

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In Full)  
 C00350439 121500 P  
 LINDA MARIE NEALON  
 HUMANEVEN POLITICAL ACTION COM  
 MITTEE  
 23701 HARBOR VISTA DR  
 MALIBU CA 90265

RECEIVED  
FEC MAIL ROOM

2001 FEB -2 A 9 39

2. FEC IDENTIFICATION NUMBER  
 C00350439

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

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report

### Monthly Report Due On:

- February 20  June 20  October 20  
 March 20  July 20  November 20  
 April 20  August 20  December 20  
 May 20  September 20  January 31

- 12-Day Pre-Election Report for the \_\_\_\_\_  
 (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
 on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A	COLUMN B
6. Covering Period <u>11/28/00</u> through <u>12/31/00</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 1900		
6. (b)	Cash on Hand at Beginning of Reporting Period	\$ 62,104 <sup>61</sup>	
6. (c)	Total Receipts (from Line 19)	\$ 5,906	\$ 138,862 <sup>96</sup>
6. (d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 68,010 <sup>61</sup>	\$ 179,704 <sup>96</sup>
7.	Total Disbursements (from Line 30)	\$ 9,358	\$ 117,052 <sup>99</sup>
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 58,652 <sup>61</sup>	\$ 58,652 <sup>61</sup>
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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

Type or Print Name of Treasurer

ADAM M. ROBERTS

Signature of Treasurer

*Adam M. Roberts*

Date

1/30/01

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

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FEC FORM 3X  
(revised 9/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM SX

(revised 11/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
HUMAN USA PAC	FROM 11/28/00	TO: 12/31/00	
	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Remitted (use Schedule A)	2,700	134,456.96	11(a)(1)
ii. Unremitted	3,206 <sup>00</sup>	3,206	11(a)(2)
iii. Total (add i and ii) >	5,906	137,662.96	11(a)(3)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) >	5,906	137,662.96	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	500	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	5,906	138,162.96	19
20. Total Federal Receipts (subtract line 16 from line 19) >	5,906	138,162.96	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)(1)
ii. Non-Federal Share	0	0	21(a)(2)
b. Other Federal Operating Expenditures	9,258.108	18,366.91	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	108	18,366.91	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	9,250	94,150	23
24. Independent Expenditures (use Schedule E)	0	4,535.38	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) >	0	0	28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	9,358	117,052.29	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	9,358	117,052.29	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	5,906	138,162.96	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	5,906	138,162.96	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	108	18,366.91	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	108	18,366.91	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 11, a, i.

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

NAME OF COMMITTEE (In Full)

HUMANE USA PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BROOK DURMAN 2332 MILLBARK DR. MARYLAND HEIGHTS, MO 63043	CAROL MOISE PRESIDENT FUNDRAISER	12/6/00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL CONTRIBUTION	Occupation Aggregate Year-to-Date > \$ 500		
DIANNE STERN 16 OVERLOOK RD. SCARSDALE, NY 10583-3012	HOMEMAKER	12/6/00	\$ 1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL CONTRIBUTION	Occupation Aggregate Year-to-Date > \$ 1,000		
CHRISTOPH WASSMANN 4106 SPRENGHILL ESTATES DR. PARKER, TX 75002	SCIENTIST	12/20/00	\$ 200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL CONTRIBUTION	Occupation Aggregate Year-to-Date > \$ 200		
JOHN MORRIS 8184 INWOODS RIDGE RD POTOMAC, MD 20854	SCIENTIFIC APPLICATIONS INTERNATIONAL CORPORATION	12/23/00	\$ 1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL CONTRIBUTION	Occupation TECHNICAL/ CONTRACT WRITER Aggregate Year-to-Date > \$ 1000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

2,700

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 11 OF 11  
FOR LINE NUMBER 23

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

**NAME OF COMMITTEE (In Full)**

**HUMANE USA PAC**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HORN FOR CONGRESS 4010 WATSON PLAZA DR. #160 LAGUNA WOODS, CA 90712	RETURNED UNCASHED Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/00 RETURNED 12/00	(\$ 250 <sup>00</sup> )
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ZACK WAMP FOR CONGRESS 900 GEORGE AVE SUITE 126 CHATTANOOGA, TN 37402	RETURNED UNCASHED Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00 RETURNED 12/00	(\$ 250 <sup>00</sup> )
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KULSHOP FOR CONGRESS 33 E. BROADWAY SUITE 280 COLUMBIA, MD 65203	RETURNED UNCASHED Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00 RETURNED 12/00	(\$ 250 <sup>00</sup> )
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TIM LEACH FOR CONGRESS 209 W. 4 <sup>TH</sup> ST. DANFORTH, IA 52801-1307	RETURNED UNCASHED Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/00 RETURNED 12/00	(\$ 250 <sup>00</sup> )
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF TIM MALONEY 1335 E. MAIN ST. WATERBURY, CT 06705	<input type="checkbox"/> Other (specify)	12/11/00	\$ 250
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BOB SMITH FOR US SENATE 9004 ADVANTAGE COURT BURKE, VA 22015	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/3/00	\$ 5,000
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BOB SMITH FOR US SENATE 9004 ADVANTAGE COURT BURKE, VA 22015	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/3/00	\$ 5,000
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

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

9,250

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 1/31/01
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>CR</i> PREPARER	 2/2/01 DATE PREPARED