

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 C00000000
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2100 L Street NW		
(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		Occupation

4. TYPE OF REPORT (check appropriate boxes):

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

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

5. COVERING PERIOD: FROM ^M02 / ^D21 / ^Y2008
THROUGH
^M02 / ^D22 / ^Y2008

6. TOTAL CONTRIBUTIONS00

7. TOTAL INDEPENDENT EXPENDITURES..... 5062.42

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a 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

Sara Amundson

02/22/2008

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 800-424-8530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Humane Society Legislative Fund

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

Date

M 0 2 / D 2 1 / Y 2 0 0 8 Y

Mailing Address
1627 A Street NE

Amount

177.82

City State Zip Code
WAsHington DC 20002

Purpose of Expenditure
Staff Time

Category/
Type

Office Sought: ☐ House State: OH
Presidential ☐ Senate District: 10
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:
Dennis Kucinich

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 177.82

Disbursement For: ☒ Primary ☐ General
2008
☐ Other (specify)

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

Date

M 0 2 / D 2 1 / Y 2 0 0 8 Y

Mailing Address
5500 Sherrier Place, NW

Amount

18.02

City State Zip Code
Washington DC 20016

Purpose of Expenditure
Staff Time

Category/
Type

Office Sought: ☐ House State: OH
Presidential ☐ Senate District: 10
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:
Dennis Kucinich

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 195.84

Disbursement For: ☒ Primary ☐ General
2008
☐ Other (specify)

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

Date

M 0 2 / D 2 1 / Y 2 0 0 8 Y

Mailing Address
1513 Mass Ave, SE

Amount

52.70

City State Zip Code
Washington DC 20003

Purpose of Expenditure
Staff Time

Category/
Type

Office Sought: ☐ House State: OH
Presidential ☐ Senate District: 10
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:
Dennis Kucinich

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 248.54

Disbursement For: ☒ Primary ☐ General
2008
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 248.54

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

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

28039642395

SCHEDULE 5-E **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Humane Society Legislative Fund

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

Date

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 8

Mailing Address
4835 Cordell Ave

Amount

13.79

City State Zip Code
Bethesda MD 20814

Purpose of Expenditure
Staff Time

Category/
Type

Office Sought: ☐ House State: OH
Presidential ☐ Senate District: 10
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:
Dennis Kucinich

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 262.33

Disbursement For: ☒ Primary ☐ General
2008
☐ Other (specify)

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

Date

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 8

Mailing Address
1712 Corcoran Street

Amount

105.39

City State Zip Code
Washington DC 20009

Purpose of Expenditure
Staff Time

Category/
Type

Office Sought: ☐ House State: OH
Presidential ☐ Senate District: 10
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:
Dennis Kucinich

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 367.72

Disbursement For: ☒ Primary ☐ General
2008
☐ Other (specify)

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

Date

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 8

Mailing Address
5151 Wisconsin Ave

Amount

2326.07

City State Zip Code
Washington DC 20016

Purpose of Expenditure
Name Match

Category/
Type

Office Sought: ☐ House State: OH
Presidential ☐ Senate District: 10
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:
Dennis Kucinich

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2693.79

Disbursement For: ☒ Primary ☐ General
2008
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2445.25

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

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

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Humane Society Legislative Fund

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

Date

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 8

Mailing Address
1155 15th Street NW

Amount

1000.00

City State Zip Code
Washington DC 20005

Purpose of Expenditure
Staff Time

Category/
Type

Office Sought: ☐ House State: OH
Presidential ☐ Senate District: 10
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:
Dennis Kucinich

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 3693.79

Disbursement For: ☒ Primary ☐ General
2008
☐ Other (specify)

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

Date

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 8

Mailing Address
513 C Street NE

Amount

878.67

City State Zip Code
Washington DC 20002

Purpose of Expenditure
Printing

Category/
Type

Office Sought: ☐ House State: OH
Presidential ☐ Senate District: 10
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:
Dennis Kucinich

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 4572.46

Disbursement For: ☒ Primary ☐ General
2008
☐ Other (specify)

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

Date

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 8

Mailing Address
34 Main Street

Amount

489.96

City State Zip Code
West Haddam CT 06423-998

Purpose of Expenditure
Postage

Category/
Type

Office Sought: ☐ House State: OH
Presidential ☐ Senate District: 10
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:
Dennis Kucinich

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 5062.42

Disbursement For: ☒ Primary ☐ General
2008
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2368.63

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

(c) TOTAL Independent Expenditures 5062.42
(carry total from last page forward to Line 7)

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
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☐ Postmark Illegible

☐ No Postmark

<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify): <i>Webform # 181</i>	Date of Receipt or Postmarked <i>2/22/08</i>
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 PREPARER (3/2005)	<i>2/22/08</i> DATE PREPARED
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