

FEC
FORM 3XREPORT 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 PRINTExample: If typing, type
over the lines

HUMANEUSA POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

PO BOX 19224

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20036

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00350439

3. IS THIS
REPORTNEW
(N)

OR

X

AMENDED
(A)4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)X 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

in the
State of

5. Covering Period

07

01

2004

through

09

30

2004

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

Linda Nealon

Signature of Treasurer

Electronically Filed by Linda Nealon

Date

05

06

2005

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
OnlyFEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HUMANEUSA POLITICAL ACTION COMMITTEE

Report Covering the Period: From: ^H07 ^M01 ^Y2004 ^CTo: ^H09 ^M30 ^Y2004 ^C

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^M		127895.10
(b) Cash on Hand at Beginning of Reporting Period	116616.01	
(c) Total Receipts (from Line 19)	43966.46	105200.36
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	160582.47	233095.46
7. Total Disbursements (from Line 31)	100310.35	172823.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	60272.12	60272.12
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	.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. 02/2003)

Page 3

Write or Type Committee Name

HUMANEUSA POLITICAL ACTION COMMITTEE

Report Covering the Period: From: ^M07 ⁻01 ⁻2004 To: ^M09 ⁻30 ⁻2004

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)	36630.55	87463.55
(ii) Unitemized	7301.00	15244.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ►	43931.55	102707.55
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ►	43931.55	102707.55
12. Transfers From Affiliated/Other Party Committees .....	.00	.00
13. All Loans Received .....	.00	.00
14. Loan Repayments Received .....	.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	.00	2392.74
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.)	34.91	100.07
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	.00	.00
(b) Levin Funds (from Schedule H5) .....	.00	.00
(c) Total Transfer (add 18(a) and 18(b)) .....	.00	.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	43966.46	105200.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	43966.46	105200.36

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	.00	.00
(ii) Non-Federal Share.....	.00	.00
(b) Other Federal Operating Expenditures.....	22737.44	35931.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ►	22737.44	35931.84
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	37500.00
24. Independent Expenditure (use Schedule E).....	65622.91	93991.50
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	.00	.00
26. Loan Repayments Made.....	.00	.00
27. Loans Made.....	.00	.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	.00	.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	.00	.00
29. Other Disbursements.....	2450.00	5400.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	.00	.00
(ii) "Levin" Share .....	.00	.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	.00	.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	.00	.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	100310.35	172823.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	100310.35	172823.34

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	43931.55	102707.55
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43931.55	102707.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	22737.44	35931.84
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	.00	2392.74
38. Net Operating Expenditures (subtract Line 37 from Line 36)	22737.44	33539.10

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 38

(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 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Ms Clove Abrahamson		Date of Receipt M / D / Y 07 / 28 / 2004	
Mailing Address 3815 E. Mountain Rd.		Transaction ID: SA11A1.5292	
City Bartlesville	State OK	Zip Code 74003	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer none	Occupation retired		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) B. Mr. Robert Anderink		Date of Receipt M / D / Y 08 / 18 / 2004	
Mailing Address 23802 E. 1st St.		Transaction ID: SA11A1.5280	
City Liberty Lake	State WA	Zip Code 99019	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer none	Occupation retired		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		
Full Name (Last, First, Middle Initial) C. Bank of America		Date of Receipt M / D / Y 07 / 01 / 2004	
Mailing Address PO Box 25118		Transaction ID: SA11A1.5598	
City Tampa	State FL	Zip Code 33622	Amount of Each Receipt this Period 49.13
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2384.29		

SUBTOTAL of Receipts This Page (optional) 399.13

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 / 38

(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
13	14	15	16					

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NAME OF COMMITTEE (In Full)
HUMANEUSA POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2004	
Mailing Address PD Box 25118		Transaction ID: SA11A1.5599	
City Tampa	State FL	Zip Code 33622	Amount of Each Receipt this Period 4.50
FEC ID number of contributing federal political committee. C		arnex bank fee	
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2368.79		
Full Name (Last, First, Middle Initial) B. Bank of America		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2004	
Mailing Address PD Box 25118		Transaction ID: SA11A1.5597	
City Tampa	State FL	Zip Code 33622	Amount of Each Receipt this Period 45.25
FEC ID number of contributing federal political committee. C		bank fee	
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2425.04		
Full Name (Last, First, Middle Initial) C. Bank of America		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2004	
Mailing Address PD Box 25118		Transaction ID: SA11A1.5595	
City Tampa	State FL	Zip Code 33622	Amount of Each Receipt this Period 217.17
FEC ID number of contributing federal political committee. C		bank fee	
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2654.84		

SUBTOTAL of Receipts This Page (optional) ▶ 268.92

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 8 / 38

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
HUMANEUSA POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Bank of America Mailing Address PD Box 25118 City Tampa State FL Zip Code 33622 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2659.34		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2004 Transaction ID: SA11A1.5598 Amount of Each Receipt this Period 4.50 Amex bank fee
B. Full Name (Last, First, Middle Initial) Ms Allison Burgess Mailing Address 8 Terryhill Ln. City St. Louis State MO Zip Code 63131 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2004 Transaction ID: SA11A1.5296 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Hartat Crosby Mailing Address 6515 79th Place City Cabin John State MD Zip Code 20818 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation consultant Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2004 Transaction ID: SA11A1.5246 Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) 5254.50

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 9 / 39

(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
13	14	15	16					

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NAME OF COMMITTEE (In Full)
HUMANEUSA POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Del Donati		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2004	
Mailing Address 953 Fifth Avenue		Transaction ID: SA11A1.5259	
City New York	State NY	Zip Code 10021	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer retired	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
B. Full Name (Last, First, Middle Initial) Mr. Mark Eisner		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2004	
Mailing Address 1203 Dreams Landing Way		Transaction ID: SA11A1.5425	
City Annapolis	State MD	Zip Code 21401	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer requested info	Occupation requested info		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) Rory Freedman		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2004	
Mailing Address 8 Hall Court		Transaction ID: SA11A1.5481	
City Park Ridge	State NJ	Zip Code 07659	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation writer		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) 1350.00

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 10 / 30

(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
13	14	15	16					

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NAME OF COMMITTEE (In Full)
HUMANEUSA POLITICAL ACTION COMMITTEE

A. Jane Gale Full Name (Last, First, Middle Initial) Mailing Address 8722 N Rainbow Blvd City Las Vegas State NV Zip Code 89131 FEC ID number of contributing federal political committee. C Name of Employer self employed Receipt For: Primary General Other (specify) ▼ Occupation Aggregate Year-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2004 Transaction ID: SA11A1.5254 Amount of Each Receipt this Period 5000.00
B. Jeff Gale Full Name (Last, First, Middle Initial) Mailing Address 8722 N Rainbow Blvd City Las Vegas State NV Zip Code 89131 FEC ID number of contributing federal political committee. C Name of Employer self employed Receipt For: Primary General Other (specify) ▼ Occupation self employed Aggregate Year-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2004 Transaction ID: SA11A1.5252 Amount of Each Receipt this Period 5000.00
C. Ma Laura Gardner Full Name (Last, First, Middle Initial) Mailing Address 1163 Laurie Ave. City San Jose State CA Zip Code 95125 FEC ID number of contributing federal political committee. C Name of Employer YMCA Occupation marketing director Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2004 Transaction ID: SA11A1.5423 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 10100.00

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 11 / 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HUMANEUSA POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial)</p> <p>A. Nancy Grove</p> <p>Mailing Address 7 Sunnymead Drive</p> <p>City State Zip Code</p> <p>St Louis MO 63124</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed</p> <p>Occupation Attorney</p> <p>Receipt For: Primary General Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼</p> <p>5000.00</p>		<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>08 / 02 / 2004</p> <p>Transaction ID: SA11A1.5278</p> <p>Amount of Each Receipt this Period</p> <p>5000.00</p>
<p>Full Name (Last, First, Middle Initial)</p> <p>B. Ms Geraldine Gulsath</p> <p>Mailing Address 110 Lagunaria Ln.</p> <p>City State Zip Code</p> <p>Alameda CA 94502</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer social security admin.</p> <p>Occupation attorney</p> <p>Receipt For: Primary General Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼</p> <p>250.00</p>		<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>09 / 21 / 2004</p> <p>Transaction ID: SA11A1.5385</p> <p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>Full Name (Last, First, Middle Initial)</p> <p>C. Mr. Chris Hughes</p> <p>Mailing Address 3709 Woodbine Rd.</p> <p>City State Zip Code</p> <p>Sioux City IA 51108</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer requested info</p> <p>Occupation</p> <p>Receipt For: Primary General Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼</p> <p>300.00</p>		<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>09 / 11 / 2004</p> <p>Transaction ID: SA11A1.5333</p> <p>Amount of Each Receipt this Period</p> <p>100.00</p>

SUBTOTAL of Receipts This Page (optional) ▶

5200.00

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 12 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HUMANEUSA POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Christopher Kerr Mailing Address 134 New Bethel RD City State Zip Code Kempston PA 19529 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y 09 13 2004 Transaction ID: SA11A1.5250 Amount of Each Receipt this Period 2500.00
B. Full Name (Last, First, Middle Initial) Mis MacDonald Mailing Address 75 Third Place City State Zip Code Brooklyn NY 11231 FEC ID number of contributing federal political committee. C Name of Employer self employed Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 08 03 2004 Transaction ID: SA11A1.5241 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Peter 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 artist Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 07 28 2004 Transaction ID: SA11A1.5258 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ▶

4000.00

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 13 / 30

(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
13	14	15	16					

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NAME OF COMMITTEE (In Full)
HUMANEUSA POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) James Moran Mailing Address PD Box 15889 City State Zip Code Seattle WA 98115 FEC ID number of contributing federal political committee. C Name of Employer self Occupation investor Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y 08 24 2004 Transaction ID: SA11A1.5483 Amount of Each Receipt this Period 5000.00
B. Full Name (Last, First, Middle Initial) Ms Ruth Nash Mailing Address 16 Crest Rd. City State Zip Code Belvedere CA 94920 FEC ID number of contributing federal political committee. C Name of Employer none Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		Date of Receipt M M / D D / Y Y Y Y 09 13 2004 Transaction ID: SA11A1.5422 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Ms Jeannie Nordstrom Mailing Address 2033 First st. City State Zip Code seattle WA 98121 FEC ID number of contributing federal political committee. C Name of Employer none Occupation retired Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y 08 03 2004 Transaction ID: SA11A1.5230 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 5750.00

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 14 / 39

(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 POLITICAL ACTION COMMITTEE

A. Beverly Paul Full Name (Last, First, Middle Initial) Mailing Address 2171 Bunker Ridge RD S City Salem State OR Zip Code 97306 FEC ID number of contributing federal political committee. C Name of Employer Beautiful America Publishing Occupation President Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 09 23 2004 Transaction ID: SA11A1.5297 Amount of Each Receipt this Period 1000.00
B. Richard Peppin Full Name (Last, First, Middle Initial) Mailing Address 5012 Macon Rd. City Rockville State MD Zip Code 20852 FEC ID number of contributing federal political committee. C Name of Employer Scantell Occupation Lucky Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 07 21 2004 Transaction ID: SA11A1.5247 Amount of Each Receipt this Period 1000.00
C. Anthony Russa Full Name (Last, First, Middle Initial) Mailing Address 338 Golden Meadow Place City Alamo State CA Zip Code 94507 FEC ID number of contributing federal political committee. C Name of Employer requested info Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 09 03 2004 Transaction ID: SA11A1.5419 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶

2250.00

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 15 / 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HUMANEUSA POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Ms Ann Sehnick Mailing Address 11049 Gaither Farm Rd. City State Zip Code Ellicott City MD 21042 FEC ID number of contributing federal political committee. C Name of Employer Non-profit Occupation president Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 09 13 2004 Transaction ID: SA11A1.5499 Amount of Each Receipt this Period 200.00
B. Full Name (Last, First, Middle Initial) Anne Wilson Mailing Address 860 Old Dunstable City State Zip Code Groton MT 01450 FEC ID number of contributing federal political committee. C Name of Employer requested info Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y 08 10 2004 Transaction ID: SA11A1.5224 Amount of Each Receipt this Period 210.00
C. Full Name (Last, First, Middle Initial) Mrs. Eleanor Worth Mailing Address 2101 Forest Hill Rd. City State Zip Code Alexandria VA 22307 FEC ID number of contributing federal political committee. C Name of Employer none Occupation retired Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y 07 29 2004 Transaction ID: SA11A1.5256 Amount of Each Receipt this Period 1500.00

SUBTOTAL of Receipts This Page (optional) ▶

1910.00

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 16 / 30

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)

HUMANEUSA POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Ms Jean Zukin		Date of Receipt M / D / Y 07 / 23 / 2004	
Mailing Address 244 Park Ln.		Transaction ID: SA11A1.5410	
City Atherton	State CA	Zip Code 94027	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer none	Occupation retired		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶

150.00

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

36630.55

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 39

(check only one)

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

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NAME OF COMMITTEE (In Full)
HUMANEUSA POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Receipt M / D / Y 07 / 31 / 2004
Mailing Address PD Box 25118		Transaction ID: SA17.5594
City Tampa	State FL	Zip Code 33622
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.00
Name of Employer	Occupation	interest on bank acct
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2379.79	
Full Name (Last, First, Middle Initial) B. Bank of America		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address PD Box 25118		Transaction ID: SA17.5593
City Tampa	State FL	Zip Code 33622
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.63
Name of Employer	Occupation	interest on bank acct
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2437.67	
Full Name (Last, First, Middle Initial) C. Bank of America		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address PD Box 25118		Transaction ID: SA17.5592
City Tampa	State FL	Zip Code 33622
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.28
Name of Employer	Occupation	interest on bank acct
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2670.62	

SUBTOTAL of Receipts This Page (optional)	▶	34.91
TOTAL This Period (last page this line number only)	▶	34.91

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 POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. Apollo Graphics</p> <p>Mailing Address 5104 NE Oregon st</p> <p>City Portland State OR Zip Code 97213</p> <p>Purpose of Disbursement Printing Invites</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2005 Primary General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>		<p>Transaction ID: SB21B.5554 Date of Disbursement 08 / 25 / 2004</p> <p>Amount of Each Disbursement this Period 665.85</p>
<p>Full Name (Last, First, Middle Initial) B. Courtney Dillard</p> <p>Mailing Address 719 N.W. 17th Avenue</p> <p>City Portland State OR Zip Code 97200</p> <p>Purpose of Disbursement Salary - Program Director</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2005 Primary General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>		<p>Transaction ID: SB21B.4940 Date of Disbursement 07 / 14 / 2004</p> <p>Amount of Each Disbursement this Period 1200.00</p>
<p>Full Name (Last, First, Middle Initial) C. Courtney Dillard</p> <p>Mailing Address 719 N.W. 17th Avenue</p> <p>City Portland State OR Zip Code 97200</p> <p>Purpose of Disbursement Salary - Program Director</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2005 Primary General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>		<p>Transaction ID: SB21B.5505 Date of Disbursement 07 / 14 / 2004</p> <p>Amount of Each Disbursement this Period 1200.00</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		<p>3065.85</p>
<p>TOTAL This Period (last page this line number only) ▶</p>		

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 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Courtney Dillard

Mailing Address 719 N.W. 17th Avenue

City State Zip Code
Portland OR 97200

Purpose of Disbursement
Reimburse office supplies

Candidate Name

Office Sought: House Senate President
Disbursement For: 2005 Primary General
X Other (specify) ▼

State: District Not Applicable

001
Category/
Type

Transaction ID: SB21B.5004

Date of Disbursement

07 / 30 / 2004

Amount of Each Disbursement this Period

71.57

Full Name (Last, First, Middle Initial)

B. Courtney Dillard

Mailing Address 719 N.W. 17th Avenue

City State Zip Code
Portland OR 97200

Purpose of Disbursement
Reimburse office supplies

Candidate Name

Office Sought: House Senate President
Disbursement For: 2005 Primary General
X Other (specify) ▼

State: District Not Applicable

001
Category/
Type

Transaction ID: SB21B.5509

Date of Disbursement

08 / 05 / 2004

Amount of Each Disbursement this Period

71.57

Full Name (Last, First, Middle Initial)

C. Dog Nose News

Mailing Address 2083 NW Johnson St

City State Zip Code
Portland OR 97209

Purpose of Disbursement
Subscription

Candidate Name

Office Sought: House Senate President
Disbursement For: 2005 Primary General
X Other (specify) ▼

State: District Not Applicable

001
Category/
Type

Transaction ID: SB21B.5522

Date of Disbursement

08 / 29 / 2004

Amount of Each Disbursement this Period

448.00

SUBTOTAL of Disbursements This Page (optional) ▶

591.14

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 POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. Institute for the Animals and Society</p> <p>Mailing Address 3500 Boston Street Suite 325</p> <p>City Baltimore State MD Zip Code 21224</p> <p>Purpose of Disbursement Empty Cage Conference</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2005 Primary General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>		<p>Transaction ID: SB21B.5525</p> <p>Date of Disbursement 09 / 10 / 2004</p> <p>Amount of Each Disbursement this Period 295.00</p> <p>001 Category/ Type</p>
<p>Full Name (Last, First, Middle Initial) B. IRS</p> <p>Mailing Address IRS</p> <p>City Ogden State UT Zip Code 84201</p> <p>Purpose of Disbursement Tax</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2005 Primary General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>		<p>Transaction ID: SB21B.5009</p> <p>Date of Disbursement 08 / 13 / 2004</p> <p>Amount of Each Disbursement this Period 5533.10</p> <p>001 Category/ Type</p>
<p>Full Name (Last, First, Middle Initial) C. IRS</p> <p>Mailing Address IRS</p> <p>City Ogden State UT Zip Code 84201</p> <p>Purpose of Disbursement irs fee</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2005 Primary General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>		<p>Transaction ID: SB21B.5541</p> <p>Date of Disbursement 09 / 30 / 2004</p> <p>Amount of Each Disbursement this Period 33.77</p> <p>001 Category/ Type</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p>5861.87</p>
<p>TOTAL This Period (last page this line number only)</p>		

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 21 / 39

<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 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lyris Technologies

Mailing Address 2070 Allston Way
Suite 200

City Berkeley State CA Zip Code 94704

Purpose of Disbursement
website

Candidate Name

Office Sought: House Senate President
Disbursement For: 2005 Primary General
X Other (specify) ▼

State: District Not Applicable

001
Category/
Type

Transaction ID: SB21B.4950

Date of Disbursement

07 / 02 / 2004

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Lyris Technologies

Mailing Address 2070 Allston Way
Suite 200

City Berkeley State CA Zip Code 94704

Purpose of Disbursement
website

Candidate Name

Office Sought: House Senate President
Disbursement For: 2005 Primary General
X Other (specify) ▼

State: District Not Applicable

001
Category/
Type

Transaction ID: SB21B.5504

Date of Disbursement

07 / 02 / 2004

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Lyris Technologies

Mailing Address 2070 Allston Way
Suite 200

City Berkeley State CA Zip Code 94704

Purpose of Disbursement
website

Candidate Name

Office Sought: House Senate President
Disbursement For: 2005 Primary General
X Other (specify) ▼

State: District Not Applicable

001
Category/
Type

Transaction ID: SB21B.5013

Date of Disbursement

08 / 13 / 2004

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional) ▶

600.00

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 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 POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. Minuteman Press</p> <p>Mailing Address 2000 K St NW</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Letterhead</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2005 Primary General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>		<p>Transaction ID: SB21B.5531</p> <p>Date of Disbursement 09 / 22 / 2004</p> <p>Amount of Each Disbursement this Period 839.36</p> <p>001 Category/ Type</p>
<p>Full Name (Last, First, Middle Initial) B. Piper Rudnick</p> <p>Mailing Address 1775 Wiehle Avenue</p> <p>City Reston State VA Zip Code 20100</p> <p>Purpose of Disbursement Attorney</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2005 Primary General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>		<p>Transaction ID: SB21B.5567</p> <p>Date of Disbursement 09 / 10 / 2004</p> <p>Amount of Each Disbursement this Period 1415.25</p> <p>001 Category/ Type</p>
<p>Full Name (Last, First, Middle Initial) C. Jina Scheele</p> <p>Mailing Address 1824 Concoran NW Apt H</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Reimburse office supplies</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2005 Primary General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>		<p>Transaction ID: SB21B.4946</p> <p>Date of Disbursement 07 / 18 / 2004</p> <p>Amount of Each Disbursement this Period 237.18</p> <p>001 Category/ Type</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p> <p>TOTAL This Period (last page this line number only)</p>		<p>2491.79</p>

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 POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. Jina Scheele</p> <p>Mailing Address 1624 Corcoran NW Apt H</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Reimburse office supplies</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2005 Primary General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>		<p>Transaction ID: SB21B.5507</p> <p>Date of Disbursement 07 / 18 / 2004</p> <p>Amount of Each Disbursement this Period 237.18</p> <p>001 Category/ Type</p>
<p>Full Name (Last, First, Middle Initial) B. Jina Scheele</p> <p>Mailing Address 1624 Corcoran NW Apt H</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Reimburse office supplies</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2005 Primary General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>		<p>Transaction ID: SB21B.5006</p> <p>Date of Disbursement 07 / 30 / 2004</p> <p>Amount of Each Disbursement this Period 126.01</p> <p>001 Category/ Type</p>
<p>Full Name (Last, First, Middle Initial) C. Jina Scheele</p> <p>Mailing Address 1624 Corcoran NW Apt H</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Reimburse office supplies</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2005 Primary General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>		<p>Transaction ID: SB21B.5007</p> <p>Date of Disbursement 07 / 30 / 2004</p> <p>Amount of Each Disbursement this Period 238.50</p> <p>001 Category/ Type</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p>601.69</p>
<p>TOTAL This Period (last page this line number only)</p>		

**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 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jina Scheele

Mailing Address 1624 Corcoran NW Apt H

City Washington State DC Zip Code 20009

Purpose of Disbursement
Salary - Program Director

Candidate Name

Office Sought: House Senate President
Disbursement For: 2005 Primary General
X Other (specify) ▼

State: District Not Applicable

001
Category/
Type

Transaction ID: SB21B.5008

Date of Disbursement

07 / 30 / 2004

Amount of Each Disbursement this Period

1615.36

Full Name (Last, First, Middle Initial)

B. Jina Scheele

Mailing Address 1624 Corcoran NW Apt H

City Washington State DC Zip Code 20009

Purpose of Disbursement
Reimburse office supplies

Candidate Name

Office Sought: House Senate President
Disbursement For: 2005 Primary General
X Other (specify) ▼

State: District Not Applicable

001
Category/
Type

Transaction ID: SB21B.5512

Date of Disbursement

08 / 02 / 2004

Amount of Each Disbursement this Period

126.00

Full Name (Last, First, Middle Initial)

C. Jina Scheele

Mailing Address 1624 Corcoran NW Apt H

City Washington State DC Zip Code 20009

Purpose of Disbursement
Reimburse office supplies

Candidate Name

Office Sought: House Senate President
Disbursement For: 2005 Primary General
X Other (specify) ▼

State: District Not Applicable

001
Category/
Type

Transaction ID: SB21B.5514

Date of Disbursement

08 / 02 / 2004

Amount of Each Disbursement this Period

238.50

SUBTOTAL of Disbursements This Page (optional) ▶

1979.86

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

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 POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. Jina Scheele</p> <p>Mailing Address 1624 Corcoran NW Apt H</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary - Program Director</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2005 Primary General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>			<p>Transaction ID: SB21B.5516</p> <p>Date of Disbursement 08 / 02 / 2004</p> <p>Amount of Each Disbursement this Period 1615.36</p>		
<p>Full Name (Last, First, Middle Initial) B. Jina Scheele</p> <p>Mailing Address 1624 Corcoran NW Apt H</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary - Program Director</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2005 Primary General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>			<p>Transaction ID: SB21B.5012</p> <p>Date of Disbursement 08 / 13 / 2004</p> <p>Amount of Each Disbursement this Period 1346.16</p>		
<p>Full Name (Last, First, Middle Initial) C. Jina Scheele</p> <p>Mailing Address 1624 Corcoran NW Apt H</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary - Program Director</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2005 Primary General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>			<p>Transaction ID: SB21B.5020</p> <p>Date of Disbursement 08 / 27 / 2004</p> <p>Amount of Each Disbursement this Period 1346.16</p>		
<p>SUBTOTAL of Disbursements This Page (optional)</p>			<p>4307.68</p>		
<p>TOTAL This Period (last page this line number only)</p>			<p>▶</p>		

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 POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. Jina Scheele</p> <p>Mailing Address 1624 Corcoran NW Apt H</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary - Program Director</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2005 Primary General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>		<p>Transaction ID: SB21B.5524</p> <p>Date of Disbursement 09 / 10 / 2004</p> <p>Amount of Each Disbursement this Period 1346.16</p> <p>001 Category/ Type</p>
<p>Full Name (Last, First, Middle Initial) B. Jina Scheele</p> <p>Mailing Address 1624 Corcoran NW Apt H</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Reimburse office supplies</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2005 Primary General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>		<p>Transaction ID: SB21B.5527</p> <p>Date of Disbursement 09 / 10 / 2004</p> <p>Amount of Each Disbursement this Period 63.27</p> <p>001 Category/ Type</p>
<p>Full Name (Last, First, Middle Initial) C. Jina Scheele</p> <p>Mailing Address 1624 Corcoran NW Apt H</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary - Program Director</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2005 Primary General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>		<p>Transaction ID: SB21B.5533</p> <p>Date of Disbursement 09 / 24 / 2004</p> <p>Amount of Each Disbursement this Period 1346.16</p> <p>001 Category/ Type</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p>2755.59</p>
<p>TOTAL This Period (last page this line number only)</p>		

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 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 171220

City Tucson State AZ Zip Code 85731

Purpose of Disbursement
cell phone

Candidate Name

Office Sought: House Senate President
Disbursement For: 2005 Primary General
X Other (specify) ▼

State: District Not Applicable

Transaction ID: SB21B.5501

Date of Disbursement

09 / 29 / 2004

Amount of Each Disbursement this Period

51.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

51.00

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

22490.25

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

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 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. DEFAZIO FOR CONGRESS

Mailing Address PO Box 1316

City Springfield State OR Zip Code 97477

Purpose of Disbursement
G-2004 U.S. House 04 OR

Candidate Name
PETER DEFAZIO

Office Sought: ☒ House
Senate
President

State: OR District: 4

Disbursement For: 2004
Primary ☒ General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4848

Date of Disbursement

07 / 12 / 2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
B. PETER DEUTSCH FOR SENATE

Mailing Address PO BOX 817689

City HOLLYWOOD State FL Zip Code 33081

Purpose of Disbursement
P-2004 U.S. Senate 00 FL

Candidate Name
PETER DEUTSCH

Office Sought: ☒ House
Senate
President

State: FL District: 00

Disbursement For: 2004
☒ Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.5553

Date of Disbursement

08 / 10 / 2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
C. OBAMA FOR ILLINOIS

Mailing Address 5450-1 S EAST VIEW PARK

City CHICAGO State IL Zip Code 60615

Purpose of Disbursement
G-2004 U.S. Senate 00 IL

Candidate Name
BARACK OBAMA

Office Sought: ☒ House
Senate
President

State: IL District: 00

Disbursement For: 2004
Primary ☒ General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.5587

Date of Disbursement

09 / 22 / 2004

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 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 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. PRICE FOR CONGRESS COMMITTEE

Mailing Address P. O. Box 1986

City Raleigh State NC Zip Code 27602

Purpose of Disbursement
G-2004 U.S. House 04 NC

Candidate Name
DAVID E. PRICE

Office Sought: ☒ House
Senate
President

State: NC District: D4

Disbursement For: 2004
Primary ☒ General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.5565

Date of Disbursement

09 / 03 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. ROMERO FOR CONGRESS

Mailing Address PO Box 527

City Albuquerque State NM Zip Code 87103

Purpose of Disbursement
G-2004 U.S. House 01 NM

Candidate Name
RICHARD M. ROMERO

Office Sought: ☒ House
Senate
President

State: NM District: D1

Disbursement For: 2004
Primary ☒ General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4942

Date of Disbursement

07 / 01 / 2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
C. CHRISTOPHER SHAYS FOR CONGRESS CMTE.

Mailing Address 88 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement
G-2004 U.S. House 04 CT

Candidate Name
CHRISTOPHER SHAYS

Office Sought: ☒ House
Senate
President

State: CT District: D4

Disbursement For: 2004
Primary ☒ General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.5586

Date of Disbursement

09 / 22 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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 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 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. THOMAS FOR CONGRESS

Mailing Address 13040 W 80TH AVE

City ARVADA State CO Zip Code 80005

Purpose of Disbursement
G-2004 U.S. House 07 CO

Candidate Name
DAVID JEFFREY THOMAS

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2004
Primary ☒ General
Other (specify) ▼

State: CO District: D7

011
Category/
Type

Transaction ID: SB23.5575

Date of Disbursement

09 / 14 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
B. VAN HOLLEN FOR CONGRESS

Mailing Address 10537 St. Paul Street

City Kensington State MD Zip Code 20805

Purpose of Disbursement
G-2004 U.S. House 08 MD

Candidate Name

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2004
Primary ☒ General
Other (specify) ▼

State: MD District: D8

011
Category/
Type

Transaction ID: SB23.5589

Date of Disbursement

09 / 30 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. DAVID VITTER FOR U.S. SENATE

Mailing Address 238 HELIOS AVENUE

City METAIRIE State LA Zip Code 70005

Purpose of Disbursement
P-2004 U.S. Senate 00 LA

Candidate Name
DAVID VITTER

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: LA District: D0

011
Category/
Type

Transaction ID: SB23.4987

Date of Disbursement

07 / 12 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

9500.00

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 POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. Paul LaFlamme for Senate</p> <p>Mailing Address PO Box 6101</p> <p>City Nashua State NH Zip Code 03063</p> <p>Purpose of Disbursement P-2004 State Senate 12 NH</p> <p>Candidate Name Paul LaFlamme</p> <p>Office Sought: House Senate President <input checked="" type="checkbox"/> Senate</p> <p>State: NH District: 12</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼</p> <p>011 Category/ Type</p>			<p>Transaction ID: SB29.5015</p> <p>Date of Disbursement 08 / 16 / 2004</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>Full Name (Last, First, Middle Initial) B. Paul LaFlamme for Senate</p> <p>Mailing Address PO Box 6101</p> <p>City Nashua State NH Zip Code 03063</p> <p>Purpose of Disbursement P-2004 State Senate 12 NH</p> <p>Candidate Name Paul LaFlamme</p> <p>Office Sought: House Senate President <input checked="" type="checkbox"/> Senate</p> <p>State: NH District: 12</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼</p> <p>012 Category/ Type</p>			<p>Transaction ID: SB29.5545</p> <p>Date of Disbursement 08 / 16 / 2004</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>Full Name (Last, First, Middle Initial) C. Lindley for State Representative</p> <p>Mailing Address 2595 SW 55th ST</p> <p>City Oklahoma City State OK Zip Code 73119</p> <p>Purpose of Disbursement G-2004 State House 93 OK</p> <p>Candidate Name Al Lindley</p> <p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p> <p>State: OK District: 93</p> <p>Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼</p> <p>011 Category/ Type</p>			<p>Transaction ID: SB29.5583</p> <p>Date of Disbursement 08 / 30 / 2004</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>			<p>1250.00</p>
<p>TOTAL This Period (last page this line number only) ▶</p>			

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 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Ryan Deckert for State Senate

Mailing Address PO Box 2247

City Beaverton State OR Zip Code 97005

Purpose of Disbursement
G-2004 State Senate 14 OR

Candidate Name
Ryan Deckert

Office Sought: House
X Senate
President

State: OR District: 14

Disbursement For: 2004
Primary X General
Other (specify) ▼

012
Category/
Type

Transaction ID: SB29.5001

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ►

500.00

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

2450.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) HUMANEUSA POLITICAL ACTION COMMITTEE			FEC IDENTIFICATION NUMBER C C00350439		
---	--	--	---	--	--

<div style="display: flex; justify-content: space-between;"> Check if 24-hour notice 48-hour notice </div> <div> Full Name (Last, First, Middle, Initial) of Payee ARFF </div> <hr/> <div> Mailing Address 1431 N Federal Highway </div> <hr/> <div> <div style="display: flex; justify-content: space-between;"> City State Zip Code </div> <div style="display: flex; justify-content: space-between;"> Ft. Lauderdale FL 33304 </div> </div> <hr/> <div> <div style="display: flex; justify-content: space-between;"> Purpose of Expenditure Category/Type </div> <div style="display: flex; justify-content: space-between;"> mailing list </div> </div> <hr/> <div> Name of Federal Candidate supported or Opposed by expenditure: PETER DEUTSCH </div> <hr/> <div> <div style="display: flex; justify-content: space-between;"> Calendar Year-To-Date Per Election for Office Sought 7584.52 </div> </div>	<div> Date MM / DD / YY 08 / 23 / 2004 </div> <hr/> <div> Amount 675.00 </div> <hr/> <div> Transaction ID: SE24.4983 </div> <hr/> <div> Office Sought: <input checked="" type="checkbox"/> House State: <u>FL</u> <input type="checkbox"/> Senate District: <u>22</u> <input type="checkbox"/> Presidential </div> <hr/> <div> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <hr/> <div> Disbursement For: Primary <input checked="" type="checkbox"/> General 2004 Other (specify): _____ </div>
---	--

<div> Full Name (Last, First, Middle, Initial) of Payee List America </div> <hr/> <div> Mailing Address 1202 Potomac St. </div> <hr/> <div> <div style="display: flex; justify-content: space-between;"> City State Zip Code </div> <div style="display: flex; justify-content: space-between;"> Washington DC 20007 </div> </div> <hr/> <div> <div style="display: flex; justify-content: space-between;"> Purpose of Expenditure Category/Type </div> <div style="display: flex; justify-content: space-between;"> List for 7th congressional Michigan 004 </div> </div> <hr/> <div> Name of Federal Candidate supported or Opposed by expenditure: JOHN SCHWARZ </div> <hr/> <div> <div style="display: flex; justify-content: space-between;"> Calendar Year-To-Date Per Election for Office Sought 399.54 </div> </div>	<div> Date MM / DD / YY 07 / 21 / 2004 </div> <hr/> <div> Amount 399.54 </div> <hr/> <div> Transaction ID: SE24.4963 </div> <hr/> <div> Office Sought: <input checked="" type="checkbox"/> House State: <u>MI</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> Presidential </div> <hr/> <div> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <hr/> <div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2004 Other (specify): _____ </div>
---	---

(a) SUBTOTAL of Itemized Independent Expenditures	1074.54
(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.

Signature _____

Date

MM / DD / YY

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) HUMANEUSA POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER C C00350439
---	---

Check If	24-hour notice	48-hour notice	Full Name (Last, First, Middle, Initial) of Payee List America	Date MM / DD / YYYY 09 / 30 / 2004	Amount 281.00
Mailing Address 1202 Potomac St				Transaction ID: SE24.5033	
City Washington		State DC	Zip Code 20007	Office Sought: <input checked="" type="checkbox"/> House State: <u>NM</u> Senate District: <u>01</u> Presidential	
Purpose of Expenditure mailing list			Category/ Type	004	
Name of Federal Candidate supported or Opposed by expenditure: RICHARD M. ROMERO				Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____	

Full Name (Last, First, Middle, Initial) of Payee List America	Date MM / DD / YYYY 09 / 30 / 2004	Amount 921.33
Mailing Address 1202 Potomac St		Transaction ID: SE24.5037
City Washington	State DC	Zip Code 20007
Purpose of Expenditure mailing LA chris john	Category/ Type	004
Name of Federal Candidate supported or Opposed by expenditure: CHRIS JOHN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	1202.33
(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.	
Signature _____	Date MM / DD / YYYY ____ / ____ / ____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 37 / 39
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) HUMANEUSA POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER C C00350439
---	---

Check If	24-hour notice	48-hour notice	Full Name (Last, First, Middle, Initial) of Payee Matt Kuzins & Kumpany	Date MM / DD / YY 07 / 27 / 2004	Amount 4209.52
Mailing Address 926 J Street #1218				Transaction ID: SE24.4555	
City Sacramento		State CA	Zip Code 95814	Office Sought: <input checked="" type="checkbox"/> House State: <u>MI</u> Senate District: <u>07</u> Presidential	
Purpose of Expenditure mailing schwarz			Category/ Type	004	
Name of Federal Candidate supported or Opposed by expenditure: JOHN SCHWARZ				Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2004 Other (specify): _____	
				4609.06	

Full Name (Last, First, Middle, Initial) of Payee Matt Kuzins & Kumpany	Date MM / DD / YY 08 / 23 / 2004	Amount 6909.52
Mailing Address 926 J Street #1218		Transaction ID: SE24.4977
City Sacramento	State CA	Zip Code 95814
Purpose of Expenditure deutsch mailing	Category/ Type	003
Name of Federal Candidate supported or Opposed by expenditure: PETER DEUTSCH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2004 Other (specify): _____
		6909.52

(a) SUBTOTAL of Itemized Independent Expenditures	11119.04
(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.	
Signature _____	Date MM / DD / YY ____ / ____ / ____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) HUMANEUSA POLITICAL ACTION COMMITTEE			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 Target Media LLC			Date M M / D D / Y Y Y Y 09 / 30 / 2004	
Mailing Address 649 Papworth Avenue, Suite 100			Amount 50000.00	
City Metairie	State LA	Zip Code 70005	Transaction ID: SE24.5029	
Purpose of Expenditure advertisement			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential District: <u>07</u>	
Category/Type 003			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHRIS JOHN			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought			52227.00	
Full Name (Last, First, Middle, Initial) of Payee Weekly Gambit			Date M M / D D / Y Y Y Y 09 / 05 / 2004	
Mailing Address 3923 bienville st			Amount 2227.00	
City new orleans	State LA	Zip Code 70119	Transaction ID: SE24.4989	
Purpose of Expenditure			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential District: <u>07</u>	
Category/Type 004			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHRIS JOHN			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought			2227.00	

(a) SUBTOTAL of Itemized Independent Expenditures	52227.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	52227.00

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.

Signature _____

Date M M / D D / Y Y Y Y

Form/Schedule: **9B21B**

This letter is in response to your letter dated April 6, 2005 requesting the clarification of several disbursements. Please see Itemized disbursements in Schedule B supporting Lines 21B and 23.

Transaction ID:
