

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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C90009358</div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 519 C St. NE		
(c) City, State and ZIP Code WASHINGTON DC 20002		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Individual filers only <div style="display: flex; justify-content: space-between;"> Name of Employer Occupation </div> <div style="display: flex; justify-content: space-between;"> N </div>	

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

M M
1 0

 /

D D
2 3

 /

Y Y Y Y
2 0 0 8

THROUGH

M M
1 0

 /

D D
2 3

 /

Y Y Y Y
2 0 0 8

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

1465.92

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

Janet Piatieski

10/24/2008

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **2 / 3**

FOR LINE 7 FOR FORM 5

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
1	0		2	3		2	0	0	8

Mailing Address
1627 A Street, NE

Amount

5.74

City
WashingtonState
DCZip Code
20002Purpose of Expenditure
Staff TimeCategory/
Type

Office Sought:

☒

House

State: MI

House

☐

Senate

District: 09☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Joseph K KnollenbergDisbursement For:
2008☐

Primary

☒

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

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

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	8

Mailing Address
1627 A Street, NE

Amount

5.74

City
WashingtonState
DCZip Code
20002Purpose of Expenditure
Staff TimeCategory/
Type

Office Sought:

☒

House

State: MI

House

☐

Senate

District: 09☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Gary PetersDisbursement For:
2008☐

Primary

☒

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

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

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	8

Mailing Address
1206 Maryland Avenue, NE

Amount

10.97

City
WashingtonState
DCZip Code
20002Purpose of Expenditure
Staff TimeCategory/
Type

Office Sought:

☒

House

State: MI

House

☐

Senate

District: 09☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Joseph K KnollenbergDisbursement For:
2008☐

Primary

☒

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

(a) **SUBTOTAL** of Itemized Independent Expenditures

22.45

(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 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

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

Mike Markarian

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	8

Mailing Address

1206 Maryland Avenue, NE

Amount

10.97

City

Washington

State

DC

Zip Code

20002

Purpose of Expenditure

Staff Time

Category/
Type

Office Sought:

☒ HouseState: MI

House

☐ Senate☐ PresidentDistrict: 09

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Gary Peters

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2008☐ Primary☒ General☐ Other (specify)

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

The Conspectus Network, Inc

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	8

Mailing Address

25574 Mimosa Tree Court

Amount

716.25

City

South Riding

State

VA

Zip Code

20152

Purpose of Expenditure

Campaign Even Expenses

Category/
Type

Office Sought:

☒ HouseState: MI

House

☐ Senate☐ PresidentDistrict: 09

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Joseph K Knollenberg

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2008☐ Primary☒ General☐ Other (specify)

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

The Conspectus Network, Inc

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	8

Mailing Address

25574 Mimosa Tree Court

Amount

716.25

City

South Riding

State

VA

Zip Code

20152

Purpose of Expenditure

Campaign Even Expenses

Category/
Type

Office Sought:

☒ HouseState: MI

House

☐ Senate☐ PresidentDistrict: 09

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Gary Peters

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2008☐ Primary☒ General☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

1443.47

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

1465.92