

FEC FORM 3X

REPORT 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 PRINT Example: If typing, type over the lines HumaneUSA Federal PAC

ADDRESS (number and street) P.O. Box 19224 Washington DC 20036 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00350439 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), 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 03 31 2009 in the State of NY

5. Covering Period 01 01 2009 through 04 20 2009

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 JJ . Scheele

Signature of Treasurer Electronically Filed by JJ . Scheele Date 04 27 2009

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 Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
HumaneUSA Federal PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
2	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		2185.73
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	2185.73									
(c) Total Receipts (from Line 19) .....	72993.50	72993.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	75179.23	75179.23								
7. Total Disbursements (from Line 31) .....	42193.48	42193.48								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	32985.75	32985.75								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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**

Write or Type Committee Name  
HumaneUSA Federal PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
2	0

Y	Y	Y	Y
2	0	0	9

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	71201.00	71201.00
(i) Itemized (use Schedule A) .....	1792.50	1792.50
(ii) Unitemized .....	72993.50	72993.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(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) .....	72993.50	72993.50
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	0.00
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 Transfer (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)) .....	72993.50	72993.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	72993.50	72993.50

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	17193.48	17193.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	17193.48	17193.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	25000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	0.00
(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	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	42193.48	42193.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42193.48	42193.48

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	72993.50	72993.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	72993.50	72993.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	17193.48	17193.48
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	17193.48	17193.48

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 6 / 34</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<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)  
HumaneUSA Federal PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS. JEANNE CRUSEMANN DANIELS		Date of Receipt																					
	Mailing Address 1022 TOWNPLACE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		3	0		2	0	0	9														
	City State Zip Code HOUSTON TX 77057		<b>Transaction ID:</b> A2009-2955642																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer SELF Occupation REAL ESTATE BROKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		5000.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) R. EDWARD DANIELS		Date of Receipt																					
	Mailing Address 1022 TOWNPLACE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		3	0		2	0	0	9														
	City State Zip Code HOUSTON TX 77057		<b>Transaction ID:</b> A2009-2955643																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer Self Employed Occupation PHOTOGRAPHER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		5000.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) AMY DUBMAN		Date of Receipt																					
	Mailing Address 2332 MILLPARK DRIVE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	3		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		1	3		2	0	0	9														
	City State Zip Code MARYLAND HEIGHTS MO 63043		<b>Transaction ID:</b> A2009-2956821																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer CAROL HOUSE FURNITURE Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00		3000.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	13000.00
<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: (check only one)	PAGE 7 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HumaneUSA Federal PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) BROOKE DUBMAN	Date of Receipt MM / DD / YYYY 04 / 13 / 2009
	Mailing Address 2332 MILLPARK DR.	<b>Transaction ID:</b> A2009-2955653
	City State Zip Code MARYLAND HEIGHTS MO 63043	Amount of Each Receipt this Period 3500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carol House Furniture BUSINESS OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kathleen Freston	Date of Receipt MM / DD / YYYY 04 / 12 / 2009
	Mailing Address 57 East 66th Street	<b>Transaction ID:</b> A2009-2958012
	City State Zip Code New York NY 10021	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Writer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Tom Freston	Date of Receipt MM / DD / YYYY 04 / 12 / 2009
	Mailing Address 57 East 66th Street	<b>Transaction ID:</b> A2009-2958011
	City State Zip Code New York NY 10021	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Firefly 3 Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	13500.00
<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 / 34  
(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 Federal PAC

**A.**

Full Name (Last, First, Middle Initial)  
LAURIE GOLDSTEIN

Mailing Address 515 E. 89TH STREET 5G

City State Zip Code  
NEW YORK NY 10128

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

Name of Employer EAST SIDE WOMENS OBGYN AS-SOC PC  
Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2009

Transaction ID: A2009-2594450

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Christopher Hoar

Mailing Address 2815 Talbot Street

City State Zip Code  
San Diego CA 92106

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

Name of Employer Self Employed  
Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2009

Transaction ID: A2009-2955649

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL MARKARIAN

Mailing Address 1206 MARYLAND AVE. NE

City State Zip Code  
WASHINGTON DC 20002

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

Name of Employer HUMANE SOCIETY OF THE US  
Occupation Executive VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2009

Transaction ID: A2009-2811308

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10300.00**

**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 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HumaneUSA Federal PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MARY MAX		Date of Receipt	
	Mailing Address 118 RIVERSIDE DRIVE APT 15 D		M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> A2009-2808569
	NEW YORK	NY	10024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		454.00	
	Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation HOMEMAKER Aggregate Year-to-Date ▼ 454.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MARY MAX		Date of Receipt	
	Mailing Address 118 RIVERSIDE DRIVE APT 15 D		M M / D D / Y Y Y Y Y 0 3 / 0 2 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> A2009-2955644
	NEW YORK	NY	10024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		454.00	
	Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation HOMEMAKER Aggregate Year-to-Date ▼ 908.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MARY MAX		Date of Receipt	
	Mailing Address 118 RIVERSIDE DRIVE APT 15 D		M M / D D / Y Y Y Y Y 0 4 / 0 2 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> A2009-2955648
	NEW YORK	NY	10024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		454.00	
	Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation HOMEMAKER Aggregate Year-to-Date ▼ 1362.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1362.00
<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 10 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HumaneUSA Federal PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) PETER MAX	Date of Receipt MM / DD / YYYY 01 / 11 / 2009
	Mailing Address 118 RIVERSIDE DRIVE APT 15 D	<b>Transaction ID:</b> A2009-2594443
	City State Zip Code NEW YORK NY 10024	Amount of Each Receipt this Period 416.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation ARTIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) PETER MAX	Date of Receipt MM / DD / YYYY 02 / 11 / 2009
	Mailing Address 118 RIVERSIDE DRIVE APT 15 D	<b>Transaction ID:</b> A2009-2808570
	City State Zip Code NEW YORK NY 10024	Amount of Each Receipt this Period 416.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation ARTIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 832.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) PETER MAX	Date of Receipt MM / DD / YYYY 03 / 16 / 2009
	Mailing Address 118 RIVERSIDE DRIVE APT 15 D	<b>Transaction ID:</b> A2009-2955645
	City State Zip Code NEW YORK NY 10024	Amount of Each Receipt this Period 416.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation ARTIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1248.00
<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 / 34  
(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 Federal PAC

**A.**

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 Self Employed Occupation  
ARTIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1664.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

Transaction ID: A2009-2955647

Amount of Each Receipt this Period  
416.00

**B.**

Full Name (Last, First, Middle Initial)  
GIL MICHAELS

Mailing Address PO BOX 5313

City State Zip Code  
BEVERLY HILLS CA 90209

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

Name of Employer GNM FINANCIAL SERVICES Occupation  
PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: A2009-2594448

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
David O'Connor

Mailing Address 2000 Avenue of the Stars

City State Zip Code  
Los Angeles CA 90067

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

Name of Employer Creative Artists Agency Occupation  
Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2808740

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10416.00**

**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: PAGE 12 / 34  
(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 Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
BONNIE B ROBBINS

Mailing Address 154 LAKE WASHINGTON BLVD. EAST

City SEATTLE State WA Zip Code 98112

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

Name of Employer Retired Occupation HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 29 / 2009

Transaction ID: A2009-2594449

Amount of Each Receipt this Period 5000.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT L TRIMBLE

Mailing Address 8333 DOUGLAS AVE. #1350

City DALLAS State TX Zip Code 75225

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 04 / 12 / 2009

Transaction ID: A2009-2958014

Amount of Each Receipt this Period 5000.00

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

Mailing Address 2000 Avenue of the Stars

City Los Angeles State CA Zip Code 90067

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

Name of Employer Self Employed Occupation Writer-Producer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 13 / 2009

Transaction ID: A2009-2808739

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: PAGE 13 / 34  
(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 Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
MARK WILLIAMS

Mailing Address 100 CAMERON STATION BLVD.

City State Zip Code  
ALEXANDRIA VA 22304

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

Name of Employer Occupation  
Bingham LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2009

**Transaction ID:** A2009-2808741

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
ANNE S WILSON

Mailing Address 660 OLD DUNSTABLE ROAD

City State Zip Code  
GROTON MA 01450

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

Name of Employer Occupation  
Retired RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2009

**Transaction ID:** A2009-2958015

Amount of Each Receipt this Period  
375.00

**C.** Full Name (Last, First, Middle Initial)  
ELEANORA M 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 Occupation  
Retired RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2009

**Transaction ID:** A2009-2958013

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6375.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>71201.00</b>

**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 14 / 34

<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 Federal PAC

A.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B251605 Date of Disbursement 01 / 05 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 1346.08
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Salary - Program Director. Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B251606 Date of Disbursement 01 / 05 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 30.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Reimbursement for long distance expense. Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B251607 Date of Disbursement 01 / 05 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 15.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Reimbursement for fax/phone expense. Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1391.08
<b>TOTAL</b> 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)

PAGE 15 / 34

<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 Federal PAC

A.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B251608 Date of Disbursement 01 / 05 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Reimbursement for internet expense Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B251609 Date of Disbursement 01 / 05 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement Reimbursement for utilities expenses Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B253201 Date of Disbursement 02 / 02 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 1346.08
	Purpose of Disbursement Salary - Program Director. Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1396.08
<b>TOTAL</b> 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)

PAGE 16 / 34

<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 Federal PAC

A.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B253205 Date of Disbursement 02 / 05 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 30.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Reimbursement for long distance expense	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B253206 Date of Disbursement 02 / 05 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 15.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Reimbursement for fax/phone expense.	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B253207 Date of Disbursement 02 / 05 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 20.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Reimbursement for internet expense	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	65.00
<b>TOTAL</b> 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 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 Federal PAC

A.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B253208 Date of Disbursement 02 / 05 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement Reimbursement for utilities expenses Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B253210 Date of Disbursement 02 / 10 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 112.00
	Purpose of Disbursement Reimbursement for supplies Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B254200 Date of Disbursement 03 / 02 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 1346.08
	Purpose of Disbursement Salary - Program Director. Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1488.08
<b>TOTAL</b> 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 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 Federal PAC

A.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B254203
	Mailing Address P.O. Box 19224	Date of Disbursement MM / DD / YYYY 03 / 05 / 2009
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement Reimbursement for long distance expense	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B254204
	Mailing Address P.O. Box 19224	Date of Disbursement MM / DD / YYYY 03 / 05 / 2009
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 15.00
	Purpose of Disbursement Reimbursement for fax/phone expense.	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B254205
	Mailing Address P.O. Box 19224	Date of Disbursement MM / DD / YYYY 03 / 05 / 2009
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Reimbursement for internet expense	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	65.00
<b>TOTAL</b> 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 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 Federal PAC

A.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B254206 Date of Disbursement 03 / 05 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement Reimbursement for utilities expenses	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B254210 Date of Disbursement 03 / 30 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 1346.08
	Purpose of Disbursement Salary - Program Director.	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B254215 Date of Disbursement 04 / 03 / 2009
	Mailing Address P.O. Box 19224	
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement Reimbursement for long distance expense	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

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

1406.08

**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 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 Federal PAC

A.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B254216 Date of Disbursement 04 / 03 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 15.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Reimbursement for fax/phone expense. Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B254217 Date of Disbursement 04 / 03 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 20.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Reimbursement for internet expense. Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) J. Scheele	Transaction ID: B254218 Date of Disbursement 04 / 03 / 2009
	Mailing Address P.O. Box 19224	Amount of Each Disbursement this Period 30.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Reimbursement for utilities expenses. Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	65.00
<b>TOTAL</b> 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 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 Federal PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) J. Scheele</p> <p>Mailing Address P.O. Box 19224</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Reimbursement for supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p><b>Transaction ID:</b> B254223</p> <p>Date of Disbursement MM / DD / YYYY 04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>001 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lyris Technologies</p> <p>Mailing Address 1202 Potomac St.</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Website maintenance.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p><b>Transaction ID:</b> B253202</p> <p>Date of Disbursement MM / DD / YYYY 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>001 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Lyris Technologies</p> <p>Mailing Address 1202 Potomac St.</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Website maintenance.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p><b>Transaction ID:</b> B254201</p> <p>Date of Disbursement MM / DD / YYYY 03 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>001 Category/Type</p>

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

425.00

**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 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 Federal PAC

A.	Full Name (Last, First, Middle Initial) Lyris Technologies	Transaction ID: B254214 Date of Disbursement 04 / 02 / 2009
	Mailing Address 1202 Potomac St.	Amount of Each Disbursement this Period 200.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Website maintenance. Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) Kuzins & Company	Transaction ID: B254221 Date of Disbursement 04 / 17 / 2009
	Mailing Address 926 J Street Suite 1218	Amount of Each Disbursement this Period 3807.54
	City Sacramento State CA Zip Code 95814	
	Purpose of Disbursement In-house mailing. Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: B254209 Date of Disbursement 03 / 11 / 2009
	Mailing Address PO Box 25118	Amount of Each Disbursement this Period 14.56
	City Tampa State FL Zip Code 33622	
	Purpose of Disbursement March 2009 bank charge. Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

**SUBTOTAL** of Disbursements This Page (optional) ..... **4022.10**

**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)

PAGE 23 / 34

<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 Federal PAC

A.	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address PO Box 25118  City Tampa State FL Zip Code 33622  Purpose of Disbursement Check enclosure fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:  Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Transaction ID: B254211 Date of Disbursement 03 / 31 / 2009  Amount of Each Disbursement this Period 5.00  001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address PO Box 25118  City Tampa State FL Zip Code 33622  Purpose of Disbursement April 2009 BankCard merchant fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:  Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Transaction ID: B254213 Date of Disbursement 04 / 01 / 2009  Amount of Each Disbursement this Period 45.40  001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address PO Box 25118  City Tampa State FL Zip Code 33622  Purpose of Disbursement April 2009 bank charge Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:  Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Non-Federal	Transaction ID: B254219 Date of Disbursement 04 / 07 / 2009  Amount of Each Disbursement this Period 4.95  001 Category/ Type

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

55.35

**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 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 Federal PAC

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: B254220 Date of Disbursement																			
	Mailing Address PO Box 25118	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	3	/	2	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4	/	1	3	/	2	0	9													
	City Tampa State FL Zip Code 33622	Amount of Each Disbursement this Period																			
	Purpose of Disbursement April 2009 bank charge Candidate Name	<table border="1"><tr><td>14.56</td></tr></table>	14.56																		
14.56																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																			
		001 Category/Type																			
		Not Applicable																			

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: B254224 Date of Disbursement																			
	Mailing Address PO Box 25118	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	0	/	2	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4	/	2	0	/	2	0	9													
	City Tampa State FL Zip Code 33622	Amount of Each Disbursement this Period																			
	Purpose of Disbursement April 2009 bank charge Candidate Name	<table border="1"><tr><td>50.00</td></tr></table>	50.00																		
50.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																			
		001 Category/Type																			
		Not Applicable																			

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: B254225 Date of Disbursement																			
	Mailing Address PO Box 25118	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	0	/	2	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4	/	2	0	/	2	0	9													
	City Tampa State FL Zip Code 33622	Amount of Each Disbursement this Period																			
	Purpose of Disbursement April 2009 bank charge Candidate Name	<table border="1"><tr><td>5.00</td></tr></table>	5.00																		
5.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																			
		001 Category/Type																			
		Not Applicable																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>69.56</td></tr></table>	69.56
69.56		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	



**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 Federal PAC

A.	Full Name (Last, First, Middle Initial) Public Affairs Support Services Inc.	Transaction ID: B253209 Date of Disbursement
	Mailing Address 1020 North Fairfax St. 5th Floor	<input type="text" value="02"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC reporting and administration. Candidate Name	<input type="text" value="3938.15"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	<input type="text" value="001"/> Category/Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

B.	Full Name (Last, First, Middle Initial) Public Affairs Support Services Inc.	Transaction ID: B254222 Date of Disbursement
	Mailing Address 1020 North Fairfax St. 5th Floor	<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC reporting and administration. Candidate Name	<input type="text" value="2197.58"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	<input type="text" value="001"/> Category/Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6135.73"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="16584.06"/>

# 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)  
HumaneUSA Federal PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) McNerney for Congress</p> <p>Mailing Address 6520 Village Parkway Second Floor</p> <p>City Dublin State CA Zip Code 94568</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Jerry McNerney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B246011 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Campbell for Congress</p> <p>Mailing Address 8105 Irvine Center Dr Suite 1170</p> <p>City Irvine State CA Zip Code 92618</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name John B Campbell, III</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B252230 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Congressman George Miller</p> <p>Mailing Address P.O. Box 5864</p> <p>City Concord State CA Zip Code 94524</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name George Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B252649 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**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)

<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 Federal PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Farr</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Sam Farr</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B253854 <b>Date of Disbursement</b> 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bennet for Colorado</p> <p>Mailing Address 1900 Grant St. Suite 1170</p> <p>City Denver State CO Zip Code 80203</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Michael Bennet</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B251859 <b>Date of Disbursement</b> 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Rosa DeLauro</p> <p>Mailing Address 12 Trumbull Street</p> <p>City New Haven State CT Zip Code 06511</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Rosa DeLauro</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B253848 <b>Date of Disbursement</b> 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

**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

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NAME OF COMMITTEE (In Full)  
HumaneUSA Federal PAC

A.

Full Name (Last, First, Middle Initial)  
Castle Campaign Fund

Mailing Address PO Box 133

City Wilmington State DE Zip Code 19899

Purpose of Disbursement  
Contribution

Candidate Name  
Michael Castle

Office Sought:  House  
 Senate  
 President

State: DE District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: B253853  
Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

500.00

011  
Category/  
Type

B.

Full Name (Last, First, Middle Initial)  
Kosmas for Congress

Mailing Address 3640 South Atlantic Avenue

City New Smyrna Beach State FL Zip Code 32169

Purpose of Disbursement  
Contribution

Candidate Name  
Suzanne Kosmas

Office Sought:  House  
 Senate  
 President

State: FL District: 24

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: B253851  
Date of Disbursement

03 / 25 / 2009

Amount of Each Disbursement this Period

500.00

011  
Category/  
Type

C.

Full Name (Last, First, Middle Initial)  
Progressive Choices PAC

Mailing Address P.O. Box 58

City Evanston State IL Zip Code 60204

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

State: IL District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Not Applicable

Transaction ID: B218926  
Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

-1000.00

011  
Category/  
Type

Voided: Original check dated 06/24/2008

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

0.00

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

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NAME OF COMMITTEE (In Full)  
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) Kirk for Congress	Transaction ID: B246057 Date of Disbursement 02 / 11 / 2009
	Mailing Address P.O. Box 8	Amount of Each Disbursement this Period 1000.00
	City Winnetka State IL Zip Code 60093	
	Purpose of Disbursement Contribution Candidate Name Mark S Kirk	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Yarmuth for Congress	Transaction ID: B253845 Date of Disbursement 03 / 23 / 2009
	Mailing Address 1819 Brownsboro Road Suite 100	Amount of Each Disbursement this Period 1000.00
	City Louisville State KY Zip Code 40206	
	Purpose of Disbursement Contribution Candidate Name John Yarmuth	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) David Vitter for US Senate	Transaction ID: B253849 Date of Disbursement 03 / 24 / 2009
	Mailing Address PO Box 8175	Amount of Each Disbursement this Period 2000.00
	City Metairie State LA Zip Code 70011	
	Purpose of Disbursement Contribution Candidate Name David Vitter	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
HumaneUSA Federal PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Schauer for Congress</p> <p>Mailing Address PO Box 100</p> <p>City Battle Creek State MI Zip Code 49016</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mark H Schauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 07</p>	<p><b>Transaction ID:</b> B252650 <b>Date of Disbursement:</b> 03 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Peters for Congress</p> <p>Mailing Address PO Box 226</p> <p>City Bloomfield Hills State MI Zip Code 48303</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Gary Peters</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 09</p>	<p><b>Transaction ID:</b> B252726 <b>Date of Disbursement:</b> 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Adler for Congress</p> <p>Mailing Address 14 Knightswood Drive</p> <p>City Marlton State NJ Zip Code 08053</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name John Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 03</p>	<p><b>Transaction ID:</b> B253850 <b>Date of Disbursement:</b> 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**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)

<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 Federal PAC

A.	Full Name (Last, First, Middle Initial) Udall for Us All	Transaction ID: B220329 Date of Disbursement 01 / 30 / 2009
	Mailing Address 3311 Candelaria NE - Ste. A	Amount of Each Disbursement this Period -1000.00
	City Albuquerque State NM Zip Code 87107	
	Purpose of Disbursement Contribution Candidate Name Tom Udall	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Voided: Original check dated 07/07/2008

B.	Full Name (Last, First, Middle Initial) Martin Heinrich for Congress	Transaction ID: B253855 Date of Disbursement 03 / 31 / 2009
	Mailing Address 2110 Central Avenue SE #71	Amount of Each Disbursement this Period 1000.00
	City Albuquerque State NM Zip Code 87106	
	Purpose of Disbursement Contribution Candidate Name Martin Heinrich	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends for Harry Reid	Transaction ID: B246060 Date of Disbursement 02 / 11 / 2009
	Mailing Address P.O. Box 19163	Amount of Each Disbursement this Period 1000.00
	City Las Vegas State NV Zip Code 89132	
	Purpose of Disbursement Contribution Candidate Name Harry Reid	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1000.00
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
HumaneUSA Federal PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dina Titus for Congress Cmte.</p> <p>Mailing Address 3711 E. Sunset Road Suite C-4-C-6</p> <p>City Las Vegas State NV Zip Code 89120</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Dina Titus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B253847 <b>Date of Disbursement</b> 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tedisco for Congress</p> <p>Mailing Address 104 Hume Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name James Tedisco</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General</p>	<p><b>Transaction ID:</b> B252420 <b>Date of Disbursement</b> 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Betty Sutton for Congress</p> <p>Mailing Address 1700 W. Market St. #155</p> <p>City Akron State OH Zip Code 44313</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Betty Sutton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B246058 <b>Date of Disbursement</b> 02 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**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)

<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 Federal PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kilroy for Congress</p> <p>Mailing Address 550 East Walnut Street Ste 305</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Mary Jo Kilroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 15</p>	<p><b>Transaction ID:</b> B251858 <b>Date of Disbursement:</b> 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Blumenauer for Congress</p> <p>Mailing Address 830 NE Holladay Suite 105</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Earl Blumenauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 03</p>	<p><b>Transaction ID:</b> B252421 <b>Date of Disbursement:</b> 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kurt Schrader for Congress</p> <p>Mailing Address 2525 North Baker Drive</p> <p>City Canby State OR Zip Code 97013</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Kurt Schrader</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 05</p>	<p><b>Transaction ID:</b> B253852 <b>Date of Disbursement:</b> 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px; display: block;">4500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px; display: block;"> </span>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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)  
HumaneUSA Federal PAC

A.	Full Name (Last, First, Middle Initial) Kathy Dahlkemper for Congress  Mailing Address 530 Seminole Drive  City Erie State PA Zip Code 16505  Purpose of Disbursement Contribution Candidate Name Kathleen Dahlkemper Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B252724 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 9  Amount of Each Disbursement this Period 500.00  011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Doggett for US Congress  Mailing Address 1157 San Bernard  City Austin State TX Zip Code 78702  Purpose of Disbursement Contribution Candidate Name Lloyd Doggett Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B244901 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9  Amount of Each Disbursement this Period 1000.00  011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Green Mountain PAC  Mailing Address PO Box 1142  City Montpelier State VT Zip Code 05601  Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Transaction ID: B253846 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9  Amount of Each Disbursement this Period 1000.00  011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	25000.00