

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation HUMANE SOCIETY LEGISLATIVE FUND		3. FEC Identification Number C C90009358
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2100 L Street NW Suite 310		
(c) City, State and ZIP Code WASHINGTON DC 20037		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer N	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
- ☐ 24-Hour Report
☒ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012
 THROUGH
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012

6. TOTAL CONTRIBUTIONS

0

7. TOTAL INDEPENDENT EXPENDITURES

67160.52

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Janet Piatieski

Janet Piatieski

10/18/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 19
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 30 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Howard L Berman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2581.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 34.35	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 30 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Howard L Berman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2615.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 30.4	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 30 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Howard L Berman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2646.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ➤

76.83

(b) **SUBTOTAL** of Unitemized Independent Expenditures..... ➤(c) **TOTAL** Independent Expenditures ➤
(carry total from last page forward to Line 7)

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 1538	
City Portland	State OR	Zip Code 97205	Transaction ID : 2412586
Purpose of Expenditure Mass Mailings	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 30
Name of Federal Candidate Supported or Opposed by Expenditure: Howard L Berman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4184.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 2492.13	
City Washington	State DC	Zip Code 20016	Transaction ID : 2412587
Purpose of Expenditure Solicitation & Fundraising Exp	Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 30
Name of Federal Candidate Supported or Opposed by Expenditure: Howard L Berman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6676.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 555.33	
City Washington	State DC	Zip Code 20016	Transaction ID : 2412588
Purpose of Expenditure Solicitation & Fundraising Exp	Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 30
Name of Federal Candidate Supported or Opposed by Expenditure: Howard L Berman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7231.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ➤

4585.46

(b) **SUBTOTAL** of Unitemized Independent Expenditures..... ➤(c) **TOTAL** Independent Expenditures ➤
(carry total from last page forward to Line 7)

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Carter Printing Company Inc		Date MM / DD / YYYY 10 / 13 / 2012	
Mailing Address 1739 East Grand Avenue		Amount 540.6	
City Des Moines	State IA	Zip Code 50316	Transaction ID : 2412522
Purpose of Expenditure Printing	Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 477663.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 13 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412523
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 477675.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Dane Waters		Date MM / DD / YYYY 10 / 13 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 15.63	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412524
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 477691.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

568.31

(b) SUBTOTAL of Unitemized Independent Expenditures..... ➤

(c) TOTAL Independent Expenditures ➤
(carry total from last page forward to Line 7)

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Rachel Query		Date MM / DD / YYYY 10 / 10 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 53.15	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 477744.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 477768.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 477786.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ➤

94.49

(b) **SUBTOTAL** of Unitemized Independent Expenditures..... ➤(c) **TOTAL** Independent Expenditures ➤
(carry total from last page forward to Line 7)

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 477792.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Dane Waters		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.21	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 477797.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Joe Trippi & Associates		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 606A N. Talbot St. Suite 303		Amount 10000	
City St. Michaels	State MD	Zip Code 21663	
Purpose of Expenditure Advertising		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 487797.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		10011.29	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)			

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee

NRI, Inc.

Date

MM / DD / YYYY
10 / 02 / 2012

Mailing Address

11400 Rockville Pike

Suite 820

Amount

Amount
1100

Transaction ID : 2412531

Purpose of Expenditure

Staff Time

Category/
Type

001

Office Sought:

☒

House

State: IA

☐

Senate

District: 04

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Steve King

Calendar Year-To-Date Per Election
for Office Sought

488897.36

Disbursement For:

☐

Primary

☒

General

2012
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Ames Tribune

Date

MM / DD / YYYY
10 / 11 / 2012

Mailing Address

P. O. Box 380 317 Fifth St

Amount

Amount
15.33

Transaction ID : 2412532

Purpose of Expenditure

Transportation, lodging

Category/
Type

002

Office Sought:

☒

House

State: IA

☐

Senate

District: 04

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Steve King

Calendar Year-To-Date Per Election
for Office Sought

488912.69

Disbursement For:

☐

Primary

☒

General

2012
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Southgate Expresse

Date

MM / DD / YYYY
10 / 11 / 2012

Mailing Address

110 Airport Rd

Amount

Amount
42.73

Transaction ID : 2412533

Purpose of Expenditure

Transportation, lodging

Category/
Type

002

Office Sought:

☒

House

State: IA

☐

Senate

District: 04

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Steve King

Calendar Year-To-Date Per Election
for Office Sought

488955.42

Disbursement For:

☐

Primary

☒

General

2012
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

1158.06

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

(c) TOTAL Independent Expenditures ▶
(carry total from last page forward to Line 7)

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Southgate Expresse		Date MM / DD / YYYY 10 / 11 / 2012	
Mailing Address 110 Airport Rd		Amount 39	
City Ames	State IA	Zip Code 50010	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2412534
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 488994.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Shell		Date MM / DD / YYYY 10 / 11 / 2012	
Mailing Address JCT HWY 3 & I-35		Amount 39.95	
City Latimer	State IA	Zip Code 50452	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2412535
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 489034.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Egencia, LLC		Date MM / DD / YYYY 10 / 11 / 2012	
Mailing Address 333 108th Ave, NE		Amount 1025.49	
City Bellevue	State WA	Zip Code 98004	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2412536
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 490059.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		1104.44	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)			

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Diners Club International		Date MM / DD / YYYY 10 / 01 / 2012	
Mailing Address P O Box 6935		Amount 440.3	
City The Lalces	State NV	Zip Code 88901	Transaction ID : 2412537
Purpose of Expenditure Transportation, lodging	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 490500.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Diners Club International		Date MM / DD / YYYY 10 / 08 / 2012	
Mailing Address P O Box 6935		Amount 440.3	
City The Lalces	State NV	Zip Code 88901	Transaction ID : 2412538
Purpose of Expenditure Transportation, lodging	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 490940.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412539
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 490957.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	897.78
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Lagana Printing		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address PO Box 911		Amount 571	
City Edgewater	State MD	Zip Code 21037	Transaction ID : 2412571
Purpose of Expenditure Door hangers, leaflets	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 491528.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412573
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 491540.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412574
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 491546.8		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

589.16

(b) SUBTOTAL of Unitemized Independent Expenditures..... ➤

(c) TOTAL Independent Expenditures ➤
(carry total from last page forward to Line 7)

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 2.03	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 491548.83		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Steve Ann Chambers		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 78.15	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 491626.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Anna West		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 9.13	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 491636.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		89.31	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)			

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 12 OF 19
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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kyrsten Sinema		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1277.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 30.4	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kyrsten Sinema		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1307.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 3815.25	
City Portland	State OR	Zip Code 97205	
Purpose of Expenditure Mass Mailings		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kyrsten Sinema		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5122.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		3857.73	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)			

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 13 OF 19
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee
List America

Date

M M / D D / Y Y Y Y Y Y
10 / 17 / 2012Mailing Address
5151 Wisconsin Ave. NW
Suite 400

Amount

396.15

Transaction ID : 2412598

Purpose of Expenditure
Solicitation & Fundraising ExpCategory/
Type 003Office Sought: ☒ House State: AZ
☐ Senate District: 09
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Kyrsten SinemaCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 5519.02Disbursement For: ☐ Primary ☒ General
2012
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
List America

Date

M M / D D / Y Y Y Y Y Y
10 / 17 / 2012Mailing Address
5151 Wisconsin Ave. NW
Suite 400

Amount

1315.47

Transaction ID : 2412599

Purpose of Expenditure
Solicitation & Fundraising ExpCategory/
Type 003Office Sought: ☒ House State: AZ
☐ Senate District: 09
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Kyrsten SinemaCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 6834.49Disbursement For: ☐ Primary ☒ General
2012
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
Michael Markarian

Date

M M / D D / Y Y Y Y Y Y
10 / 18 / 2012Mailing Address
2100 L Street NW
Suite 310

Amount

24.16

Transaction ID : 2412577

Purpose of Expenditure
Staff TimeCategory/
Type 001Office Sought: ☒ House State: PA
☐ Senate District: 08
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Michael G FitzpatrickCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 136.14Disbursement For: ☐ Primary ☒ General
2012
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

1735.78

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

(c) TOTAL Independent Expenditures ▶
(carry total from last page forward to Line 7)

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 14 OF 19
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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 18 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 2.03	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael G Fitzpatrick		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 138.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 18 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael G Fitzpatrick		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 144.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Candidate Command, LLC		Date MM / DD / YYYY 10 / 18 / 2012	
Mailing Address 1831 NW Vivion Suite 101		Amount 19162	
City Riverside	State MO	Zip Code 64150	
Purpose of Expenditure Printing		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael G Fitzpatrick		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 19306.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		19170.11	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)			

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 15 OF 19
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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 38.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 55.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 30.4	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 86.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		59.66	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)			

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 16 OF 19
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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 1175.03	
City Portland	State OR	Zip Code 97205	
Purpose of Expenditure Mass Mailings		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1261.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 1024.77	
City Washington	State DC	Zip Code 20016	
Purpose of Expenditure Solicitation & Fundraising Exp		Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2285.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 343.17	
City Washington	State DC	Zip Code 20016	
Purpose of Expenditure Solicitation & Fundraising Exp		Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2629.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		2542.97	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)			

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 17 OF 19
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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type	001
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		91.8	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____			
Transaction ID : 2412564			
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 30.4	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type	001
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		122.2	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____			
Transaction ID : 2412565			
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type	001
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		139.38	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____			
Transaction ID : 2412566			
(a) SUBTOTAL of Itemized Independent Expenditures.....		59.66	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)			

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 18 OF 19
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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 1825.16	
City Washington	State DC	Zip Code 20016	Transaction ID : 2412567
Purpose of Expenditure Solicitation & Fundraising Exp	Category/ Type 003	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1964.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 5652.93	
City Washington	State DC	Zip Code 20016	Transaction ID : 2412568
Purpose of Expenditure Solicitation & Fundraising Exp	Category/ Type 003	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7617.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 6539.03	
City Portland	State OR	Zip Code 97205	Transaction ID : 2412569
Purpose of Expenditure Mass Mailings	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14156.5		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	14017.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 19 OF 19
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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 6542.36	
City Portland	State OR	Zip Code 97205	
Purpose of Expenditure Mass Mailings		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 20698.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee		Date	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee		Date	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		6542.36	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)		67160.52	