Image# 28991358291 067/29F2008 22:09

### **FEC FORM 5**

#### REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

	-	rganization or Corporation				
		EGISLATIVE FUND				
	ddress (number and CST NE	street)	reviously reported			
(c) Ci	ity, State and ZIP Co	ode				
WASI	HINGTON	DC	20002		3. FEC Identification Number	
2. Corp	orate filers only				C90009358	
		Is the filer a qualified nonprofit corp	oration? X Yes	□ No		
Indiv	vidual filers only	Name of Employer		Occupa	ation	
		Name of Employer		Оббар		
	4. TYPE OF REF	PORT (check appropriate boxes):				
	(a) X April 1	5 Quarterly Report	24-Hour Notice	48-Hour Notice		
	UJuly 15	Quarterly Report				
	Octobe	r Quarterly Report				
	☐ January 31 Year-End Report					
	oandar	y of real End Heport				
	(b) Is this Rep	ort an amendment? Yes X No				
-	5. COVERING P	ERIOD: FROM 0 1 / 0 0	D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
		THRO	DUGH			
		M 0 3 / D 3	D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	6. TOTAL CONT	RIBUTIONS			.00	
					000.00	
	7. TOTAL INDEF	PENDENT EXPENDITURES			636.30	
1						
request or	suggestion of, a candidat	t the independent expenditures reported herein w e or a candidate's agent or authorized committee poration, I certify that the corporation is a qualified	or a political party committee or its a	gent. In addition, if the indep	tution with, or at the pendent expenditures	
TYPE O	R PRINT NAME OF	PERSON COMPLETING FORM	SIGNATURE		DATE	
Sara A	mundson				06/29/2008	
		on of false, erroneous or incomplete inform	ation may subject the person sid	gning this report to the p		
		·	,	· ·	<u> </u>	

 $For \ further \ information, \ contact:$ 

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 EXPENDITURES

PAGE	2 / 5	

FOR LINE 7 FOR FORM 5

$\cap$ E		(In Full)	
OI.	ILLL	(III I UII)	

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee			Date
Sara Amundson			M M / D D / Y Y Y
Mailing Address			0.2 1.4 2008
1627 A St., NE			Amount
City	State	Zip Code	5.74
Washington	DC	20002	
Purpose of Expenditure		Category/	Office Sought: X House State: CA
staff time		Type	House
Name of Federal Candidate Supported or Opposed	d by Expenditure	<u> </u>	President District: 03
Bill Durston	,		Check One: X Support Oppose
			Disbursement For: X Primary General
Calendar Year-To-Date Per Election		36.82	
for Office Sought	• • • •		Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Mike Markarian			0 2 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			
1206 Maryland Ave., NE			Amount
City	State	Zip Code	10.97
Washington	DC	20002	
Purpose of Expenditure		Category/	Office Sought: X House State: CA
staff time		Туре	House Senate District: 03
Name of Federal Candidate Supported or Opposed	d by Expenditure	:	President District: 43
Bill Durston			Check One: X Support Oppose
Calendar Year-To-Date Per Election			Disbursement For: X Primary General
for Office Sought		36.82	2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee			
Colleen Crinion			Date
Mailing Address			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address 1513 Mass Ave., SE			Amount
City	State	Zip Code	6.32
City Washington	DC	20003	
Purpose of Expenditure			Office Sought: X House State: CA
staff time		Category/ Type	House State: <u>O/Y</u>
Name of Federal Candidate Supported or Opposed	d by Expenditure		President District: 03
Bill Durston	a by Exponditure	•	Check One: X Support Oppose
			Disbursement For: X Primary General
Calendar Year-To-Date Per Election		36.82	2008 — —
for Office Sought		00.02	Other (specify)
			23.03
(a) SUBTOTAL of Itemized Independent Expenditu	ires		23.03
/b) CUDTOTAL of Unitermined Independent Forest	dituroo		
(b) SUBTOTALof Unitemized Independent Expendent	ilures		
			· · · · · · · · · · · · · · · · · · ·
(c) TOTAL Independent Expenditures			

# Image# 28991358293 SCHEDULE 5-E

	DULL	J⁻L		
TFMI71	ED INDEI	PENDENT	<b>EXPENDI</b>	TURES

PAGE	3 / 5	
------	-------	--

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee	Date
Wayne Pacelle	M M / D D / Y Y Y Y Y 1 A 1 A 2 0 0 8
Mailing Address 4835 Cordell Ave.	Amount
City State Zip Code Bethesda MD 20814	13.79
Purpose of Expenditure Category/	Office Sought: X House State: CA
staff time Type	House Senate District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Durston	President  Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: X Primary General  Other (specify)
Full Name (Last, First, Middle Initial) of Payee Sara Amundson  Mailing Address	Date    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1627 A St., NE	Amount
CityStateZip CodeWashingtonDC20002	189.28
Purpose of Expenditure Category/	Office Sought: X House State: MD
staff time Type	House Senate District: _01
	President  Check One: X Support Oppose  Disbursement For: X Primary General  Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Mike Markarian	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1206 Maryland Ave., NE	Amount 43.88
CityStateZip CodeWashingtonDC20002	40.00
Calegory/	Office Sought: X House State: MD
staff time Type	House Senate District: _01
Name of Federal Candidate Supported or Opposed by Expenditure: Wayne Gilchrest	President District. Of District.
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: X Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	246.95
(b) SUBTOTALof Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE	4 / 5
------	-------

FOR LINE 7 FOR FORM 5

HUMANE SOCIETY LEGISLATIVE FUNI	D					
Full Name (Last, First, Middle Initial) of Payee Kristian Connolly				Date M M	/ D D /	Y Y Y Y
Mailing Address 1712 Corcoran St., NW				0 1 Amount	25	2008
City Washington	State DC	Zip Code 20009		L		240.20
Purpose of Expenditure staff time		Category/ Type		ce Sought: ouse	X House Senate	State: MD  District: 01
Name of Federal Candidate Supported or Opp Wayne Gilchrest	osed by Expenditure:		Che	ck One:	President  X Support	Oppose
Calendar Year-To-Date Per Election for Office Sought		3144.89		ursement For: 2008 ther (specify)	X Primary	General
Full Name (Last, First, Middle Initial) of Payee Richard Patch			,	Date 0 1	/ D D /	Y Y Y Y Y Y 2 0 0 8
Mailing Address 5500 Sherrier Place, NE				Amount		
City Washington	State DC	Zip Code 20016		L		68.89
Purpose of Expenditure staff time		Category/ Type		ce Sought: ouse	X House Senate	State: MD District: 01
Name of Federal Candidate Supported or Opp Wayne Gilchrest	osed by Expenditure:		Che	ck One:	President  X Support	Oppose
Calendar Year-To-Date Per Election for Office Sought		3144.89		ursement For: 2008 ther (specify)	X Primary	General
Full Name (Last, First, Middle Initial) of Payee Tami Santelli					/ D D	Y Y Y Y
Mailing Address 3901 Cathedral Ave., NW #618				0 1 Amount	25	2008
City Washington	State DC	Zip Code 20016		L	• • •	10.29
Purpose of Expenditure staff time		Category/ Type		ce Sought: ouse	X House Senate	State: MD  District: 01
Name of Federal Candidate Supported or Opp Andy Harris	osed by Expenditure:		Che	ck One:	President Support	X Oppose
Calendar Year-To-Date Per Election for Office Sought		2659.86		ursement For: 2008 ther (specify)	X Primary	General
(a) SUBTOTAL of Itemized Independent Exper	nditures					319.38
(b) SUBTOTALof Unitemized Independent Ex	penditures					
(c) TOTAL Independent Expenditures(carry total from last page forward t						

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

|--|

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)	

ME OF FILER (In Full)			
HUMANE SOCIETY LEGISLATIVE FUND			
Full Name (Last, First, Middle Initial) of Payee Andi Bernat			Date
Mailing Address 2412 Ogden Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Gambrills	State MD	Zip Code 21054	46.94
Purpose of Expenditure staff time		Category/ Type	Office Sought: X House State: MD House Senate Service 01
Name of Federal Candidate Supported or Opposed Andy Harris	by Expenditure		Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought		2659.86	Disbursement For: X Primary General 2008 Other (specify)
			1
(a) SUBTOTAL of Itemized Independent Expenditur	es		46.94
(b) SUBTOTALof Unitemized Independent Expendit			636 30
(c) TOTAL Independent Expenditures			030.30