

**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)  
**Humane Society Legislative Fund Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PETERS FOR MICHIGAN**

Mailing Address PO BOX 226

City Bloomfield Hills State MI Zip Code 48303-0226

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Sen. Gary C. Peters**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: MI District:

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2016

Transaction ID : **B4B4E73A834BD49B0BF5**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PAPE FOR CONGRESS**

Mailing Address 4537 FT. CAMPBELL BLVD

City HOPKINSVILLE State KY Zip Code 42240

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Michael J Pape**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: KY District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2016

Transaction ID : **B77C7F5AE8C87427D808**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MARK DESAULNIER FOR CONGRESS**

Mailing Address 5429 MADISON AVENUE

City SACRAMENTO State CA Zip Code 95841

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Mark Desaulnier**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CA District: 11

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2016

Transaction ID : **BFC27C23EA03A420499D**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4000.00