

# 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>Human Rights Campaign</b>		3. FEC Identification Number <b>C</b> C90012626
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1640 Rhode Island Ave NW		
(c) City, State and ZIP Code Washington DC 20036		
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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
James Rinefield	<i>James Rinefield</i> [Electronically Filed]	02/19/2016

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F5A

Transaction ID :

Amended to include state. Original filing: FEC-1048799

Form/Schedule:

Transaction ID:

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Human Rights Campaign

Full Name (Last, First, Middle Initial) of Payee API		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 28 / 2016	
Mailing Address 4471 Nicole Dr		Amount 15.50	
City Lanham	State MD	Zip Code 20706	
Purpose of Expenditure Buttons		Category/Type	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Rodham Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : D622730	

Full Name (Last, First, Middle Initial) of Payee Campus Coach Lines		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 05 / 2016	
Mailing Address 545 Fifth Ave		Amount 4700.00	
City New York	State NY	Zip Code 10017	
Purpose of Expenditure Bus for volunteers		Category/Type	Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Rodham Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : D622731	

Full Name (Last, First, Middle Initial) of Payee Fairfield Inn by Marriott Manchester		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 05 / 2016	
Mailing Address 860 S Porter St		Amount 249.61	
City Manchester	State NH	Zip Code 03103	
Purpose of Expenditure Hotel for volunteers		Category/Type	Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Rodham Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : D622751	

(a) SUBTOTAL of Itemized Independent Expenditures.....	4965.11
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Human Rights Campaign

Full Name (Last, First, Middle Initial) of Payee EconoLodge by Choice Hotels		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 05 / 2016	
Mailing Address 75 W Hancock St		Amount 7760.80	
City Manchester	State NH	Zip Code 03102	Transaction ID : D622752
Purpose of Expenditure Hotel for volunteers	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: NH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Rodham Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12710.41		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	7760.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	12725.91