

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

1. (a) Name of Individual, Organization or Corporation HUMANE SOCIETY LEGISLATIVE FUND		
(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-		3. FEC Identification Number <div>C C90009358</div>
2. Occupation and Name of Employer (for Individual Filers Only)		

0.00

11165.00

10/15/2014

FEC Schedule 5 (REV. 09/2013)

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

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

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

Joe Trippi & Associates

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 10 / 2014

Mailing Address 606A N. Talbot Street

Ste. #203

Amount

11000.00

Transaction ID : A9B082E6641574B81AAE

Purpose of Expenditure
Online advertisements and landing pageCategory/
TypeOffice Sought: ☐ House State: LA
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Sen. Mary L. LandrieuCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

11385.00

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) _____

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

Humane Society Legislative Fund

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 10 / 2014

Mailing Address 2100 L St NW

Ste 310

Amount

165.00

Transaction ID : A6664B6376C5543468CA

Purpose of Expenditure
Staff Time for online ads and landing pageCategory/
TypeOffice Sought: ☐ House State: LA
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Sen. Mary L. LandrieuCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

11385.00

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) _____

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

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... 11165.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures..... 11165.00
(carry total from last page forward to Line 7)