



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Humane Society Legislative Fund Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="241514.39"/>	<input type="text" value="241514.39"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="381535.21"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="82425.00"/>	<input type="text" value="373267.08"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="463960.21"/>	<input type="text" value="614781.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="54818.72"/>	<input type="text" value="205639.98"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="409141.49"/>	<input type="text" value="409141.49"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Humane Society Legislative Fund Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

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).....	81000.00	349153.00
(ii) Unitemized .....	1425.00	23886.74
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	82425.00	373039.74
(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) .....	82425.00	373039.74
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	227.34
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (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))..... ▶	82425.00	373267.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	82425.00	373267.08

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	268.72	3779.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	268.72	3779.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54500.00	198500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	810.50
(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	810.50
29. Other Disbursements .....	50.00	2550.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	54818.72	205639.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54818.72	205639.98

**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) .....	82425.00	373039.74
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	810.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	82425.00	372229.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	268.72	3779.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	227.34
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	268.72	3552.14

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

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

FOR LINE NUMBER: PAGE 6 OF 23  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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 Society Legislative Fund Political Action Committee**

**A. Daran Haber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 231 Monmouth Ave  
 City Atlantic Highlands State NJ Zip Code 07716-2205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Riverview Medical Center Occupation Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2015  
**Transaction ID : A06878F8E70BA43F2A65**  
 Amount of Each Receipt this Period  
 5000.00

**B. Betty Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 507 Country Ln  
 City Louisville State KY Zip Code 40207-1410  
 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 ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2015  
**Transaction ID : AE67CCED507974334B37**  
 Amount of Each Receipt this Period  
 5000.00

**C. Eric Bernthal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8901 Persimmon Tree Rd  
 City Potomac State MD Zip Code 20854-4319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Latham and Watkins, LLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2015  
**Transaction ID : A2EF8114C87E648F7BC4**  
 Amount of Each Receipt this Period  
 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Society Legislative Fund Political Action Committee**

**A. David Wiebers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7815 Pearson Knoll Pl  
 City Potomac State MD Zip Code 20854-2996  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation Emeritus Professor of Neurology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2015  
**Transaction ID : AE289C473BD8F466085C**  
 Amount of Each Receipt this Period  
 1000.00

**B. Bradley Goldberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 502 Orienta Ave  
 City Mamaroneck State NY Zip Code 10543-4317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Simpson Thacher Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2015  
**Transaction ID : A4BCD96C119E04876AA5**  
 Amount of Each Receipt this Period  
 5000.00

**C. Melissa Li**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2622 NW Cornell Road  
 City Portland State OR Zip Code 97210-2802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Providence Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A216F6EC12BD34651BF2**  
 Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 23  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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 Society Legislative Fund Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Jon Stryker**

Mailing Address PO Box 51536

City Kalamazoo State MI Zip Code 49005-1536

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

Name of Employer Jon Stryker Architecture Occupation Architect

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2015

**Transaction ID : AE18D0AD395EE4BB2ABC**

Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**B. Bill Nimmo**

Mailing Address 250 West 12th Street

City New York State NY Zip Code 10014-1912

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 ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2015

**Transaction ID : AB47B6A0712D14A9DA6B**

Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**C. Karen O'Connell**

Mailing Address 17 Hibben Road

City Princeton State NJ Zip Code 08540-6803

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 ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : ACD976FB0C931457FA6B**

Amount of Each Receipt this Period  
 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Society Legislative Fund Political Action Committee**

**A. Satish Karandikar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Doyle Lane  
 City Belle Mead State NJ Zip Code 08502-5544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pranav Consultants Inc. Occupation Financial Consultant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015  
**Transaction ID : AC339ED04B0114243B39**  
 Amount of Each Receipt this Period  
**5000.00**

**B. Thomas Benningson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4100 Redwood Rd Ste 10  
 City Oakland State CA Zip Code 94619-2363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed 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 Y  
 12 / 31 / 2015  
**Transaction ID : A5DE429462D014C1FA81**  
 Amount of Each Receipt this Period  
**5000.00**

**C. Stacey Kivowitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3535 Gillespie Street  
 City Dallas State TX Zip Code 75219-4884  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Not Employed  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : AF9F85823D2504F76AC0**  
 Amount of Each Receipt this Period  
**5000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>15000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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 Society Legislative Fund Political Action Committee**

**A. Jennifer Leeds**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 El Camino Real  
 City Menlo Park State CA Zip Code 94025-5240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Not Employed Occupation Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : AF27294F3026546FF8CC**  
 Amount of Each Receipt this Period  
 5000.00

**B. Sharon Patrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 119 East 84 Street, PH  
 City New York State NY Zip Code 10028-0939  
 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 ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : A14AD5202676741F8AE0**  
 Amount of Each Receipt this Period  
 5000.00

**C. Don Kivowitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3535 Gillespie St.  
 City Dallas State TX Zip Code 75219-4884  
 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 ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : A46E6288389DB4258AC7**  
 Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 23  
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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 Society Legislative Fund Political Action Committee**

**A. Nikki Lafferty**  
Full Name (Last, First, Middle Initial)

Mailing Address 1485 N. Doheny Drive

City Los Angeles	State CA	Zip Code 90069-1159
---------------------	-------------	------------------------

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

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

**Transaction ID : A59F658B9F3FA4990B0C**

Amount of Each Receipt this Period  
5000.00

**B. David Bronner**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 28

City Escondido	State CA	Zip Code 92033-0028
-------------------	-------------	------------------------

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

Name of Employer Cr. Bronner's	Occupation Soapmaker
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

**Transaction ID : A33096ADF296F404ABC5**

Amount of Each Receipt this Period  
5000.00

**C.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	81000.00

**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)

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

Full Name (Last, First, Middle Initial)

**A. Wells Fargo**

Mailing Address 215 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1155

Purpose of Disbursement  
Merchant fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2015

**Transaction ID : BC77CB1A97CB542D7AA3**

Amount of Each Disbursement this Period

18.89

Full Name (Last, First, Middle Initial)

**B. Blackbaud, Inc.**

Mailing Address 2000 Daniel Island Drive

City Daniel Island State SC Zip Code 29492-7540

Purpose of Disbursement  
Credit card processing fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : B69819AB468424F43A6F**

Amount of Each Disbursement this Period

119.68

Full Name (Last, First, Middle Initial)

**C. Wells Fargo**

Mailing Address 215 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1155

Purpose of Disbursement  
Account analysis fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2015

**Transaction ID : B5F65D317F494475093C**

Amount of Each Disbursement this Period

9.91

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

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

148.48

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Society Legislative Fund Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Blackbaud, Inc.**

Mailing Address 2000 Daniel Island Drive

City Daniel Island State SC Zip Code 29492-7540

Purpose of Disbursement  
Credit card processing fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2015

Transaction ID : **B9BB42927B52740A8BB1**

Amount of Each Disbursement this Period

119.68

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement  
Credit card processing fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

Transaction ID : **BDBF1BBCB48FA479380B**

Amount of Each Disbursement this Period

0.56

Category/  
Type

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/  
Type

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

120.24

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

268.72

**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

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 Society Legislative Fund Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DENHAM FOR CONGRESS**

Mailing Address 2150 RIVER PLAZA DR., #150

City State Zip Code  
SACRAMENTO CA 95833

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. Jeff Denham**

Office Sought:  House  
 Senate  
 President  
State: CA District: 10

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 07 / 2015

Transaction ID : B908A0660A5E44520B97

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. LOU BARLETTA FOR CONGRESS**

Mailing Address 1529 TERRACE BLVD  
101 WEST BROAD STREET

City State Zip Code  
Hazleton PA 18201-7527

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. Lou J. Barletta**

Office Sought:  House  
 Senate  
 President  
State: PA District: 11

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 07 / 2015

Transaction ID : B3ABF57448F3E4B45BD5

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. BILL SHUSTER FOR CONGRESS**

Mailing Address PO BOX 27

City State Zip Code  
HOLLIDAYSBURG PA 16648

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. Bill F. Shuster**

Office Sought:  House  
 Senate  
 President  
State: PA District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2015

Transaction ID : B17AE22924F434CE2B3E

Amount of Each Disbursement this Period

1000.00

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

5500.00

**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)

<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)

**Humane Society Legislative Fund Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. LANCE FOR CONGRESS**

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. Leonard Lance**

Office Sought:  House  
 Senate  
 President  
State: NJ District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

Transaction ID : BE7532E044836418D84D

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. MARINO FOR CONGRESS**

Mailing Address PO BOX 653

City Williamsport State PA Zip Code 17703-0653

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. Tom A. Marino**

Office Sought:  House  
 Senate  
 President  
State: PA District: 10

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

Transaction ID : B63D67EFB04D94F1A895

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF FRANK GUINTA**

Mailing Address PO BOX 877

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. Frank C. Guinta**

Office Sought:  House  
 Senate  
 President  
State: NH District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

Transaction ID : B4D216831846A4C81B46

Amount of Each Disbursement this Period

2000.00
---------

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

7000.00
---------

**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)

<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)

**Humane Society Legislative Fund Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. VERN BUCHANAN FOR CONGRESS**

Mailing Address P. O. BOX 48928

City SARASOTA State FL Zip Code 34230

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. Vern G. Buchanan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 16

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2015

Transaction ID : B34E5EF5DA76F4C32879

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. DONOVAN FOR CONGRESS**

Mailing Address 440 LEVERETT AVENUE

City STATEN ISLAND State NY Zip Code 10308

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. Daniel M. Donovan Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 11

Date of Disbursement

MM / DD / YYYY  
12 / 10 / 2015

Transaction ID : B7E8D4DDED6604A29A7E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Rosa DeLauro**

Mailing Address 12 Trumbull Street

City New Haven State CT Zip Code 06511-6311

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. Rosa L. DeLauro**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Convention 2016

State: CT District: 03

Date of Disbursement

MM / DD / YYYY  
12 / 10 / 2015

Transaction ID : B7B9F4539B4AE49478BC

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)..... ▶



**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

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 Society Legislative Fund Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. LOBIONDO FOR CONGRESS**

Mailing Address P.O. Box 550

City Vineland State NJ Zip Code 08362

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Rep. Frank A. LoBiondo**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NJ District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2015

Transaction ID : **BC3F2720CED7E49668CC**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS SMITH**

Mailing Address P.O. Box 3184

City Hamilton State NJ Zip Code 08619-0184

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Rep. Chris H. Smith**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NJ District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2015

Transaction ID : **BE8C4402C706C46988C1**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. PAT MEEHAN FOR CONGRESS**

Mailing Address 50 S. PROVIDENCE ROAD

City MEDIA State PA Zip Code 19063

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Rep. Patrick L. Meehan Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: PA District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2015

Transaction ID : **B533D5041CBA048E1960**

Amount of Each Disbursement this Period

2000.00

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

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

6000.00

# 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)

<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)

**Humane Society Legislative Fund Political Action Committee**

Full Name (Last, First, Middle Initial)

## A. JULIA BROWNLEY FOR CONGRESS

Mailing Address 728 W. EDNA PLACE

City COVINA State CA Zip Code 91722

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. Julia Brownley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2015

Transaction ID : B06EA14CA2E7A4263ACF

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

## B. KIRK FOR SENATE

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Sen. Mark S. Kirk**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2015

Transaction ID : B4CB993EB7EE74D2EAF8

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

## C. FRIENDS OF PAT TOOMEY

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Sen. Pat J. Toomey**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2015

Transaction ID : B49FA7128480D49AB92D

Amount of Each Disbursement this Period

2500.00
---------

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

4500.00
---------

**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)

<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)

**Humane Society Legislative Fund Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MCSALLY FOR CONGRESS**

Mailing Address PO BOX 19128

City TUCSON State AZ Zip Code 85731

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Martha E Mcsally**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2015

**Transaction ID : B103D2AF92EE54562A30**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. RYAN COSTELLO FOR CONGRESS**

Mailing Address PO BOX 3154

City WEST CHESTER State PA Zip Code 19381

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. Ryan A. Costello**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2015

**Transaction ID : BDA6997CC70B248D09A3**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. RYAN COSTELLO FOR CONGRESS**

Mailing Address PO BOX 3154

City WEST CHESTER State PA Zip Code 19381

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. Ryan A. Costello**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2015

**Transaction ID : B5A17AF6F0D164712957**

Amount of Each Disbursement this Period

500.00

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

7000.00

**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)

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

Full Name (Last, First, Middle Initial)

**A. KATKO FOR CONGRESS**

Mailing Address 228 S WASHINGTON ST  
STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. John M. Katko**

Office Sought:  House  
 Senate  
 President  
State: NY District: 24

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2015

Transaction ID : B455B6F652E04477EAF6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. NANCY PELOSI FOR CONGRESS**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. Nancy Pelosi**

Office Sought:  House  
 Senate  
 President  
State: CA District: 12

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2015

Transaction ID : B5AFE988C331F4B24B9A

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. ROS-LEHTINEN FOR CONGRESS**

Mailing Address PO BOX 522784

City MIAMI State FL Zip Code 33152-2784

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. Ileana C. Ros-Lehtinen**

Office Sought:  House  
 Senate  
 President  
State: FL District: 27

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2015

Transaction ID : B05B3F0721A92407A8F9

Amount of Each Disbursement this Period

2000.00

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

8000.00

**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)

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

Full Name (Last, First, Middle Initial)

**A. NANCY PELOSI FOR CONGRESS**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. Nancy Pelosi**

Office Sought:  House  
 Senate  
 President  
State: CA District: 12

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2015

Transaction ID : **B8788EEE26D524285933**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. TEAM GRAHAM INC**

Mailing Address PO BOX 1801

City Columbia State SC Zip Code 29202-1801

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Sen. Lindsey Graham**

Office Sought:  House  
 Senate  
 President  
State: SC District:

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2015

Transaction ID : **B88B7F3829C2347EAA3D**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS FOR GREGORY MEEKS**

Mailing Address 153-01 JAMAICA AVE. SUITE 535

City JAMAICA State NY Zip Code 11432

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. Gregory W. Meeks**

Office Sought:  House  
 Senate  
 President  
State: NY District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2015

Transaction ID : **B81502A59E1AE4326B53**

Amount of Each Disbursement this Period

5000.00

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

7500.00

**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)

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF KELLY AYOTTE**

Mailing Address PO BOX 937

City Manchester State NH Zip Code 03105-0937

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Sen. Kelly A. Ayotte**

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : **BA5C12DE7BA7844DE993**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Roskam for Congress**

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187-0713

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Rep. Peter J. Roskam**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : **BA7B2F8C7CDD447939EB**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO ELECT MICHELLE LUJAN GRISHAM, INC.**

Mailing Address 500 MARQUETTE NW  
SUITE 800

City Albuquerque State NM Zip Code 87102-5305

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Rep. Michelle Lujan Grisham**

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		30		2015

Transaction ID : **B76557A9816A74ACCB8C**

Amount of Each Disbursement this Period

1000.00
---------

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

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

5000.00
---------

54500.00
----------

# 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)

<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

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 Society Legislative Fund Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. California Secretary of State

Mailing Address 1500 11th Street

City Sacramento State CA Zip Code 95814-5701

Purpose of Disbursement  
California Filing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Other2015

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			30			2015					

Transaction ID : B2E39DE8D489D4F9DAE7

Amount of Each Disbursement this Period

50.00
-------

### B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

### C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

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

50.00
-------

50.00
-------