

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			3. FEC Identification Number C C90009358
(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-			
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

M M	/	D D	/	Y Y Y Y

5. COVERING PERIOD:

FROM

M M	/	D D	/	Y Y Y Y
10		16		2014

THROUGH

M M	/	D D	/	Y Y Y Y
10		16		2014

6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES	14293.48

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

10/16/2014

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**

NAME OF FILER (In Full)
HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Humane Society Legislative Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 2100 L St NW Ste 310		Amount 77.00	
City Washington	State DC	Zip Code 20037-1525	
Purpose of Expenditure Staff time for mailer production		Category/ Type	Office Sought: <input type="checkbox"/> House State: IA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce L Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____	
		Transaction ID : A8EDA33A9C5DA4EA3A3	

Full Name (Last, First, Middle Initial) of Payee Humane Society of the United States		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 700 Professional Drive		Amount 1211.48	
City Gaithersburg	State MD	Zip Code 20879-3418	
Purpose of Expenditure List Rental for Mailer		Category/ Type	Office Sought: <input type="checkbox"/> House State: IA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce L Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____	
		Transaction ID : AF6061386F6454B67BDE	

Full Name (Last, First, Middle Initial) of Payee West Coast Public Affairs		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 16060 Ventura Blvd.		Amount 13005.00	
City Encino	State CA	Zip Code 91436-2761	
Purpose of Expenditure Production, printing and postage of mailer		Category/ Type	Office Sought: <input type="checkbox"/> House State: IA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce L Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____	
		Transaction ID : A4EC2C0D702EC45E3B3E	

(a) SUBTOTAL of Itemized Independent Expenditures.....	14293.48
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	14293.48