

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 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	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	1

 /

D	D
0	1

 /

Y	Y	Y	Y
2	0	0	9

THROUGH

M	M
0	3

 /

D	D
3	1

 /

Y	Y	Y	Y
2	0	0	9

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

205.45

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		04/15/2009

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
Kristian Connolly

Date

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 9

Mailing Address
1712 Corcoran St., NW
Apt #6

Amount

12.26

City State Zip Code
Washington DC 20009

Purpose of Expenditure
Staff Time

Category/
Type

Office Sought: House State: NY
 Senate District: 20
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
James Tedisco

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 205.45

Disbursement For: Primary General
2009
 Other (specify)

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

Date

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 9

Mailing Address
1627 A Street, NE

Amount

5.74

City State Zip Code
Washington DC 20002

Purpose of Expenditure
Staff Time

Category/
Type

Office Sought: House State: NY
 Senate District: 20
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
James Tedisco

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 205.45

Disbursement For: Primary General
2009
 Other (specify)

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

Date

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 9

Mailing Address
1206 Maryland Avenue, NE

Amount

32.91

City State Zip Code
Washington DC 20002

Purpose of Expenditure
Staff Time

Category/
Type

Office Sought: House State: NY
 Senate District: 20
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
James Tedisco

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 205.45

Disbursement For: Primary General
2009
 Other (specify)

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

50.91

(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
Kristian Connolly

Date

/ /

Mailing Address
1712 Corcoran St., NW
Apt #6

Amount

City State Zip Code
Washington DC 20009

Purpose of Expenditure
Staff Time

Category/
Type

Office Sought: House State: NY
 Senate District: 20
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
James Tedisco

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: Primary General
 Other (specify) _____

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

Date

/ /

Mailing Address
1627 A Street, NE

Amount

City State Zip Code
Washington DC 20002

Purpose of Expenditure
Staff Time

Category/
Type

Office Sought: House State: NY
 Senate District: 20
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
James Tedisco

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: Primary General
 Other (specify) _____

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

Date

/ /

Mailing Address
1206 Maryland Avenue, NE

Amount

City State Zip Code
Washington DC 20002

Purpose of Expenditure
Staff Time

Category/
Type

Office Sought: House State: NY
 Senate District: 20
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
James Tedisco

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: Primary General
 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)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

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

Date

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 9

Mailing Address
5500 Sherier Place, NW

Amount

9.01

City State Zip Code
Washington DC 20016

Purpose of Expenditure
Staff Time

Category/
Type

Office Sought: House State: NY
 Senate District: 20
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
James Tedisco

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 205.45

Disbursement For: Primary General
2009
 Other (specify)

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

Date

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 9

Mailing Address
717 Fallsgrrove
#1133

Amount

95.66

City State Zip Code
Rockville MD 20850

Purpose of Expenditure
Staff Time

Category/
Type

Office Sought: House State: NY
 Senate District: 20
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
James Tedisco

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 205.45

Disbursement For: Primary General
2009
 Other (specify)

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

Date

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 9

Mailing Address
1513 Mass Avenue, SE

Amount

6.32

City State Zip Code
Washington DC 20003

Purpose of Expenditure
Staff Time

Category/
Type

Office Sought: House State: NY
 Senate District: 20
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
James Tedisco

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 205.45

Disbursement For: Primary General
2009
 Other (specify)

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

110.99

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

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

205.45