

**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 8 OF 19
<input 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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Humane Society Legislative Fund Political Action Committee

A. JOSH GOTTHEIMER FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 584

City RIDGEWOOD	State NJ	Zip Code 07451
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FEC ID number of contributing federal political committee. **C** C00573949

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2016
 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
10	/	21	/	2016

Transaction ID : AA9DE57AC07644B88845

Amount of Each Receipt this Period
1000.00

Memo Item
Refund of Contribution

B. RYAN COSTELLO FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 3154

City West Chester	State PA	Zip Code 19381-3154
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FEC ID number of contributing federal political committee. **C** C00554899

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : A548A7FC444BF4767974

Amount of Each Receipt this Period
500.00

Memo Item
Refund of Contribution

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

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
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	1500.00