B154664 Date of Disbursement 10 / 22 / 2006
Mailing Address 6606 Northeast Mallory Ave.		Amount of Each Disbursement this Period 100.00
City Portland State OR Zip Code 97212	011 Category/ Type	
Purpose of Disbursement G-2006 State House 43 OR		
Candidate Name Chip Shields		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 43	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Jackie Dingfelder		Transaction ID: B154665 Date of Disbursement 10 / 22 / 2006
Mailing Address P.O. Box 13432		Amount of Each Disbursement this Period 100.00
City Portland State OR Zip Code 97213	011 Category/ Type	
Purpose of Disbursement G-2006 State House 45 OR		
Candidate Name Jack Dingfelder		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 45	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cmte to Re-Elect Jeff Merkley		Transaction ID: B154666 Date of Disbursement 10 / 22 / 2006
Mailing Address P.O. Box 33192		Amount of Each Disbursement this Period 200.00
City Portland State OR Zip Code 97292	011 Category/ Type	
Purpose of Disbursement G-2006 State House 47 OR		
Candidate Name Jeff Merkley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 47	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HumaneUSA Federal PAC

Full Name (Last, First, Middle Initial) A. Cmte to Elect Floyd Prozanski		Transaction ID: B154667 Date of Disbursement 10 / 22 / 2006
Mailing Address PO Box 11511		Amount of Each Disbursement this Period 400.00
City Eugene	State OR	
Zip Code 97440	Purpose of Disbursement G-2006 State Senate 04 OR	
Candidate Name Floyd F Prozanski	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR	District: 04	

Full Name (Last, First, Middle Initial) B. Committee to Elect Bill Morrisette		Transaction ID: B154668 Date of Disbursement 10 / 22 / 2006
Mailing Address 348 G Street		Amount of Each Disbursement this Period 350.00
City Springfield	State OR	
Zip Code 97477	Purpose of Disbursement G-2006 State Senate 06 OR	
Candidate Name Bill Morrisette	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR	District: 06	

Full Name (Last, First, Middle Initial) C. Cmte. to Elect Vicki Walker		Transaction ID: B154669 Date of Disbursement 10 / 22 / 2006
Mailing Address 1425 Ranchwood Drive		Amount of Each Disbursement this Period 400.00
City Eugene	State OR	
Zip Code 97401	Purpose of Disbursement G-2006 State Senate 07 OR	
Candidate Name Vicki L Walker	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR	District: 07	

SUBTOTAL of Disbursements This Page (optional)	1150.00
TOTAL This Period (last page this line number only)	(Empty box)

**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)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HumaneUSA Federal PAC

Full Name (Last, First, Middle Initial) A. Peter Courtney for Senate		Transaction ID: B154670 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 6
Mailing Address 2925 Island View Drive N.		Amount of Each Disbursement this Period 500.00
City Salem State OR Zip Code 97303	Purpose of Disbursement G-2006 State Senate 11 OR Candidate Name Peter Courtney Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 11	
Category/Type 011		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Friends of Richard Devlin		Transaction ID: B154671 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 6
Mailing Address 10290 SW Anderson Ct		Amount of Each Disbursement this Period 400.00
City Tualatin State OR Zip Code 97062	Purpose of Disbursement G-2006 State Senate 19 OR Candidate Name Richard Devlin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 19	
Category/Type 011		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Elect Kurt Schrader		Transaction ID: B154672 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 6
Mailing Address 2525 N. Baker Drive		Amount of Each Disbursement this Period 200.00
City Sanby State OR Zip Code 97013	Purpose of Disbursement G-2006 State Senate 20 OR Candidate Name Kurt Schrader Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 20	
Category/Type 011		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HumaneUSA Federal PAC

Full Name (Last, First, Middle Initial) A. Rod Monroe for Senate		Transaction ID: B154673 Date of Disbursement 10 / 22 / 2006
Mailing Address 7802 Southeast 111th Avenue		Amount of Each Disbursement this Period 350.00
City Portland State OR Zip Code 97266	011 Category/ Type	
Purpose of Disbursement G-2006 State Senate 24 OR		
Candidate Name Rod Monroe		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 24	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cmte. to Elect Brad Avakian		Transaction ID: B154674 Date of Disbursement 10 / 22 / 2006
Mailing Address 17915 Northwest Lonerock Drive		Amount of Each Disbursement this Period 400.00
City PORTland State OR Zip Code 97229	011 Category/ Type	
Purpose of Disbursement G-2006 State Senate 17 OR		
Candidate Name Brad P Avakian		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 17	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Rick Metsger		Transaction ID: B154675 Date of Disbursement 10 / 22 / 2006
Mailing Address P.O. Box 287		Amount of Each Disbursement this Period 400.00
City Welches State OR Zip Code 97067	011 Category/ Type	
Purpose of Disbursement G-2006 State Senate 26 OR		
Candidate Name Rick Metsger		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1150.00
TOTAL This Period (last page this line number only) ▶	7400.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) HumaneUSA Federal PAC	FEC IDENTIFICATION NUMBER C C00350439
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Matt Kuzins & Kumpany

Mailing Address
926 J Street
#1218

City State Zip Code
Sacramento CA 95814

Purpose of Expenditure Category/Type
Printing 006

Name of Federal Candidate supported or Opposed by expenditure:
Ed Whitfield

Calendar Year-To-Date Per Election for Office Sought 531.50

Date
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Amount
531.50

Transaction ID: 3019

Office Sought: House State: KY
 Senate District: 1
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

[MEMO ITEM]
Not yet paid - see Schedule D

Full Name (Last, First, Middle, Initial) of Payee
Matt Kuzins & Kumpany

Mailing Address
926 J Street
#1218

City State Zip Code
Sacramento CA 95814

Purpose of Expenditure Category/Type
Postage 006

Name of Federal Candidate supported or Opposed by expenditure:
Ed Whitfield

Calendar Year-To-Date Per Election for Office Sought 1128.78

Date
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Amount
598.28

Transaction ID: 3020

Office Sought: House State: KY
 Senate District: 1
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

[MEMO ITEM]
Not yet paid - see Schedule D

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

J Scheele
Signature

Date M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) HumaneUSA Federal PAC	FEC IDENTIFICATION NUMBER C C00350439
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Matt Kuzins & Kumpany

Mailing Address
926 J Street
#1218

City Sacramento	State CA	Zip Code 95814
--------------------	-------------	-------------------

Purpose of Expenditure Mailing	Category/ Type 006
-----------------------------------	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Ed Whitfield

Calendar Year-To-Date Per Election for Office Sought	1279.78
---	---------

Date
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Amount
150.00

Transaction ID: 3021

Office Sought: House State: KY
 Senate District: 1
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

[MEMO ITEM]
Not yet paid - see Schedule D

Full Name (Last, First, Middle, Initial) of Payee
Matt Kuzins & Kumpany

Mailing Address
926 J Street
#1218

City Sacramento	State CA	Zip Code 95814
--------------------	-------------	-------------------

Purpose of Expenditure List rental	Category/ Type 006
---------------------------------------	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Ed Whitfield

Calendar Year-To-Date Per Election for Office Sought	1754.78
---	---------

Date
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Amount
475.00

Transaction ID: 3022

Office Sought: House State: KY
 Senate District: 1
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

[MEMO ITEM]
Not yet paid - see Schedule D

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

J Scheele
Signature

Date M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 6

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) HumaneUSA Federal PAC		FEC IDENTIFICATION NUMBER C C00350439	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Full Name (Last, First, Middle, Initial) of Payee Matt Kuzins & Kumpany		Amount 750.00	
Mailing Address 926 J Street #1218		Transaction ID: 3023	
City Sacramento	State CA	Zip Code 95814	Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 1 <input type="checkbox"/> Presidential
Purpose of Expenditure Mailing house fee		Category/ Type	006
Name of Federal Candidate supported or Opposed by expenditure: Ed Whitfield		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		2504.78	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
		[MEMO ITEM] Not yet paid - see Schedule D	

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	0.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
J Scheele Signature	Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 30 / 31
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
HumaneUSA Federal PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Matt Kuzins & Kumpany	Nature of Debt (Purpose): Mailing House Fees - See Schedule E
Mailing Address 926 J Street #1218	
City State ZIP Code Sacramento CA 95814	

Outstanding Balance Beginning This Period	0.00	Transaction ID: SD-30
Amount Incurred This Period	2504.78	Payment This Period
		0.00
		Outstanding Balance at Close of This Period
		2504.78

1) SUBTOTALS This Period This Page (optional).....	▶	2504.78
2) TOTALS This Period (last page this line number only).....	▶	2504.78
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

Form/Schedule: **SE24**

Transaction ID:

This amended report discloses the Independent Expenditures which were previously disclosed on 24 hour reports, but which were unpaid as of the closing date of the report period. A debt schedule has therefore also been added to show these outstanding obligations.