

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

To Be Used by Persons (Other than Political Committees)

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 1255 23rd Street, NW Suite 455		
(c) City, State and ZIP Code Washington DC 20037-1525		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

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

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

M M	/	D D	/	Y Y Y Y Y Y

5. COVERING PERIOD:

FROM

M M	/	D D	/	Y Y Y Y Y Y
10		07		2016

THROUGH

M M	/	D D	/	Y Y Y Y Y Y
10		07		2016

6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES	10000.00

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Amundson, Sara, , ,

Amundson, Sara, , ,

10/09/2016

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

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: F5N

Transaction ID :

Humane Society Legislative Fund received no contributions made for the purpose of furthering an independent expenditure and the source of funding was general treasury funds of Humane Society Legislative Fund, therefore no contributions are reported on Line 6 or Schedule 5-A

Form/Schedule:

Transaction ID:

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 3
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 / 07 / 2016Mailing Address
606A N. Talbot Street
Ste. #203

Amount

10000.00

City State Zip Code
St Michaels MD 21663-2110

Transaction ID : AB42F541BC67848E3AC3

Purpose of Expenditure
Digital AdvertisingCategory/
TypeOffice Sought: ☐ House State: DC
☐ Senate District: 00
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Trump, Donald, J., ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 60620.43Disbursement For: ☐ Primary ☒ General
2016
☐ 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) ▶

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.....▶ 10000.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 10000.00
(carry total from last page forward to Line 7)