

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 C C90009358
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 500 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	Name of Employer Occupation	

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
0	5

 /

D	D
1	7

 /

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
0	5

 /

D	D
1	7

 /

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

1847.01

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
Sara Amundson		05/17/2008

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 EXPENDITURES**

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
0 5 / 1 7 / 2 0 0 8

Mailing Address
1627 A Street NE

Amount

286.79

City State Zip Code
Washington DC 20002

Purpose of Expenditure
Staff time

Category/
Type

Office Sought: House State: OR
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Jeff Merkley

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 1971.19

Disbursement For: Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 0 8

Mailing Address
5500 Sherrier Place, NW

Amount

225.22

City State Zip Code
Washington DC 20016

Purpose of Expenditure
Staff Time

Category/
Type

Office Sought: House State: OR
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Jeff Merkley

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 1971.19

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Valerie Anne Wyman Benka

Date

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 0 8

Mailing Address
1410 North Scott St.
Apartment 632

Amount

60.00

City State Zip Code
Arlington VA 22209

Purpose of Expenditure
temporary help

Category/
Type

Office Sought: House State: OR
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Jeff Merkley

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 1971.19

Disbursement For: Primary General
 Other (specify) _____

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

572.01

(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)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee
MSHC Partners, Inc.

Date

/ /

Mailing Address
1155 15th St., NW

Amount

City State Zip Code
Washington DC 20005

Purpose of Expenditure
Provided voter file and phone match

Category/
Type

Office Sought: House State: OR
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Jeff Merkley

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: Primary General
2008
 Other (specify) _____

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

(b) **SUBTOTAL** of Unitemized Independent Expenditures

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