

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 ^M03 / ^D04 / ^Y2008

THROUGH

^M03 / ^D05 / ^Y2008

6. TOTAL CONTRIBUTIONS00

7. TOTAL INDEPENDENT EXPENDITURES..... 3280.14

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	_____	03/05/2008

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

28039651525

**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 03 / 04 / 2008	
Mailing Address 1627 A Street NE		Amount 917.76	
City Washington	State DC	Zip Code 20002	
Purpose of Expenditure Staff Time	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>OH</u> District: <u>10</u>
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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	
917.76			

Full Name (Last, First, Middle Initial) of Payee Richard Patch		Date M M / D D / Y Y Y Y 03 / 04 / 2008	
Mailing Address 5500 Sherrier Place NW		Amount 720.64	
City Washington	State DC	Zip Code 20016	
Purpose of Expenditure Staff Time	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>OH</u> District: <u>10</u>
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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	
1638.40			

Full Name (Last, First, Middle Initial) of Payee Continental Airlines		Date M M / D D / Y Y Y Y 03 / 04 / 2008	
Mailing Address 900 Grand Plaza Dr.		Amount 547.98	
City Houston	State TX	Zip Code 77067	
Purpose of Expenditure Ticket Cost	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>OH</u> District: <u>10</u>
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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	
2186.38			

(a) SUBTOTAL of Itemized Independent Expenditures 2186.38

(b) SUBTOTAL of Unitemized Independent Expenditures

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

28039651526

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Humane Society Legislative Fund

Full Name (Last, First, Middle Initial) of Payee Wyndham Playhouse Square Hotel		Date M M / D D / Y Y Y Y 03 / 04 / 2008
Mailing Address 1260 Euclid Ave		Amount 857.19
City Cleveland	State OH	
Zip Code 44115		
Purpose of Expenditure Hotel Stay	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 10 <input 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 3043.57		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Budget Car Rental		Date M M / D D / Y Y Y Y 03 / 04 / 2008
Mailing Address 19601 Maplewood Ave		Amount 196.57
City Cleveland	State OH	
Zip Code 44135		
Purpose of Expenditure Car rental	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 10 <input 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 3240.14		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee BWI Parking		Date M M / D D / Y Y Y Y 03 / 04 / 2008
Mailing Address Terminal Building		Amount 40.00
City BWI Airport	State MD	
Zip Code 21240		
Purpose of Expenditure Parking	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 10 <input 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 3280.14		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	1093.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	3280.14
(carry total from last page forward to Line 7)	

28039651527

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 # 186* Date of Receipt or Postmarked
3/5/08

Jm/A
 PREPARER
 (3/2005)

3/5/08
 DATE PREPARED

28039651528