

**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"/> 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) <b>A. Feinstein for Senate 2018</b>		Date of Disbursement MM / DD / YYYY 05 / 23 / 2018
Mailing Address 1801 Avenue of the Stars Suite 829		FEC Identification Number C 000315176 <b>Transaction ID : BED72E7909.</b> Amount of Each Disbursement this Period 2500.00
City Los Angeles	State CA	Zip Code 90067-5901
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name <b>Feinstein, Dianne, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. SUSIE LEE FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2018
Mailing Address 5130 S FORT APACHE RD STE. 215-382		FEC Identification Number C 000655613 <b>Transaction ID : B43BED79BE</b> Amount of Each Disbursement this Period 1000.00
City LAS VEGAS	State NV	Zip Code 89148
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name <b>Lee, Susie, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV	District: 03	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	17500.00