

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 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Humane Society Legislative Fund Political Action Committee

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

A. Brown, Anne, , ,

Mailing Address 5173 W Streetsboro Rd

City
Richfield

State
OH

Zip Code
44286-9563

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Tarolli, Sundheim, Covell & Tummino LL

Occupation (for Individual)

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
07 / 17 / 2019

Transaction ID : A5D42F7DA785345E2B0E

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

B. White, Roger, , Dr.,

Mailing Address 502 16th St SW

City
Rochester

State
MN

Zip Code
55902-2153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mayo Clinic

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2019

Transaction ID : A5E4BE00FF8204F75AB1

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

C. Baskin, Howard, , ,

Mailing Address 7106 Riverwood Blvd

City
Tampa

State
FL

Zip Code
33615-2031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Management 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
07 / 25 / 2019

Transaction ID : A3FEBB8254EF947A5851

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

15000.00

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