

# FEC FORM 5

10/17/2006 20:32

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

<b>1. (a) Name of Individual, Organization or Corporation</b> Humane Society Legislative Fund		<b>3. FEC Identification Number</b>  <b>C</b> C00000000
<b>(b) Address (number and street)</b> <input type="checkbox"/> check if different than previously reported 2100 L Street		
<b>(c) City, State and ZIP Code</b> Washington DC 20037		
<b>2. Corporate filers only</b> Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Individual filers only</b> Name of Employer _____ Occupation _____		

**4. TYPE OF REPORT (check appropriate boxes):**

(a) <input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October Quarterly Report <input type="checkbox"/> January 31 Year-End Report	<input type="checkbox"/> 24-Hour Notice <input checked="" type="checkbox"/> 48-Hour Notice  <input type="checkbox"/> 12-Day Report preceding the election _____ Type of Election                      Date of Election                      State  <input type="checkbox"/> 30-Day Report following the General Election _____ Date of Election                      State
(b) Is this Report an amendment?    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

**5. COVERING PERIOD:** FROM    <sup>M</sup>09 / <sup>D</sup>28 / <sup>Y</sup>2006  
 THROUGH  
<sup>M</sup>10 / <sup>D</sup>11 / <sup>Y</sup>2006

<b>6. TOTAL CONTRIBUTIONS</b> .....	.00
<b>7. TOTAL INDEPENDENT EXPENDITURES</b> .....	15928.18

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation 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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Sara Amundson	_____	10/17/2006

**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

26039230704

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Humane Society Legislative Fund

Full Name (Last, First, Middle Initial) of Payee The State Newspaper	Date M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 1401 Shop Rd	Amount 15893.33
City State Zip Code Columbia SC 29201	

Purpose of Expenditure Advertising Fee	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John M Spratt, Jr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 15928.18		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee	Date M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 10322 Strathmore Hall Apt 209	Amount 24.72
City State Zip Code North Bethesda MD 20852	

Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John M Spratt, Jr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 15928.18		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee	Date M M / D D / Y Y Y Y 10 / 02 / 2006
Mailing Address 10322 Strathmore Hall Apt 209	Amount 49.44
City State Zip Code North Bethesda MD 20852	

Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John M Spratt, Jr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 15928.18		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....	15767.49
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	
(carry total from last page forward to Line 7)	

26039230705

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Humane Society Legislative Fund

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address 10322 Strathmore Hall Apt 209	M / M / D D / Y Y Y Y 10 / 06 / 2006
City State Zip Code North Bethesda MD 20852	Amount 12.36

Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John M Spratt, Jr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 15928.18		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address 10322 Strathmore Hall Apt 209	M / M / D D / Y Y Y Y 10 / 10 / 2006
City State Zip Code North Bethesda MD 20852	Amount 4.94

Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John M Spratt, Jr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 15928.18		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address 10609 Democracy Lane	M / M / D D / Y Y Y Y 10 / 02 / 2006
City State Zip Code Potomac MD 20854	Amount 80.24

Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John M Spratt, Jr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 15928.18		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....	97.54
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	
(carry total from last page forward to Line 7)	

26039230706

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Humane Society Legislative Fund

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address 10609 Democracy Lane	M M / D D / Y Y Y Y 10 / 10 / 2006
City State Zip Code Potomac MD 20854	Amount 7.76

Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John M Spratt, Jr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 15928.18		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address 18809 Walkers Rd #5	M M / D D / Y Y Y Y 09 / 28 / 2006
City State Zip Code Gaithersburg MD 20879	Amount 8.97

Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John M Spratt, Jr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 15928.18		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address 18609 Walkers Rd #5	M M / D D / Y Y Y Y 10 / 03 / 2006
City State Zip Code Gaithersburg MD 20879	Amount 5.98

Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John M Spratt, Jr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 15928.18		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....	22.71
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	
(carry total from last page forward to Line 7)	

26039230707

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Humane Society Legislative Fund

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address 18609 Walkers Rd #5	M M / D D / Y Y Y Y 10 / 10 / 2006
City State Zip Code Gaithersburg MD 20879	Amount 11.96

Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John M Spratt, Jr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 15928.18		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address 18609 Walkers Rd #5	M M / D D / Y Y Y Y 10 / 11 / 2006
City State Zip Code Gaithersburg MD 20879	Amount 2.99

Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John M Spratt, Jr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 15928.18		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address 2703 Chanboume Way	M M / D D / Y Y Y Y 10 / 11 / 2006
City State Zip Code Vienna VA 22181	Amount 5.98

Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John M Spratt, Jr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 15928.18		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....	20.91
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	
(carry total from last page forward to Line 7)	

26039250708

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Humane Society Legislative Fund

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address 2212 29th Avenue South	M M / D D / Y Y Y Y 09 / 28 / 2006
City State Zip Code Seattle WA 98144	Amount 2.94

Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John M Spratt, Jr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 15928.18		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address 12501 Fingerboard Rd	M M / D D / Y Y Y Y 10 / 02 / 2006
City State Zip Code Monrovia MD 21770	Amount 6.18

Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John M Spratt, Jr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 15928.18		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address 1855 Murdock Court	M M / D D / Y Y Y Y 10 / 02 / 2006
City State Zip Code Frederick MD 21702	Amount 10.41

Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John M Spratt, Jr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 15928.18		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....	19.53
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	15928.18
(carry total from last page forward to Line 7)	

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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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-MAIL WEB PAGE</i>	Date of Receipt or Postmarked <i>11-18-06</i>

<i>JMP</i> PREPARER	<i>11-18-06</i> DATE PREPARED
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