

# 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 <b>HUMANE SOCIETY LEGISLATIVE FUND</b>			
(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			3. FEC Identification Number <div> <div>C</div> <div>C90009358</div> </div>
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  /  /

5. COVERING PERIOD:

FROM  /  /

THROUGH  /  /

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES .....

0.00

44888.34

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, , ,*

10/23/2016

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

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-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 EXPENDITURES**PAGE 3 OF 4  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

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

Humane Society Legislative Fund

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Mailing Address 1255 23rd Street, NW

Ste 455

Amount

229.95

Transaction ID : ADB876CF2F958401E924

Purpose of Expenditure  
NJ 5-Staff time for Mailer ReviewCategory/  
Type
 Office Sought: ☒ House State: NJ  
☐ Senate District: 05  
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:  
Gottheimer, Josh, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

6490.55

Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

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

Infogroup

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Mailing Address PO Box 3267

Amount

401.69

Transaction ID : A93BEF5DEC2BC4920AA2

Purpose of Expenditure  
Mailer ProductionCategory/  
Type
 Office Sought: ☒ House State: NJ  
☐ Senate District: 05  
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:  
Gottheimer, Josh, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

6490.55

Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

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

West Coast Public Affairs

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Mailing Address 16060 Ventura Blvd.

Amount

5858.91

Transaction ID : A74A1F07EA9A84D3E888

Purpose of Expenditure  
Mailer ProductionCategory/  
Type
 Office Sought: ☒ House State: NJ  
☐ Senate District: 05  
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:  
Gottheimer, Josh, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

6490.55

Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 6490.55

(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**PAGE 4 OF 4  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

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

West Coast Public Affairs

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y Y
10		21		2016

Mailing Address 16060 Ventura Blvd.

Amount

38321.87

Transaction ID : A918905707DE14E50BDB

Purpose of Expenditure  
Mailer Production and PostageCategory/  
Type
 Office Sought: ☒ House State: NJ  
☐ Senate District: 05  
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:  
Gottheimer, Josh, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

44888.34

Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

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

Humane Society Legislative Fund

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y Y
10		21		2016

Mailing Address 1255 23rd Street, NW  
Ste 455

Amount

75.92

Transaction ID : A0C129AA3FA7E4A48A58

Purpose of Expenditure  
Staff time for mailer reviewCategory/  
Type
 Office Sought: ☒ House State: NJ  
☐ Senate District: 05  
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:  
Gottheimer, Josh, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

44888.34

Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

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

Date of Public Distribution/Dissemination

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

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/  
Type
 Office 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.....▶ 38397.79

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

(c) TOTAL Independent Expenditures.....▶ 44888.34  
(carry total from last page forward to Line 7)