

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		
(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> <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

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]

JANET PIATESKI

JANET PIATESKI

05/29/2014

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 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

Heather Gorn

Date of Public Distribution/Dissemination

MM / DD / YYYY
06 / 02 / 2014

Mailing Address

2100 L Street NW
Suite 310

Amount

3.93

Transaction ID : 20140060

Purpose of Expenditure
Staff TimeCategory/
Type 001Office Sought: ☒ House State: CA
☐ Senate District: 11
☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Mark DeSaulnierCalendar Year-To-Date Per Election
for Office Sought

184.95

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

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

Heather Gorn

Date of Public Distribution/Dissemination

MM / DD / YYYY
06 / 02 / 2014

Mailing Address

2100 L Street NW
Suite 310

Amount

3.93

Transaction ID : 20140061

Purpose of Expenditure
Staff TimeCategory/
Type 001Office Sought: ☒ House State: CA
☐ Senate District: 33
☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Ted LieuCalendar Year-To-Date Per Election
for Office Sought

187.12

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

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

Heather Gorn

Date of Public Distribution/Dissemination

MM / DD / YYYY
06 / 02 / 2014

Mailing Address

2100 L Street NW
Suite 310

Amount

3.93

Transaction ID : 20140062

Purpose of Expenditure
Staff TimeCategory/
Type 001Office Sought: ☒ House State: CA
☐ Senate District: 25
☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Anthony A StricklandCalendar Year-To-Date Per Election
for Office Sought

41797.34

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

(a) SUBTOTAL of Itemized Independent Expenditures..... 11.79

(b) SUBTOTAL of Unitemized Independent Expenditures

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 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

Sara Amundson

Date of Public Distribution/Dissemination

MM / DD / YYYY
06 / 09 / 2014

Mailing Address

2100 L Street NW
Suite 310

Amount

13.77

Transaction ID : 20140063

Purpose of Expenditure
Staff TimeCategory/
Type 001Office Sought: ☒ House State: VA
☐ Senate District: 08
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Donald S BeyerCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

165.78

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

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

Michael Markarian

Date of Public Distribution/Dissemination

MM / DD / YYYY
06 / 09 / 2014

Mailing Address

2100 L Street NW
Suite 310

Amount

13.46

Transaction ID : 20140064

Purpose of Expenditure
Staff TimeCategory/
Type 001Office Sought: ☒ House State: VA
☐ Senate District: 08
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Donald S BeyerCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

179.24

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

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

Martin Montorfano

Date of Public Distribution/Dissemination

MM / DD / YYYY
06 / 09 / 2014

Mailing Address

2101 L Street NW
Suite 310

Amount

61.09

Transaction ID : 20140065

Purpose of Expenditure
Staff TimeCategory/
Type 001Office Sought: ☒ House State: VA
☐ Senate District: 08
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Donald S BeyerCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

240.33

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

(a) SUBTOTAL of Itemized Independent Expenditures..... 88.32

(b) SUBTOTAL of Unitemized Independent Expenditures

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 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

Lara Provance

Date of Public Distribution/Dissemination

MM / DD / YYYY
06 / 09 / 2014

Mailing Address

2101 L Street NW
Suite 311

Amount

53.45

Transaction ID : 20140066

Purpose of Expenditure
Staff TimeCategory/
Type

001

Office Sought: ☒ House State: VA
☐ Senate District: 08
☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Donald S BeyerCalendar Year-To-Date Per Election
for Office Sought

293.78

Disbursement 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: _____
☐ PresidentCheck One: ☐ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar 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: _____
☐ PresidentCheck One: ☐ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 53.45

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 153.56
(carry total from last page forward to Line 7)