

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		
(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 ^M0^M2 / ^D25 / ^Y200^Y8

THROUGH

^M0^M2 / ^D26 / ^Y200^Y8

6. TOTAL CONTRIBUTIONS00

7. TOTAL INDEPENDENT EXPENDITURES..... 126.91

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation 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	_____	02/26/2008

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 800-424-9530, Local 202-694-1100

28039643450

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Humane Society Legislative Fund

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date M M / D D / Y Y Y Y 02 / 25 / 2008
Mailing Address 1627 A Street, NE		Amount 28.68
City Washington	State DC	
Purpose of Expenditure Staff Time	Category/ Type	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Presidential <input type="checkbox"/> Senate District: <u>10</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dennis Kucinich		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 28.68		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Mike Markarian		Date M M / D D / Y Y Y Y 02 / 25 / 2008
Mailing Address 1206 Maryland Ave		Amount 21.94
City Washington	State DC	
Purpose of Expenditure Staff Time	Category/ Type	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Presidential <input type="checkbox"/> Senate District: <u>10</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dennis Kucinich		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 50.62		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Colleen Crinion		Date M M / D D / Y Y Y Y 02 / 25 / 2008
Mailing Address 1513 Mass Ave.		Amount 16.86
City Washington	State DC	
Purpose of Expenditure Staff time	Category/ Type	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Presidential <input type="checkbox"/> Senate District: <u>10</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dennis Kucinich		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 67.48		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures 67.48

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

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

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**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 5 / 2 0 0 8
Mailing Address 4835 Cordell Ave. Apt #1212	Amount 27.57
City State Zip Code Bethesda MD 20814	

Purpose of Expenditure Staff time	Category/ Type	Office Sought: <input type="checkbox"/> House State: OH <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Presidential District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: Dennis Kucinich		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 95.05		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Kristian Connolly	Date M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 8
Mailing Address 1712 Corcoran St. NW #6	Amount 31.86
City State Zip Code Washington DC 20009	

Purpose of Expenditure Staff Time	Category/ Type	Office Sought: <input type="checkbox"/> House State: OH <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Presidential District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: Dennis Kucinich		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 126.91		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	59.43
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	126.91
(carry total from last page forward to Line 7)	

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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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *Web form 184* Date of Receipt or Postmarked
2/26/07

JAD
 PREPARER
 (3/2005)

2/26/07
 DATE PREPARED

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