

# 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 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 .....

0.00

3179.00

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]*

Sara Amundson

*Sara Amundson*

10/29/2014

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 EXPENDITURES**PAGE 2 OF 2  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
HUMANE SOCIETY LEGISLATIVE FUNDFull Name (Last, First, Middle Initial) of Payee  
Humane Society Legislative Fund

Date of Public Distribution/Dissemination

MM / DD / YYYY  
10 / 28 / 2014Mailing Address 2100 L St NW  
Ste 310

Amount

55.00

City State Zip Code  
Washington DC 20037-1525

Transaction ID : A9D7258DB0D454DF3ACE

Purpose of Expenditure  
Staff time for review of mailerCategory/  
TypeOffice Sought: ☒ House State: PA  
☐ Senate District: 08  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Rep. Mike G. FitzpatrickCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 11263.60Disbursement For: ☐ Primary ☒ General  
2014  
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee  
Candidate Command

Date of Public Distribution/Dissemination

MM / DD / YYYY  
10 / 28 / 2014Mailing Address 1831 NW Vivion  
Ste. 101

Amount

3124.00

City State Zip Code  
Riverside MO 64150-9405

Transaction ID : A6D2CDABDCB994293B43

Purpose of Expenditure  
Production, printing, and postage for mailerCategory/  
TypeOffice Sought: ☒ House State: PA  
☐ Senate District: 08  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Rep. Mike G. FitzpatrickCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 11263.60Disbursement For: ☐ Primary ☒ General  
2014  
☐ 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.....▶ 3179.00

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

(c) TOTAL Independent Expenditures.....▶ 3179.00  
(carry total from last page forward to Line 7)