

**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 <b>HUMANE SOCIETY LEGISLATIVE FUND</b>		3. FEC Identification Number <b>C</b> <b>C90009358</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2100 L Street, NW		
(c) City, State and ZIP Code WASHINGTON DC 20037		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report  
☐ October 15 Quarterly Report  
☒ January 31 Year-End Report  
☐ 24-Hour Report  
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

## 5. COVERING PERIOD: FROM

M M	/	D D	/	Y Y Y Y Y Y
10		01		2012

THROUGH

M M	/	D D	/	Y Y Y Y Y Y
12		31		2012

6. TOTAL CONTRIBUTIONS .....

0

7. TOTAL INDEPENDENT EXPENDITURES .....

1300252.88

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. 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

*[Electronically Filed]*

Janet Piatetski

Janet Piatetski

01/30/2013

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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 30 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Howard L Berman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2305.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 30 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Howard L Berman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2311.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 30 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Howard L Berman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2319.5		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

26.43

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 01 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 250	
City Portland	State OR	Zip Code 97205	
Purpose of Expenditure Mass Mailings		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 30 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Howard L Berman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2569.5		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 30 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Howard L Berman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2581.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 34.35	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 30 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Howard L Berman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2615.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		296.43	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 30.4	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 30 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Howard L Berman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2646.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 1538	
City Portland	State OR	Zip Code 97205	
Purpose of Expenditure Mass Mailings		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 30 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Howard L Berman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4184.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 2492.13	
City Washington	State DC	Zip Code 20016	
Purpose of Expenditure Solicitation & Fundraising Exp		Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 30 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Howard L Berman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6676.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

4060.53

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 17 / 2012
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 555.33
City Washington	State DC	Zip Code 20016
Purpose of Expenditure Solicitation & Fundraising Exp		Category/ Type 003
Name of Federal Candidate Supported or Opposed by Expenditure: Howard L Berman		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 30 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 7231.79		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 1220 SW Morrison St #910		Amount 7221.65
City Portland	State OR	Zip Code 97205
Purpose of Expenditure Mass Mailings		Category/ Type 006
Name of Federal Candidate Supported or Opposed by Expenditure: Howard L Berman		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 30 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 14453.44		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 2100 L Street NW Suite 310		Amount 24.32
City Washington	State DC	Zip Code 20037
Purpose of Expenditure Staff Time		Category/ Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Howard L Berman		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 30 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 14477.76		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

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

7801.30

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 30 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Howard L Berman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14491.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 30 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Howard L Berman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14497.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Diners Club International		Date MM / DD / YYYY 10 / 01 / 2012	
Mailing Address P O Box 6935		Amount 86.8	
City The Lalces	State NV	Zip Code 89901	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 30 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Howard L Berman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14583.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		106.09	
(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dina Titus		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 2012 <input type="checkbox"/> Other (specify) _____	
12.08			
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dina Titus		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 2012 <input type="checkbox"/> Other (specify) _____	
36.4			
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dina Titus		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 2012 <input type="checkbox"/> Other (specify) _____	
50.18			

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

50.18

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dina Titus		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 56.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dina Titus		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 61.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 31 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: James P Moran		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

23.75

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 31 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: James P Moran		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 25.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: James P Moran		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 31.45		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Gary Peters		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

31.37

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

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

Sara Amundson

Date

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Mailing Address

2100 L Street NW

Suite 310

Amount

				24.32
--	--	--	--	-------

Transaction ID : 2412772

Purpose of Expenditure

Staff Time

Category/  
Type

001

Office Sought:

☒

House

State: MI

☐

Senate

District: 14

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Gary Peters

Calendar Year-To-Date Per Election  
for Office Sought

				36.4
--	--	--	--	------

Disbursement For:

☐

Primary

☒

General

☐ 2012  
☐ Other (specify) ▶

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

Scott Tucker

Date

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Mailing Address

2100 L Street NW

Suite 310

Amount

				13.78
--	--	--	--	-------

Transaction ID : 2412773

Purpose of Expenditure

Staff Time

Category/  
Type

001

Office Sought:

☒

House

State: MI

☐

Senate

District: 14

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Gary Peters

Calendar Year-To-Date Per Election  
for Office Sought

				50.18
--	--	--	--	-------

Disbursement For:

☐

Primary

☒

General

☐ 2012  
☐ Other (specify) ▶

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

Sahar Eshghi

Date

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Mailing Address

2100 L Street NW

Suite 310

Amount

				6.08
--	--	--	--	------

Transaction ID : 2412774

Purpose of Expenditure

Staff Time

Category/  
Type

001

Office Sought:

☒

House

State: MI

☐

Senate

District: 14

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Gary Peters

Calendar Year-To-Date Per Election  
for Office Sought

				56.26
--	--	--	--	-------

Disbursement For:

☐

Primary

☒

General

☐ 2012  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

				44.18
--	--	--	--	-------

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

--	--	--	--	--

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

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**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Gary Peters		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 61.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Conyers		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Conyers		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 36.4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

41.91

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

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

Scott Tucker

Date

MM / DD / YYYY  
10 / 24 / 2012

Mailing Address

2100 L Street NW

Suite 310

Amount

13.78

Transaction ID : 2412769

Purpose of Expenditure

Staff Time

Category/  
Type

001

Office Sought:

☒

House

State: MI

☐

Senate

District: 13

☐

President

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

John Conyers

Disbursement For:

☐ Primary☒ General2012  
☐ Other (specify) ▶Calendar Year-To-Date Per Election  
for Office Sought

50.18

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

Sahar Eshghi

Date

MM / DD / YYYY  
10 / 24 / 2012

Mailing Address

2100 L Street NW

Suite 310

Amount

6.08

Transaction ID : 2412770

Purpose of Expenditure

Staff Time

Category/  
Type

001

Office Sought:

☒

House

State: MI

☐

Senate

District: 13

☐

President

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

John Conyers

Disbursement For:

☐ Primary☒ General2012  
☐ Other (specify) ▶Calendar Year-To-Date Per Election  
for Office Sought

56.26

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

Scott Tucker

Date

MM / DD / YYYY  
11 / 05 / 2012

Mailing Address

2100 L Street NW

Suite 310

Amount

5.51

Transaction ID : 2412946

Purpose of Expenditure

Staff Time

Category/  
Type

001

Office Sought:

☒

House

State: MI

☐

Senate

District: 13

☐

President

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

John Conyers

Disbursement For:

☐ Primary☒ General2012  
☐ Other (specify) ▶Calendar Year-To-Date Per Election  
for Office Sought

61.77

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

25.37

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jared Huffman		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 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jared Huffman		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 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jared Huffman		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 2012 <input type="checkbox"/> Other (specify) _____	

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

43.61

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 28 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tony Cardenas		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 24.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 28 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tony Cardenas		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 38.1		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 28 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tony Cardenas		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 43.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		43.61	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Martin Heinrich		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 24.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Martin Heinrich		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 38.1		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Martin Heinrich		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 43.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		43.61	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		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 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		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 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		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 2012 <input type="checkbox"/> Other (specify) _____	

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

26.43

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Lagana Printing		Date MM / DD / YYYY 10 / 06 / 2012	
Mailing Address PO Box 911		Amount 1400	
City Edgewater	State MD	Zip Code 21037	Transaction ID : 2412454
Purpose of Expenditure Door hangers, leaflets	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 16
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1426.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 06 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412455
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 16
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1438.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 06 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412456
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 16
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1444.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

1418.16

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Dane Waters		Date MM / DD / YYYY 10 / 06 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 10.42	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1455.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 06 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 10.13	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1465.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1477.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

32.63

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412508
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 16
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1494.4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 2.03	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412509
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 16
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1496.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Heather Sullivan		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 19.09	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412510
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 16
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1515.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

38.30

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1521.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 60.41	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1581.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1605.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		90.24	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1617.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1623.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 13094.94	
City Portland	State OR	Zip Code 97205	
Purpose of Expenditure Mass Mailings		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14718.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		13113.10	
(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 379.96	
City Washington	State DC	Zip Code 20016	Transaction ID : 2412682
Purpose of Expenditure Solicitation & Fundraising Exp	Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 16
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 15098.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 1148.8	
City Washington	State DC	Zip Code 20016	Transaction ID : 2412683
Purpose of Expenditure Solicitation & Fundraising Exp	Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 16
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 16247.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 3000	
City Portland	State OR	Zip Code 97205	Transaction ID : 2412684
Purpose of Expenditure Mass Mailings	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 16
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 19247.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		4528.76	
(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 31 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 24543.86	
City Portland	State OR	Zip Code 97205	
Purpose of Expenditure Mass Mailings		Category/ Type 006	Transaction ID : 2412847
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 43791.48		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 11 / 01 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412932
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 43803.64		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 11 / 01 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.1	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412933
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 43811.74		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		24564.12	
(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 01 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 43825.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 43831.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Lagana Printing		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address PO Box 911		Amount 600	
City Edgewater	State MD	Zip Code 21037	
Purpose of Expenditure Door hangers, leaflets		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty S Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 44431.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

619.29

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Roscoe G Bartlett		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 2012 <input type="checkbox"/> Other (specify) _____	
12.08			
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Roscoe G Bartlett		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 2012 <input type="checkbox"/> Other (specify) _____	
18.16			
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Roscoe G Bartlett		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 2012 <input type="checkbox"/> Other (specify) _____	
26.43			

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

26.43

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Roscoe G Bartlett		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 38.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Roscoe G Bartlett		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 44.1		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 18 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Anthony A Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 71.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

41.83

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 18 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Anthony A Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 77.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Candidate Command, LLC		Date MM / DD / YYYY 10 / 18 / 2012	
Mailing Address 1831 NW Vivion Suite 101		Amount 45593	
City Riverside	State MO	Zip Code 64150	
Purpose of Expenditure Printing		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Anthony A Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 45670.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Axiom Strategies, LLC		Date MM / DD / YYYY 10 / 18 / 2012	
Mailing Address 1251 NW Briarcliff Pkwy Ste 85		Amount 4686.83	
City Kansas City	State MO	Zip Code 64116	
Purpose of Expenditure Phone poll		Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Anthony A Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 50357.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

50285.91

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee  
Candidate Command, LLC

Date

MM / DD / YYYY  
10 / 22 / 2012Mailing Address  
1831 NW Vivion  
Suite 101

Amount

45593

Transaction ID : 2412668

Purpose of Expenditure  
PrintingCategory/  
Type 006Office Sought: ☒ House State: CA  
☐ Senate District: 26  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Anthony A StricklandCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 95950.76Disbursement For: ☐ Primary ☒ General  
2012  
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee  
Michael Markarian

Date

MM / DD / YYYY  
10 / 22 / 2012Mailing Address  
2100 L Street NW  
Suite 310

Amount

24.16

Transaction ID : 2412669

Purpose of Expenditure  
Staff TimeCategory/  
Type 001Office Sought: ☒ House State: CA  
☐ Senate District: 26  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Anthony A StricklandCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 95974.92Disbursement For: ☐ Primary ☒ General  
2012  
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee  
Sara Amundson

Date

MM / DD / YYYY  
10 / 22 / 2012Mailing Address  
2100 L Street NW  
Suite 310

Amount

6.08

Transaction ID : 2412670

Purpose of Expenditure  
Staff TimeCategory/  
Type 001Office Sought: ☒ House State: CA  
☐ Senate District: 26  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Anthony A StricklandCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 95981Disbursement For: ☐ Primary ☒ General  
2012  
☐ Other (specify) ▶(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶

45623.24

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Anthony A Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 95998.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Anthony A Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 96010.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Anthony A Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 96027.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... 46.44			
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....			
<b>(c) TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412728
Name of Federal Candidate Supported or Opposed by Expenditure: Anthony A Strickland		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 96033.52		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 4.05	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412729
Name of Federal Candidate Supported or Opposed by Expenditure: Anthony A Strickland		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 96037.57		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Candidate Command, LLC		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 1831 NW Vivion Suite 101		Amount 7542	
City Riverside	State MO	Zip Code 64150	
Purpose of Expenditure Printing		Category/ Type 006	Transaction ID : 2412730
Name of Federal Candidate Supported or Opposed by Expenditure: Anthony A Strickland		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 103579.57		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		7552.13	
(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412912
Name of Federal Candidate Supported or Opposed by Expenditure: Anthony A Strickland		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 103603.89		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412913
Name of Federal Candidate Supported or Opposed by Expenditure: Anthony A Strickland		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 103617.67		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412953
Name of Federal Candidate Supported or Opposed by Expenditure: Anthony A Strickland		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 103623.18		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	43.61
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Holly Gann		Date MM / DD / YYYY 10 / 01 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 1.88	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 101647.4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 01 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 2.03	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 101649.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 01 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 101673.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		28.07	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			



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**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 01 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 101690.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Dane Waters		Date MM / DD / YYYY 10 / 01 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 10.42	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 101701.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Holly Gann		Date MM / DD / YYYY 10 / 02 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 1.88	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 101703.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		29.48	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 34 OF 225  
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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 02 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 2.03	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 101705.1		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Holly Gann		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 1.88	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 101706.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Holly Gann		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 3.75	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 101710.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		7.66	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)			

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**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Dane Waters		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 10.42	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412342
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 101721.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Carter Printing Company Inc		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 1739 East Grand Avenue		Amount 848	
City Des Moines	State IA	Zip Code 50316	Transaction ID : 2412343
Purpose of Expenditure Printing	Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 102569.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Lagana Printing		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address PO Box 911		Amount 150	
City Edgewater	State MD	Zip Code 21037	Transaction ID : 2412344
Purpose of Expenditure Door hangers, leaflets	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 102719.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		1008.42	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)			

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**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 102731.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 102737.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 102751.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

31.94

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

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**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Holly Gann			Date MM / DD / YYYY 10 / 06 / 2012	
Mailing Address 2100 L Street NW Suite 310			Amount 1.88	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412348	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 102752.97			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Holly Gann			Date MM / DD / YYYY 10 / 07 / 2012	
Mailing Address 2100 L Street NW Suite 310			Amount 1.88	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412349	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 102754.85			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Rachel Query			Date MM / DD / YYYY 10 / 08 / 2012	
Mailing Address 2100 L Street NW Suite 310			Amount 26.58	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412350	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 102781.43			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

30.34

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 102805.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 34.35	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 102839.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 102846.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

64.59

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Dane Waters		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 10.42	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 102856.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Joe Trippi & Associates		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 606A N. Talbot St. Suite 303		Amount 366000	
City St. Michaels	State MD	Zip Code 21663	
Purpose of Expenditure Advertising		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 468856.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Joe Trippi & Associates		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 606A N. Talbot St. Suite 303		Amount 8000	
City St. Michaels	State MD	Zip Code 21663	
Purpose of Expenditure Advertising		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 476856.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

374010.42

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

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**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 476880.6		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 476886.68		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 27.56	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 476914.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		57.80	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			



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**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Rachel Query		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 159.46	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 477073.7		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Holly Gann		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 1.88	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 477075.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Holly Gann		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 3.75	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 477079.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

165.09

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 60.41	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 477139.74		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 477156.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 477163		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

83.67

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 477171.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Carter Printing Company Inc		Date MM / DD / YYYY 10 / 13 / 2012	
Mailing Address 1739 East Grand Avenue		Amount 540.6	
City Des Moines	State IA	Zip Code 50316	
Purpose of Expenditure Printing		Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 477711.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 13 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 477723.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

560.95

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Dane Waters		Date MM / DD / YYYY 10 / 13 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 15.63	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 477739.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Rachel Query		Date MM / DD / YYYY 10 / 10 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 53.15	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 477792.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 477816.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

92.94

(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**PAGE 45 OF 225  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412527
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 477834.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412528
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 477840.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Dane Waters		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.21	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412529
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 477845.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

28.47

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Joe Trippi & Associates		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 606A N. Talbot St. Suite 303		Amount 10000	
City St. Michaels	State MD	Zip Code 21663	Transaction ID : 2412530
Purpose of Expenditure Advertising	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 487845.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee NRI, Inc.		Date MM / DD / YYYY 10 / 02 / 2012	
Mailing Address 11400 Rockville Pike Suite 820		Amount 1100	
City Rockville	State MD	Zip Code 20852	Transaction ID : 2412531
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 488945.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Ames Tribune		Date MM / DD / YYYY 10 / 11 / 2012	
Mailing Address P. O. Box 380 317 Fifth St		Amount 15.33	
City Ames	State IA	Zip Code 50010	Transaction ID : 2412532
Purpose of Expenditure Transportation, lodging	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 488960.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

11115.33

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Southgate Expresse		Date MM / DD / YYYY 10 / 11 / 2012	
Mailing Address 110 Airport Rd		Amount 42.73	
City Ames	State IA	Zip Code 50010	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2412533
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 489003.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Southgate Expresse		Date MM / DD / YYYY 10 / 11 / 2012	
Mailing Address 110 Airport Rd		Amount 39	
City Ames	State IA	Zip Code 50010	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2412534
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 489042.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Shell		Date MM / DD / YYYY 10 / 11 / 2012	
Mailing Address JCT HWY 3 & I-35		Amount 39.95	
City Latimer	State IA	Zip Code 50452	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2412535
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 489082.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	121.68
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Egencia, LLC		Date MM / DD / YYYY 10 / 11 / 2012	
Mailing Address 333 108th Ave, NE		Amount 1025.49	
City Bellevue	State WA	Zip Code 98004	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 490107.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Diners Club International		Date MM / DD / YYYY 10 / 01 / 2012	
Mailing Address P O Box 6935		Amount 440.3	
City The Laces	State NV	Zip Code 88901	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 490548.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Diners Club International		Date MM / DD / YYYY 10 / 08 / 2012	
Mailing Address P O Box 6935		Amount 440.3	
City The Laces	State NV	Zip Code 88901	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 490988.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

1906.09

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412539
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 491005.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Lagana Printing		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address PO Box 911		Amount 571	
City Edgewater	State MD	Zip Code 21037	Transaction ID : 2412571
Purpose of Expenditure Door hangers, leaflets	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 491576.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412573
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 491588.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

600.26

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 491594.8		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 2.03	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 491596.83		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Steve Ann Chambers		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 78.15	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 491674.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

86.26

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Anna West		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 9.13	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 491684.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 18 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 4.05	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 491688.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee NRI, Inc.		Date MM / DD / YYYY 10 / 18 / 2012	
Mailing Address 11400 Rockville Pike Suite 820		Amount 1100	
City Rockville	State MD	Zip Code 20852	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 492788.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		1113.18	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Joe Trippi & Associates		Date MM / DD / YYYY 10 / 18 / 2012	
Mailing Address 606A N. Talbot St. Suite 303		Amount 0	
City St. Michaels	State MD	Zip Code 21663	Transaction ID : 2412605
Purpose of Expenditure Advertising	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 492788.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 48.32	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412651
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 492836.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 34.35	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412652
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 492870.83		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

82.67

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 18.24	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 492889.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Dane Waters		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.21	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 492894.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Heather Sullivan		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 15.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 492909.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

38.72

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 492917.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Joe Trippi & Associates		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 606A N. Talbot St. Suite 303		Amount 2368.64	
City St. Michaels	State MD	Zip Code 21663	
Purpose of Expenditure Advertising		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 495286.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Joe Trippi & Associates		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 606A N. Talbot St. Suite 303		Amount 15000	
City St. Michaels	State MD	Zip Code 21663	
Purpose of Expenditure Advertising		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 510286.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

17376.91

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 510310.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Dane Waters		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.21	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 510315.83		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Campaign Tel LTD		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 205 East 16th Street Suite 3A		Amount 42000	
City New York	State NY	Zip Code 10003	
Purpose of Expenditure Phone bank		Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 552315.83		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

42029.37

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 552339.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 552346.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Dane Waters		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 15.63	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 552361.7		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

45.87

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Diners Club International		Date MM / DD / YYYY 10 / 14 / 2012	
Mailing Address P O Box 6935		Amount 440.3	
City The Lalles	State NV	Zip Code 88901	Transaction ID : 2412696
Purpose of Expenditure Transportation, lodging	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 552802		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Diners Club International		Date MM / DD / YYYY 10 / 21 / 2012	
Mailing Address P O Box 6935		Amount 440.3	
City The Lalles	State NV	Zip Code 88901	Transaction ID : 2412697
Purpose of Expenditure Transportation, lodging	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 553242.3		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee West Coast Public Affairs		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 15840 Ventura Boulevard Suite 301		Amount 38176.34	
City Encino	State CA	Zip Code 91436	Transaction ID : 2412698
Purpose of Expenditure Mass Mailings	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 591418.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

39056.94

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 591442.8		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 591448.88		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Dane Waters		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 10.42	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 591459.3		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

40.66

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee West Coast Public Affairs		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 15840 Ventura Boulevard Suite 301		Amount 38176.33	
City Encino	State CA	Zip Code 91436	
Purpose of Expenditure Mass Mailings		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 629635.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 629659.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 629665.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

38206.57

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Dane Waters		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 10.42	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412818
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 629676.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee West Coast Public Affairs		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 15840 Ventura Boulevard Suite 301		Amount 70591.74	
City Encino	State CA	Zip Code 91436	Transaction ID : 2412819
Purpose of Expenditure Mass Mailings	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 700268.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee Campaign Tel LTD		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 205 East 16th Street Suite 3A		Amount 42000	
City New York	State NY	Zip Code 10003	Transaction ID : 2412820
Purpose of Expenditure Phone bank	Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 742268.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

112602.16

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Iowa State University Memorial Union		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2229 Lincoln Way		Amount 4.25	
City Ames	State IA	Zip Code 50011	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2412821
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House    State: IA <input type="checkbox"/> Senate    District: 04 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 742272.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Iowa State University Memorial Union		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2229 Lincoln Way		Amount 3	
City Ames	State IA	Zip Code 50011	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2412822
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House    State: IA <input type="checkbox"/> Senate    District: 04 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 742275.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Southgate Expresse		Date MM / DD / YYYY 10 / 20 / 2012	
Mailing Address 110 Airport Rd		Amount 31.37	
City Ames	State IA	Zip Code 50010	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2412823
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House    State: IA <input type="checkbox"/> Senate    District: 04 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 742306.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		38.62	
(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Southgate Expresse		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 110 Airport Rd		Amount 24.49	
City Ames	State IA	Zip Code 50010	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2412824
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 742331.14		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Carter Printing Company Inc		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 1739 East Grand Avenue		Amount 167.48	
City Des Moines	State IA	Zip Code 50316	
Purpose of Expenditure Printing		Category/ Type 003	Transaction ID : 2412825
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 742498.62		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Hy-Vee Gas		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 727 Grand Ave		Amount 26.05	
City Spencer	State IA	Zip Code 51301	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2412827
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 742524.67		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

218.02

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 36.24	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 742560.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 85.88	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 742646.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 742652.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

128.20

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Heather Sullivan		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 19.09	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 742671.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 4.05	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 742676.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 742684.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

31.41

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 742696.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Dane Waters		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 10.42	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 742706.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Mineral City		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 2621 5th Ave S		Amount 22.71	
City Fort Dodge	State IA	Zip Code 50501	
Purpose of Expenditure Travel - meals		Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 742729.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

45.21

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Vesuvius		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 1620 S. Kellogg		Amount 27.29	
City Ames	State IA	Zip Code 50010	
Purpose of Expenditure Travel - meals		Category/ Type 002	Transaction ID : 2412837
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 742756.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Chili's Grill and Bar		Date MM / DD / YYYY 10 / 28 / 2012	
Mailing Address 2601 SE Delaware		Amount 22.2	
City Ankeny	State IA	Zip Code 50021	
Purpose of Expenditure Travel - meals		Category/ Type 002	Transaction ID : 2412838
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 742778.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Grandstay Residential Suites		Date MM / DD / YYYY 10 / 28 / 2012	
Mailing Address 1606 South Kellogg Ave		Amount 106.3	
City Ames	State IA	Zip Code 50010	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2412839
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 742885.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	155.79
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 31 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 742909.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 31 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 742926.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 31 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 18.24	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 742944.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

59.58

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Dane Waters		Date MM / DD / YYYY 10 / 31 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.21	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 742950.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 31 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 2.03	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 742952.1		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Heather Sullivan		Date MM / DD / YYYY 10 / 31 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 19.09	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 742971.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

26.33

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 31 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 742979.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 11 / 02 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 36.24	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 743015.7		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 11 / 03 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 486.47	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 743502.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

530.98

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 11 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 486.47	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 743988.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 11 / 02 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 744005.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 02 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 744014.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		511.92	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Heather Sullivan		Date MM / DD / YYYY 11 / 02 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 7.63	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 744021.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee John Balzar		Date MM / DD / YYYY 11 / 02 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 9.7	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 744031.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 11 / 02 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 4.06	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 744035.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

21.39

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Delta Air Lines, Inc.		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address P.O. Box 20706		Amount 289.1	
City Atlanta	State GA	Zip Code 30320	
Purpose of Expenditure Transportation		Category/ Type 002	Transaction ID : 2412787
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 744324.58		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Carter Printing Company Inc		Date MM / DD / YYYY 11 / 02 / 2012	
Mailing Address 1739 East Grand Avenue		Amount 429.3	
City Des Moines	State IA	Zip Code 50316	
Purpose of Expenditure Printing		Category/ Type 003	Transaction ID : 2412788
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 744753.88		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Delta Air Lines, Inc.		Date MM / DD / YYYY 11 / 01 / 2012	
Mailing Address P.O. Box 20706		Amount 1022.4	
City Atlanta	State GA	Zip Code 30320	
Purpose of Expenditure Transportation		Category/ Type 002	Transaction ID : 2412789
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 745776.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

1740.80

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Egencia, LLC		Date MM / DD / YYYY 11 / 02 / 2012	
Mailing Address 333 108th Ave, NE		Amount 1442.86	
City Bellevue	State WA	Zip Code 98004	Transaction ID : 2412790
Purpose of Expenditure Transportation, lodging	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 747219.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Diners Club International		Date MM / DD / YYYY 11 / 02 / 2012	
Mailing Address P O Box 6935		Amount 701.8	
City The Lalces	State NV	Zip Code 88901	Transaction ID : 2412791
Purpose of Expenditure Transportation, lodging	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 747920.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Mineral City		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 2621 5th Ave S		Amount 6	
City Fort Dodge	State IA	Zip Code 50501	Transaction ID : 2412919
Purpose of Expenditure Travel - meals	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 747926.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		2150.66	
(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**PAGE 74 OF 225  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Diners Club International		Date MM / DD / YYYY 11 / 01 / 2012	
Mailing Address P O Box 6935		Amount 120	
City The Lalces	State NV	Zip Code 88901	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2412920
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 748046.94		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Hotels.com LP		Date MM / DD / YYYY 11 / 02 / 2012	
Mailing Address 10440 North Central Expressway Suite 400		Amount 270.08	
City Dallas	State TX	Zip Code 75231	
Purpose of Expenditure Lodging		Category/ Type 002	Transaction ID : 2412921
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 748317.02		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Diners Club International		Date MM / DD / YYYY 11 / 04 / 2012	
Mailing Address P O Box 6935		Amount 87.46	
City The Lalces	State NV	Zip Code 88901	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2412922
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 748404.48		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		477.54	
(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Target		Date MM / DD / YYYY 10 / 28 / 2012	
Mailing Address 320 South Duff Ave		Amount 9.14	
City Ames	State IA	Zip Code 50010	
Purpose of Expenditure Travel - supplies		Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 748413.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Staples		Date MM / DD / YYYY 11 / 03 / 2012	
Mailing Address 1333 Buckeye Road		Amount 54.42	
City Ames	State IA	Zip Code 50010	
Purpose of Expenditure Travel - supplies		Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 748468.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Grandstay Residential Suites		Date MM / DD / YYYY 10 / 28 / 2012	
Mailing Address 1606 South Kellogg Ave		Amount 440.3	
City Ames	State IA	Zip Code 50010	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 748908.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

503.86

(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**PAGE 76 OF 225  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Grandstay Residential Suites		Date MM / DD / YYYY 11 / 04 / 2012	
Mailing Address 1606 South Kellogg Ave		Amount 440.3	
City Ames	State IA	Zip Code 50010	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2412926
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 749348.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Kum & Go		Date MM / DD / YYYY 11 / 01 / 2012	
Mailing Address 203 Welch Ave		Amount 29.89	
City Ames	State IA	Zip Code 50010	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2412927
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 749378.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Walmart		Date MM / DD / YYYY 11 / 03 / 2012	
Mailing Address 334 South Duff Ave		Amount 11.67	
City Ames	State IA	Zip Code 50010	
Purpose of Expenditure Travel - supplies		Category/ Type 002	Transaction ID : 2412928
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 749390.2		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures.....		481.86	
(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Southgate Expresse		Date MM / DD / YYYY 10 / 28 / 2012	
Mailing Address 110 Airport Rd		Amount 36.75	
City Ames	State IA	Zip Code 50010	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2412929
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 749426.95		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Egencia, LLC		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 333 108th Ave, NE		Amount 1104.07	
City Bellevue	State WA	Zip Code 98004	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2412930
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 750531.02		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 486.47	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412931
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 751017.49		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

1627.29

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Ames Tribune		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address P. O. Box 380 317 Fifth St		Amount 15.33	
City Ames	State IA	Zip Code 50010	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2412996
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 751032.82		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee The Sioux City Journal		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 515 Pavonia St		Amount 6.95	
City Sioux City	State IA	Zip Code 51102	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2412997
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 751039.77		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee The Des Moines Register		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 715 Locust Register		Amount 10	
City Des Moines	State IA	Zip Code 50309	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2412998
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 751049.77		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

32.28

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Diners Club International		Date MM / DD / YYYY 11 / 06 / 2012	
Mailing Address P O Box 6935		Amount 146.65	
City The Dalles	State NV	Zip Code 88901	Transaction ID : 2412999
Purpose of Expenditure Transportation, lodging	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 751196.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Carter Printing Company Inc		Date MM / DD / YYYY 11 / 06 / 2012	
Mailing Address 1739 East Grand Avenue		Amount 960.36	
City Des Moines	State IA	Zip Code 50316	Transaction ID : 2413000
Purpose of Expenditure Printing	Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 752156.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 11 / 06 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 486.47	
City Washington	State DC	Zip Code 20037	Transaction ID : 2413001
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 752643.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

1593.48

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Swiftshop		Date MM / DD / YYYY 11 / 07 / 2012	
Mailing Address 3406 Lincoln Way		Amount 32.69	
City Ames	State IA	Zip Code 50010	
Purpose of Expenditure Transportation		Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 752675.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Staples		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 1333 Buckeye Road		Amount 6.71	
City Ames	State IA	Zip Code 50010	
Purpose of Expenditure Travel - supplies		Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 752682.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Casey's General Store		Date MM / DD / YYYY 11 / 06 / 2012	
Mailing Address 8991 86th St		Amount 9.51	
City Urbandale	State IA	Zip Code 50322	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 752692.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		48.91	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)			



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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 81 OF 225  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Phillips 66		Date MM / DD / YYYY 11 / 07 / 2012	
Mailing Address 5901 Fleur Dr		Amount 15.59	
City Des Moines	State IA	Zip Code 50231	
Purpose of Expenditure Transportation		Category/ Type 002	Transaction ID : 2413005
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 752707.74		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Vesuvius		Date MM / DD / YYYY 11 / 06 / 2012	
Mailing Address 1620 S. Kellogg		Amount 25.41	
City Ames	State IA	Zip Code 50010	
Purpose of Expenditure Travel - meals		Category/ Type 002	Transaction ID : 2413006
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 752733.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Starbucks		Date MM / DD / YYYY 11 / 07 / 2012	
Mailing Address MSP International Airport		Amount 5.63	
City Minneapolis	State MN	Zip Code 55450	
Purpose of Expenditure Travel - meals		Category/ Type 002	Transaction ID : 2413007
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 752738.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures.....		46.63	
(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Culver's		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 551 S Monroe Ave		Amount 14.19	
City Mason City	State IA	Zip Code 50401	
Purpose of Expenditure Travel - meals		Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 752752.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee The Quarry		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 10 South Federal Avenue		Amount 46	
City Mason City	State IA	Zip Code 50401	
Purpose of Expenditure Travel - meals		Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 752798.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wok N roll		Date MM / DD / YYYY 11 / 07 / 2012	
Mailing Address MSP International Airport		Amount 24.42	
City Minneapolis	State MN	Zip Code 55450	
Purpose of Expenditure Travel - meals		Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 752823.39		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		84.61	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Regency Taxi Inc		Date MM / DD / YYYY 11 / 07 / 2012	
Mailing Address 8210 Beechcraft Avenue		Amount 14	
City Gaithersburg	State MD	Zip Code 20879	Transaction ID : 2413011
Purpose of Expenditure Transportation	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 752837.39		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Taco Tico Mexican		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 319 S. 29th St		Amount 7.9	
City Fort Dodge	State IA	Zip Code 50501	Transaction ID : 2413012
Purpose of Expenditure Travel - meals	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 752845.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Kum & Go		Date MM / DD / YYYY 11 / 03 / 2012	
Mailing Address 203 Welch Ave		Amount 7.56	
City Ames	State IA	Zip Code 50010	Transaction ID : 2413013
Purpose of Expenditure Transportation, lodging	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 752852.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		29.46	
(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Hy-Vee Gas		Date MM / DD / YYYY 11 / 01 / 2012	
Mailing Address 727 Grand Ave		Amount 83.41	
City Spencer	State IA	Zip Code 51301	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2413014
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 752936.26		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee The Lantern		Date MM / DD / YYYY 11 / 03 / 2012	
Mailing Address 1303 South Federal Avenue		Amount 39.1	
City Mason City	State IA	Zip Code 50401	
Purpose of Expenditure Travel - meals		Category/ Type 002	Transaction ID : 2413015
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 752975.36		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Delta Air Lines, Inc.		Date MM / DD / YYYY 11 / 07 / 2012	
Mailing Address P.O. Box 20706		Amount 25	
City Atlanta	State GA	Zip Code 30320	
Purpose of Expenditure Transportation		Category/ Type 002	Transaction ID : 2413016
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 753000.36		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

147.51

(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**PAGE 85 OF 225  
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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Holiday Inn		Date MM / DD / YYYY 11 / 04 / 2012	
Mailing Address 3041 4th St		Amount 145.59	
City Mason City	State IA	Zip Code 50401	
Purpose of Expenditure Lodging		Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 753145.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Kum & Go		Date MM / DD / YYYY 11 / 04 / 2012	
Mailing Address 203 Welch Ave		Amount 30.39	
City Ames	State IA	Zip Code 50010	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 753176.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Prime N Wine		Date MM / DD / YYYY 11 / 04 / 2012	
Mailing Address 3000 4th St		Amount 61.46	
City Mason City	State IA	Zip Code 50401	
Purpose of Expenditure Travel - meals		Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 753237.8		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		237.44	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Jimmy Johns		Date MM / DD / YYYY 11 / 04 / 2012	
Mailing Address 1907 4th St SW		Amount 17.48	
City Mason City	State IA	Zip Code 50401	
Purpose of Expenditure Travel - meals		Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 753255.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Holiday Inn		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 3041 4th St		Amount 134.39	
City Mason City	State IA	Zip Code 50401	
Purpose of Expenditure Lodging		Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 753389.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Kum & Go		Date MM / DD / YYYY 11 / 06 / 2012	
Mailing Address 203 Welch Ave		Amount 38.64	
City Ames	State IA	Zip Code 50010	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 753428.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		190.51	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Diners Club International		Date MM / DD / YYYY 11 / 07 / 2012	
Mailing Address P O Box 6935		Amount 324.02	
City The Dalles	State NV	Zip Code 88901	Transaction ID : 2413023
Purpose of Expenditure Transportation, lodging	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 753752.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee AP/Wide World Photos		Date MM / DD / YYYY 10 / 01 / 2012	
Mailing Address 450 West 33rd Street		Amount 30	
City New York	State NY	Zip Code 10001	Transaction ID : 2413024
Purpose of Expenditure Printing	Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 753782.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Country Inn & suites		Date MM / DD / YYYY 11 / 07 / 2012	
Mailing Address 4082 Fourth Street SW		Amount 112	
City Mason City	State IA	Zip Code 50401	Transaction ID : 2413025
Purpose of Expenditure Lodging	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 753894.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

466.02

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Delta Air Lines, Inc.		Date MM / DD / YYYY 10 / 28 / 2012	
Mailing Address P.O. Box 20706		Amount 289.1	
City Atlanta	State GA	Zip Code 30320	
Purpose of Expenditure Transportation		Category/ Type 002	Transaction ID : 2413026
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 754183.43		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Frontier Airlines		Date MM / DD / YYYY 11 / 07 / 2012	
Mailing Address 7001 Tower Rd		Amount 25	
City Denver	State CO	Zip Code 80249	
Purpose of Expenditure Transportation		Category/ Type 002	Transaction ID : 2413027
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 754208.43		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Delta Air Lines, Inc.		Date MM / DD / YYYY 11 / 07 / 2012	
Mailing Address P.O. Box 20706		Amount 346.6	
City Atlanta	State GA	Zip Code 30320	
Purpose of Expenditure Transportation		Category/ Type 002	Transaction ID : 2413028
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 754555.03		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

660.70

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee The Des Moines Register		Date MM / DD / YYYY 10 / 01 / 2012	
Mailing Address 715 Locust Register		Amount 2.98	
City Des Moines	State IA	Zip Code 50309	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2413029
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 754558.01		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____			
Full Name (Last, First, Middle Initial) of Payee Target		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 320 South Duff Ave		Amount 6.31	
City Ames	State IA	Zip Code 50010	
Purpose of Expenditure Travel - supplies		Category/ Type 002	Transaction ID : 2413030
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 754564.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____			
Full Name (Last, First, Middle Initial) of Payee Grandstay Residential Suites		Date MM / DD / YYYY 10 / 01 / 2012	
Mailing Address 1606 South Kellogg Ave		Amount 188.7	
City Ames	State IA	Zip Code 50010	
Purpose of Expenditure Transportation, lodging		Category/ Type 002	Transaction ID : 2413031
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 754753.02		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____			
(a) SUBTOTAL of Itemized Independent Expenditures.....		197.99	
(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Tierney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1284.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Tierney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1290.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Tierney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1298.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

26.43

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Lagana Printing		Date MM / DD / YYYY 10 / 06 / 2012	
Mailing Address PO Box 911		Amount 0	
City Edgewater	State MD	Zip Code 21037	
Purpose of Expenditure Door hangers, leaflets		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Tierney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1298.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 06 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Tierney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1322.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 06 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 18.24	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Tierney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1340.83		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

42.40

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Dane Waters		Date MM / DD / YYYY 10 / 06 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 15.63	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Tierney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1356.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 06 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 10.13	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Tierney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1366.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Tierney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1390.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

49.92

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 18.24	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Tierney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1408.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Tierney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1415.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Heather Sullivan		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 38.17	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Tierney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1453.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

62.49

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Tierney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1461.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Tierney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1473.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Tierney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1497.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

44.67

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 10115.99	
City Portland	State OR	Zip Code 97205	
Purpose of Expenditure Mass Mailings		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Tierney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11613.9		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 2435.36	
City Washington	State DC	Zip Code 20016	
Purpose of Expenditure Solicitation & Fundraising Exp		Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Tierney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14049.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 641.01	
City Washington	State DC	Zip Code 20016	
Purpose of Expenditure Solicitation & Fundraising Exp		Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Tierney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14690.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

13192.36

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Tierney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14714.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Tierney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14728.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Tierney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14733.88		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		43.61	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type	001
Name of Federal Candidate Supported or Opposed by Expenditure: Michael Grimm		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		1450.42	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____			
Transaction ID : 2412411			
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type	001
Name of Federal Candidate Supported or Opposed by Expenditure: Michael Grimm		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		1456.5	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____			
Transaction ID : 2412412			
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type	001
Name of Federal Candidate Supported or Opposed by Expenditure: Michael Grimm		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		1464.77	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____			
Transaction ID : 2412413			
(a) SUBTOTAL of Itemized Independent Expenditures.....		26.43	
(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 13 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael Grimm		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1488.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 13 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 18.24	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael Grimm		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1507.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Dane Waters		Date MM / DD / YYYY 10 / 13 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 15.63	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael Grimm		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1522.8		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

58.03

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 13 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 10.13	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael Grimm		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1532.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Lagana Printing		Date MM / DD / YYYY 10 / 13 / 2012	
Mailing Address PO Box 911		Amount 0	
City Edgewater	State MD	Zip Code 21037	
Purpose of Expenditure Door hangers, leaflets		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael Grimm		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1532.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael Grimm		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1557.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

34.29

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael Grimm		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1563.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 4.05	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael Grimm		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1567.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Candidate Command, LLC		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 1831 NW Vivion Suite 101		Amount 16786	
City Riverside	State MO	Zip Code 64150	
Purpose of Expenditure Printing		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael Grimm		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 18353.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		16796.13	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.16	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412982
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 11
Name of Federal Candidate Supported or Opposed by Expenditure: Michael Grimm		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 18365.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412983
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 11
Name of Federal Candidate Supported or Opposed by Expenditure: Michael Grimm		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 18370.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412420
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 09
Name of Federal Candidate Supported or Opposed by Expenditure: Kyrsten Sinema		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

29.75

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kyrsten Sinema		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 2012 <input type="checkbox"/> Other (specify) _____	
18.16			
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kyrsten Sinema		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 2012 <input type="checkbox"/> Other (specify) _____	
26.43			
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 06 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kyrsten Sinema		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 2012 <input type="checkbox"/> Other (specify) _____	
38.51			

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

26.43

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 06 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kyrsten Sinema		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 2012 <input type="checkbox"/> Other (specify) _____	
44.59			
Full Name (Last, First, Middle Initial) of Payee Dane Waters		Date MM / DD / YYYY 10 / 06 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 10.42	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kyrsten Sinema		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 2012 <input type="checkbox"/> Other (specify) _____	
55.01			
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 06 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 10.13	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kyrsten Sinema		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 2012 <input type="checkbox"/> Other (specify) _____	
65.14			

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

26.63

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Lagana Printing		Date MM / DD / YYYY 10 / 06 / 2012	
Mailing Address PO Box 911		Amount 1200	
City Edgewater	State MD	Zip Code 21037	
Purpose of Expenditure Door hangers, leaflets		Category/ Type 006	Transaction ID : 2412453
Name of Federal Candidate Supported or Opposed by Expenditure: Kyrsten Sinema		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 1265.14		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412589
Name of Federal Candidate Supported or Opposed by Expenditure: Kyrsten Sinema		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 1277.22		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 30.4	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412590
Name of Federal Candidate Supported or Opposed by Expenditure: Kyrsten Sinema		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 1307.62		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

1242.48

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 3815.25	
City Portland	State OR	Zip Code 97205	
Purpose of Expenditure Mass Mailings		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kyrsten Sinema		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5122.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 396.15	
City Washington	State DC	Zip Code 20016	
Purpose of Expenditure Solicitation & Fundraising Exp		Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kyrsten Sinema		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5519.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 1315.47	
City Washington	State DC	Zip Code 20016	
Purpose of Expenditure Solicitation & Fundraising Exp		Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kyrsten Sinema		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6834.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

5526.87

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Kyrsten Sinema		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6846.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Kyrsten Sinema		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6870.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Kyrsten Sinema		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6884.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

50.18

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kyrsten Sinema		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6890.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 2704.19	
City Portland	State OR	Zip Code 97205	
Purpose of Expenditure Mass Mailings		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kyrsten Sinema		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9594.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kyrsten Sinema		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9600.45		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		2715.78	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 124.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 30.4	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 154.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 13248.68	
City Washington	State DC	Zip Code 20016	
Purpose of Expenditure Solicitation & Fundraising Exp		Category/ Type 003	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13403.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		13291.16	
(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 4035.92	
City Washington	State DC	Zip Code 20016	
Purpose of Expenditure Solicitation & Fundraising Exp		Category/ Type 003	Transaction ID : 2412622
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 17439.06		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 4857.59	
City Portland	State OR	Zip Code 97205	
Purpose of Expenditure Mass Mailings		Category/ Type 006	Transaction ID : 2412623
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 22296.65		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 25431.67	
City Portland	State OR	Zip Code 97205	
Purpose of Expenditure Mass Mailings		Category/ Type 006	Transaction ID : 2412708
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 47728.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		34325.18	
(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412809
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 47752.64		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412810
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 47766.42		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412962
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 47771.93		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

(a) SUBTOTAL of Itemized Independent Expenditures.....	43.61
(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 18 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael G Fitzpatrick		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 136.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 18 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 2.03	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael G Fitzpatrick		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 138.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 18 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael G Fitzpatrick		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 144.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		32.27	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Candidate Command, LLC		Date MM / DD / YYYY 10 / 18 / 2012	
Mailing Address 1831 NW Vivion Suite 101		Amount 19162	
City Riverside	State MO	Zip Code 64150	Transaction ID : 2412580
Purpose of Expenditure Printing	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Michael G Fitzpatrick		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 19306.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Axiom Strategies, LLC		Date MM / DD / YYYY 10 / 18 / 2012	
Mailing Address 1251 NW Briarcliff Pkwy Ste 85		Amount 4085.93	
City Kansas City	State MO	Zip Code 64116	Transaction ID : 2412610
Purpose of Expenditure Phone poll	Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Michael G Fitzpatrick		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 23392.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Candidate Command, LLC		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 1831 NW Vivion Suite 101		Amount 19162	
City Riverside	State MO	Zip Code 64150	Transaction ID : 2412672
Purpose of Expenditure Printing	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Michael G Fitzpatrick		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 42554.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		42409.93	
(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael G Fitzpatrick		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 42578.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael G Fitzpatrick		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 42584.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael G Fitzpatrick		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 42608.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

54.40

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael G Fitzpatrick		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 42614.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 4.05	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael G Fitzpatrick		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 42618.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael G Fitzpatrick		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 42630.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		22.21	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael G Fitzpatrick		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 42655.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael G Fitzpatrick		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 42668.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michael G Fitzpatrick		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 42674.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		44.18	
(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Candidate Command, LLC		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 1831 NW Vivion Suite 101		Amount 19162	
City Riverside	State MO	Zip Code 64150	
Purpose of Expenditure Printing		Category/ Type 006	Transaction ID : 2412738
Name of Federal Candidate Supported or Opposed by Expenditure: Michael G Fitzpatrick		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 61836.97		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412941
Name of Federal Candidate Supported or Opposed by Expenditure: Michael G Fitzpatrick		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 61842.48		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 02 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412390
Name of Federal Candidate Supported or Opposed by Expenditure: Scott P Brown		Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 24.16		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		19191.67	
(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 02 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 18.24	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott P Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 42.4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 02 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 10.13	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott P Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 52.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Heather Sullivan		Date MM / DD / YYYY 10 / 02 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 38.17	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott P Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 90.7		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

66.54

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 02 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott P Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 98.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott P Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 123.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott P Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 137.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		46.37	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott P Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 142.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 02 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dianne Feinstein		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 24.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 02 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 18.24	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dianne Feinstein		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 42.4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

47.91

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 02 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 10.13	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dianne Feinstein		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 52.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Heather Sullivan		Date MM / DD / YYYY 10 / 02 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 38.17	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dianne Feinstein		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 90.7		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 02 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dianne Feinstein		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 98.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

56.57

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dianne Feinstein		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 123.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dianne Feinstein		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 137.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dianne Feinstein		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 142.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		43.61	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 03 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 48.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		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 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 03 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 30.4	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		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 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 03 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 10.13	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		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 2012 <input type="checkbox"/> Other (specify) _____	

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

88.85

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Heather Sullivan		Date MM / DD / YYYY 10 / 03 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 38.17	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412403
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 127.02		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 03 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412404
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 135.29		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 48.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412614
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 183.61		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		94.76	
(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 189.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 3565.37	
City Washington	State DC	Zip Code 20016	
Purpose of Expenditure Solicitation & Fundraising Exp		Category/ Type 003	Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3755.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 11839.25	
City Washington	State DC	Zip Code 20016	
Purpose of Expenditure Solicitation & Fundraising Exp		Category/ Type 003	Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 15594.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

15410.70

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 15565.21	
City Portland	State OR	Zip Code 97205	
Purpose of Expenditure Mass Mailings		Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 31159.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 60.41	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 31219.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 31237.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		15642.80	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee John Balzar		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 9.7	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412642
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 31246.81		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412643
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 31252.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412644
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 31264.4		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		27.29	
(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 31270.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 31287.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Dane Waters		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.21	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 31292.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

28.47

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Heather Sullivan		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 19.09	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 31311.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 2.03	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 31313.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 31319.5		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

26.63

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 16880.8	
City Portland	State OR	Zip Code 97205	
Purpose of Expenditure Mass Mailings		Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 48200.3		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 48212.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 48236.7		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		16917.20	
(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 48250.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 48256.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 48262.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		25.37	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		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 2012 <input type="checkbox"/> Other (specify) _____	
12.08			
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		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 2012 <input type="checkbox"/> Other (specify) _____	
18.16			
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		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 2012 <input type="checkbox"/> Other (specify) _____	
26.43			

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

26.43

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		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 2012 <input type="checkbox"/> Other (specify) ▶	
38.51		Transaction ID : 2412592	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		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 2012 <input type="checkbox"/> Other (specify) ▶	
55.69		Transaction ID : 2412593	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 30.4	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		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 2012 <input type="checkbox"/> Other (specify) ▶	
86.09		Transaction ID : 2412594	

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

59.66

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 1175.03	
City Portland	State OR	Zip Code 97205	
Purpose of Expenditure Mass Mailings		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1261.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 1024.77	
City Washington	State DC	Zip Code 20016	
Purpose of Expenditure Solicitation & Fundraising Exp		Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2285.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 343.17	
City Washington	State DC	Zip Code 20016	
Purpose of Expenditure Solicitation & Fundraising Exp		Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2629.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		2542.97	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2653.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2659.3		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2665.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

36.32

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Pepper Van Tassell		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 25	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412662
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 2690.38		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412663
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 2698.65		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 4263.99	
City Portland	State OR	Zip Code 97205	
Purpose of Expenditure Mass Mailings		Category/ Type 006	Transaction ID : 2412676
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 6962.64		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		4297.26	
(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6986.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7000.74		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7006.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

43.61

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Lagana Printing		Date MM / DD / YYYY 10 / 08 / 2012	
Mailing Address PO Box 911		Amount 1200	
City Edgewater	State MD	Zip Code 21037	Transaction ID : 2413033
Purpose of Expenditure Door hangers, leaflets	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 09
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8206.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412417
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: Edwin G Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412418
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: Edwin G Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 18.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

1218.16

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Edwin G Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 26.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Edwin G Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 38.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Edwin G Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 44.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

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

26.43

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Dane Waters		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 10.42	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Edwin G Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 55.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 10.13	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Edwin G Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 65.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Lagana Printing		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address PO Box 911		Amount 1200	
City Edgewater	State MD	Zip Code 21037	
Purpose of Expenditure Door hangers, leaflets		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Edwin G Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1265.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		1220.55	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Edwin G Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1289.3		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Edwin G Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1295.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 2.03	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Edwin G Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1297.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

32.27

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Heather Sullivan		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 38.17	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Edwin G Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1335.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Edwin G Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1343.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 31 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Edwin G Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1349.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

52.52

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 31 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Edwin G Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1363.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 31 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.1	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Edwin G Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1371.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Edwin G Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1377.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		27.39	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: CT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Christopher S Murphy		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 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 30.4	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: CT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Christopher S Murphy		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 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: CT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Christopher S Murphy		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 2012 <input type="checkbox"/> Other (specify) ▶	

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

66.72

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Heather Sullivan		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 38.17	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: CT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Christopher S Murphy		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 104.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: CT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Christopher S Murphy		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 113.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: CT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Christopher S Murphy		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 125.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		58.52	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 30.4	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: CT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Christopher S Murphy		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 155.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 12293.36	
City Washington	State DC	Zip Code 20016	
Purpose of Expenditure Solicitation & Fundraising Exp		Category/ Type 003	Office Sought: <input type="checkbox"/> House State: CT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Christopher S Murphy		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12449		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 3391.41	
City Washington	State DC	Zip Code 20016	
Purpose of Expenditure Solicitation & Fundraising Exp		Category/ Type 003	Office Sought: <input type="checkbox"/> House State: CT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Christopher S Murphy		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 15840.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		15715.17	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 3130.7	
City Portland	State OR	Zip Code 97205	
Purpose of Expenditure Mass Mailings		Category/ Type 006	Transaction ID : 2412628
Name of Federal Candidate Supported or Opposed by Expenditure: Christopher S Murphy		Office Sought: <input type="checkbox"/> House State: CT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 18971.11		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 23849.24	
City Portland	State OR	Zip Code 97205	
Purpose of Expenditure Mass Mailings		Category/ Type 006	Transaction ID : 2412709
Name of Federal Candidate Supported or Opposed by Expenditure: Christopher S Murphy		Office Sought: <input type="checkbox"/> House State: CT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 42820.35		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412803
Name of Federal Candidate Supported or Opposed by Expenditure: Christopher S Murphy		Office Sought: <input type="checkbox"/> House State: CT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 42844.67		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		27004.26	
(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412804
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CT District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Christopher S Murphy		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 42858.45		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412959
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CT District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Christopher S Murphy		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 42863.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 08 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412459
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 24.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

43.45

(b) SUBTOTAL of Unitemized Independent Expenditures..... ➤

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

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 08 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		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 2012 <input type="checkbox"/> Other (specify) _____ 36.32	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 08 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 10.13	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		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 2012 <input type="checkbox"/> Other (specify) _____ 46.45	
Full Name (Last, First, Middle Initial) of Payee Pepper Van Tassell		Date MM / DD / YYYY 10 / 08 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 25	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		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 2012 <input type="checkbox"/> Other (specify) _____ 71.45	

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

47.29

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 08 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 79.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 91.8		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 30.4	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 122.2		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

50.75

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412566
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 139.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 1825.16	
City Washington	State DC	Zip Code 20016	Transaction ID : 2412567
Purpose of Expenditure Solicitation & Fundraising Exp	Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1964.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 5652.93	
City Washington	State DC	Zip Code 20016	Transaction ID : 2412568
Purpose of Expenditure Solicitation & Fundraising Exp	Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7617.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

7495.27

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 1220 SW Morrison St #910		Amount 6539.03
City Portland	State OR	Zip Code 97205
Purpose of Expenditure Mass Mailings		Transaction ID : 2412569
Category/Type 006		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 14156.5		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 1220 SW Morrison St #910		Amount 6542.36
City Portland	State OR	Zip Code 97205
Purpose of Expenditure Mass Mailings		Transaction ID : 2412570
Category/Type 006		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 20698.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 2100 L Street NW Suite 310		Amount 12.08
City Washington	State DC	Zip Code 20037
Purpose of Expenditure Staff Time		Transaction ID : 2412715
Category/Type 001		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 20710.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
(a) SUBTOTAL of Itemized Independent Expenditures.....		13093.47
(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 20735.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 20749.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 20755.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		44.18	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 0	
City Portland	State OR	Zip Code 97205	Transaction ID : 2412719
Purpose of Expenditure Mass Mailings	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 20755.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412943
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 20760.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412464
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Debbie Stabenow		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 24.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

29.67

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Debbie Stabenow		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 36.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Debbie Stabenow		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 53.5		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Debbie Stabenow		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 59.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

35.42

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Pepper Van Tassell		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 20	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412468
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Debbie Stabenow		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 79.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412469
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Debbie Stabenow		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 87.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412763
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Debbie Stabenow		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 99.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

40.35

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Debbie Stabenow		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 124.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Debbie Stabenow		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 138.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Debbie Stabenow		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 144.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

44.18

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Debbie Stabenow		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 149.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Maria Cantwell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 24.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Maria Cantwell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 41.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

46.85

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Maria Cantwell		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 2012 <input type="checkbox"/> Other (specify) ▶	
47.42			
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 2.03	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Maria Cantwell		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 2012 <input type="checkbox"/> Other (specify) ▶	
49.45			
Full Name (Last, First, Middle Initial) of Payee Pepper Van Tassell		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 0	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Maria Cantwell		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 2012 <input type="checkbox"/> Other (specify) ▶	
49.45			

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

8.11

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Maria Cantwell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 57.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Stephanie Twining		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 14.38	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Maria Cantwell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 72.1		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Maria Cantwell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 84.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

34.81

(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**PAGE 160 OF 225  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Maria Cantwell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 98.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.1	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Maria Cantwell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 106.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Maria Cantwell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 111.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

27.39

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 10 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NJ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Robert Menendez		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2593.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 10 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NJ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Robert Menendez		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2610.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 10 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NJ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Robert Menendez		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2616.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

47.42

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 10 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 10.13	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NJ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Robert Menendez		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2627.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Heather Sullivan		Date MM / DD / YYYY 10 / 10 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 38.17	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NJ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Robert Menendez		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2665.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 10 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NJ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Robert Menendez		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2673.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

56.57

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NJ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Robert Menendez		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 116.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NJ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Robert Menendez		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 121.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.1	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NJ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Robert Menendez		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 129.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

25.77

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 10 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Nelson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2697.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 10 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Nelson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2714.83		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 10 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Nelson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2720.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

47.42

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 10 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 10.13	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Nelson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2731.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Heather Sullivan		Date MM / DD / YYYY 10 / 10 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 38.17	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Nelson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2769.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 10 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Nelson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2777.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		56.57	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 31 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Nelson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 110.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 31 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Nelson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 123.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 31 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.1	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Nelson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 131.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		27.96	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

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

Scott Tucker

Date

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
11		05		2012

Mailing Address

2100 L Street NW

Suite 310

Amount

5.51
------

Transaction ID : 2412973

Purpose of Expenditure

Staff Time

Category/  
Type

001

Office Sought:

☐

House

State: FL

☒

Senate

District: 00

☐

President

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Nelson

Disbursement For:

☐

Primary

☒

General

2012

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

137.46

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

Michael Markarian

Date

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
10		12		2012

Mailing Address

2100 L Street NW

Suite 310

Amount

24.16
-------

Transaction ID : 2412497

Purpose of Expenditure

Staff Time

Category/  
Type

001

Office Sought:

☒

House

State: NY

☐

Senate

District: 18

☐

President

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Nan Hayworth

Disbursement For:

☐

Primary

☒

General

2012

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

2801.64

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

Sara Amundson

Date

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
10		12		2012

Mailing Address

2100 L Street NW

Suite 310

Amount

6.08
------

Transaction ID : 2412498

Purpose of Expenditure

Staff Time

Category/  
Type

001

Office Sought:

☒

House

State: NY

☐

Senate

District: 18

☐

President

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Nan Hayworth

Disbursement For:

☐

Primary

☒

General

2012

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

2807.72

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

35.75

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Nan Hayworth		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2813.8		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Raul Arce-Contreras		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.31	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Nan Hayworth		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2827.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Nan Hayworth		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2835.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		27.66	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Nan Hayworth		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 2012 <input type="checkbox"/> Other (specify) _____	
82.06			
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Nan Hayworth		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 2012 <input type="checkbox"/> Other (specify) _____	
88.14			
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 4.05	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Nan Hayworth		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 2012 <input type="checkbox"/> Other (specify) _____	
92.19			

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

34.29

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Candidate Command, LLC		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 1831 NW Vivion Suite 101		Amount 25942	
City Riverside	State MO	Zip Code 64150	
Purpose of Expenditure Printing		Category/ Type 006	Transaction ID : 2412750
Name of Federal Candidate Supported or Opposed by Expenditure: Nan Hayworth		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 26034.19		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412984
Name of Federal Candidate Supported or Opposed by Expenditure: Nan Hayworth		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 26046.35		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Transaction ID : 2412985
Name of Federal Candidate Supported or Opposed by Expenditure: Nan Hayworth		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 26051.86		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		25959.67	
(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: James B Renacci		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2847.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: James B Renacci		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2864.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 2.03	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: James B Renacci		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2866.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		31.29	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Heather Sullivan		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 19.09	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: James B Renacci		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2885.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: James B Renacci		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2891.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: James B Renacci		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 67.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

36.68

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: James B Renacci		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 74.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 3000	
City Portland	State OR	Zip Code 97205	
Purpose of Expenditure Mass Mailings		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: James B Renacci		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3074.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: James B Renacci		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3098.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

3030.24

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: James B Renacci		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3104.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 5828.8	
City Portland	State OR	Zip Code 97205	
Purpose of Expenditure Mass Mailings		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: James B Renacci		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8933.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 379.96	
City Washington	State DC	Zip Code 20016	
Purpose of Expenditure Solicitation & Fundraising Exp		Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: James B Renacci		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9313.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

6214.84

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee List America		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 5151 Wisconsin Ave. NW Suite 400		Amount 1148.8	
City Washington	State DC	Zip Code 20016	Transaction ID : 2412692
Purpose of Expenditure Solicitation & Fundraising Exp	Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 16
Name of Federal Candidate Supported or Opposed by Expenditure: James B Renacci		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10461.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Winning Mark		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 1220 SW Morrison St #910		Amount 17329.98	
City Portland	State OR	Zip Code 97205	Transaction ID : 2412725
Purpose of Expenditure Mass Mailings	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 16
Name of Federal Candidate Supported or Opposed by Expenditure: James B Renacci		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 27791.83		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412517
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: Robert J Dold		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1368.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

18502.94

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Robert J Dold		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1380.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 2.03	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Robert J Dold		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1382.2		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Pepper Van Tassell		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 25	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Robert J Dold		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1407.2		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

39.19

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Robert J Dold		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1415.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Robert J Dold		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 95.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Robert J Dold		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 101.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

38.51

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 4.05	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Robert J Dold		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 105.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Candidate Command, LLC		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 1831 NW Vivion Suite 101		Amount 26252	
City Riverside	State MO	Zip Code 64150	
Purpose of Expenditure Printing		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Robert J Dold		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 26357.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Robert J Dold		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 26370.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

26268.21

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Robert J Dold		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 26383.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.1	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Robert J Dold		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 26391.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Robert J Dold		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 26397.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		27.39	
(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Thomas A Marino		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 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Thomas A Marino		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 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Thomas A Marino		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 2012 <input type="checkbox"/> Other (specify) _____	

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

47.42

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 4.05	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Thomas A Marino		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 51.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Anna West		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 15.22	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Thomas A Marino		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 66.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Raul Arce-Contreras		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 26.63	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Thomas A Marino		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 93.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

45.90

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Thomas A Marino		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 101.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Thomas A Marino		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 113.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Thomas A Marino		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 137.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

44.67

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

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

Scott Tucker

Date

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
10		24		2012

Mailing Address

2100 L Street NW

Suite 310

Amount

										13.78
--	--	--	--	--	--	--	--	--	--	-------

Transaction ID : 2412757

Purpose of Expenditure

Staff Time

Category/  
Type

001

Office Sought:



House

State: PA



Senate

District: 10



President

Check One:



Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Thomas A Marino

Calendar Year-To-Date Per Election  
for Office Sought

										151.77
--	--	--	--	--	--	--	--	--	--	--------

Disbursement For:

☐ Primary☒ General
☐ 2012  
☐ Other (specify) ▶

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

Sahar Eshghi

Date

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
10		24		2012

Mailing Address

2100 L Street NW

Suite 310

Amount

										6.08
--	--	--	--	--	--	--	--	--	--	------

Transaction ID : 2412758

Purpose of Expenditure

Staff Time

Category/  
Type

001

Office Sought:



House

State: PA



Senate

District: 10



President

Check One:



Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Thomas A Marino

Calendar Year-To-Date Per Election  
for Office Sought

										157.85
--	--	--	--	--	--	--	--	--	--	--------

Disbursement For:

☐ Primary☒ General
☐ 2012  
☐ Other (specify) ▶

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

Scott Tucker

Date

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
11		05		2012

Mailing Address

2100 L Street NW

Suite 310

Amount

										5.51
--	--	--	--	--	--	--	--	--	--	------

Transaction ID : 2412942

Purpose of Expenditure

Staff Time

Category/  
Type

001

Office Sought:



House

State: PA



Senate

District: 10



President

Check One:



Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Thomas A Marino

Calendar Year-To-Date Per Election  
for Office Sought

										163.36
--	--	--	--	--	--	--	--	--	--	--------

Disbursement For:

☐ Primary☒ General
☐ 2012  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

										25.37
--	--	--	--	--	--	--	--	--	--	-------

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Benjamin L Cardin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 24.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Benjamin L Cardin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 41.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Benjamin L Cardin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 53.5		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

53.50

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MD <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Benjamin L Cardin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 59.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Heather Sullivan		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 38.17	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MD <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Benjamin L Cardin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 97.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MD <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Benjamin L Cardin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 106.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

52.52

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Benjamin L Cardin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 118.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Benjamin L Cardin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 123.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Kirsten E Gillibrand		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 24.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		41.83	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Kirsten E Gillibrand		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 30.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.1	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Kirsten E Gillibrand		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 38.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Pepper Van Tassell		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 25	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Kirsten E Gillibrand		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 63.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

39.18

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kirsten E Gillibrand		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 2012 <input type="checkbox"/> Other (specify) _____	
71.61			
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kirsten E Gillibrand		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 2012 <input type="checkbox"/> Other (specify) _____	
83.77			
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kirsten E Gillibrand		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 2012 <input type="checkbox"/> Other (specify) _____	
89.28			

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

25.94

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 10.13	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kirsten E Gillibrand		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 99.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 31 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Gary G Miller		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 24.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 31 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Gary G Miller		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 41.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		51.47	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 31 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Gary G Miller		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 47.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.1	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 31 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Gary G Miller		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 55.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Stephanie Twining		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 11.98	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 31 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Gary G Miller		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 67.5		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

26.16

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 31 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Gary G Miller		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 75.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 31 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Gary G Miller		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 99.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 31 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Gary G Miller		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 106.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

38.51

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 4.05	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type	001
Name of Federal Candidate Supported or Opposed by Expenditure: Gary G Miller		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 31 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		110.06	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____			
Transaction ID : 2412753			
Full Name (Last, First, Middle Initial) of Payee Candidate Command, LLC		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 1831 NW Vivion Suite 101		Amount 32742	
City Riverside	State MO	Zip Code 64150	
Purpose of Expenditure Printing		Category/ Type	006
Name of Federal Candidate Supported or Opposed by Expenditure: Gary G Miller		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 31 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		32852.06	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____			
Transaction ID : 2412754			
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type	001
Name of Federal Candidate Supported or Opposed by Expenditure: Gary G Miller		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 31 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		32876.38	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____			
Transaction ID : 2412796			
(a) SUBTOTAL of Itemized Independent Expenditures.....		32770.37	
(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 31 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Gary G Miller		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 32890.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 31 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Gary G Miller		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 32895.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 24.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

43.45

(b) SUBTOTAL of Unitemized Independent Expenditures..... ➤

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

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412601
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 41.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Riester Public Affairs LLC		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 802 North 3rd Avenue		Amount 5000	
City Phoenix	State AZ	Zip Code 85003	Transaction ID : 2412602
Purpose of Expenditure Advertising	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5041.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412629
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5053.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		5029.26	
(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5059.5		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5076.68		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Dane Waters		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.21	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5081.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

28.47

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

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**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Heather Sullivan		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 19.09	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5100.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 2.03	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5103.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5108.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

26.63

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 60.41	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5168.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5186.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee John Balzar		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 9.7	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5195.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		87.29	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5201.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Riester Public Affairs LLC		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 802 North 3rd Avenue		Amount 95000	
City Phoenix	State AZ	Zip Code 85003	
Purpose of Expenditure Advertising		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 100201.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 31 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 100225.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

95029.67

(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**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 31 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 100242.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 31 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 100248.74		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Heather Sullivan		Date MM / DD / YYYY 10 / 31 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 11.45	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 100260.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		34.71	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

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**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 31 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 100268.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 11 / 01 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 2.03	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 100270.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 11 / 02 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 36.24	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 100306.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

46.54

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



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**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 11 / 02 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 17.18	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 100323.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 02 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 100332.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Heather Sullivan		Date MM / DD / YYYY 11 / 02 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 7.63	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 100339.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		33.08	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee John Balzar		Date MM / DD / YYYY 11 / 02 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 9.7	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 100349.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: Patrick L Meehan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 24.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Heather Sullivan		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 38.17	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: Patrick L Meehan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 62.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		72.03	
(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Patrick L Meehan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 70.6		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Patrick L Meehan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82.68		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Patrick L Meehan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 107		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

44.67

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Patrick L Meehan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 120.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Patrick L Meehan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 126.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Patrick L Meehan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 132.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		25.37	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Denham		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 2012 <input type="checkbox"/> Other (specify) _____	
24.32			
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Denham		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 2012 <input type="checkbox"/> Other (specify) _____	
38.1			
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 51.53	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Denham		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 2012 <input type="checkbox"/> Other (specify) _____	
89.63			

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

89.63

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Denham		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 2012 <input type="checkbox"/> Other (specify) _____	
101.71			
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Denham		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 2012 <input type="checkbox"/> Other (specify) _____	
107.79			
Full Name (Last, First, Middle Initial) of Payee Heather Sullivan		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 19.09	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Denham		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 2012 <input type="checkbox"/> Other (specify) _____	
126.88			

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

37.25

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Denham		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 135.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Denham		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 140.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Lois Capps		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 24.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

38.10

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Lois Capps		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 38.1		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.1	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Lois Capps		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 46.2		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Lois Capps		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 51.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		27.39	
(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 24.32	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 36 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mary Bono Mack		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 24.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 36 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mary Bono Mack		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 38.1		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.1	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 36 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mary Bono Mack		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 46.2		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		46.20	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 36 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mary Bono Mack		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 51.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sam Farr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sam Farr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 19.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		25.37	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.1	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sam Farr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 27.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sam Farr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 33.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 45 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Campbell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

19.69

(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**

PAGE 212 OF 225

FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 45 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Campbell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 19.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.1	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 45 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Campbell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 27.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 45 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Campbell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 33.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		27.39	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 213 OF 225

FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

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

Sara Amundson

Date

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
10		30		2012

Mailing Address

2100 L Street NW

Suite 310

Amount

										6.08
--	--	--	--	--	--	--	--	--	--	------

Transaction ID : 2412854

Purpose of Expenditure

Staff Time

Category/  
Type

001

Office Sought:



House

State: KY



Senate

District: 01



President

Check One:



Support



Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Wayne E Whitfield

Calendar Year-To-Date Per Election  
for Office Sought

										6.08
--	--	--	--	--	--	--	--	--	--	------

Disbursement For:



Primary



General

2012 ☐ Other (specify) ▶

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

Scott Tucker

Date

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
10		30		2012

Mailing Address

2100 L Street NW

Suite 310

Amount

										13.78
--	--	--	--	--	--	--	--	--	--	-------

Transaction ID : 2412855

Purpose of Expenditure

Staff Time

Category/  
Type

001

Office Sought:



House

State: KY



Senate

District: 01



President

Check One:



Support



Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Wayne E Whitfield

Calendar Year-To-Date Per Election  
for Office Sought

										19.86
--	--	--	--	--	--	--	--	--	--	-------

Disbursement For:



Primary



General

2012 ☐ Other (specify) ▶

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

Sahar Eshghi

Date

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
10		30		2012

Mailing Address

2100 L Street NW

Suite 310

Amount

										8.1
--	--	--	--	--	--	--	--	--	--	-----

Transaction ID : 2412856

Purpose of Expenditure

Staff Time

Category/  
Type

001

Office Sought:



House

State: KY



Senate

District: 01



President

Check One:



Support



Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Wayne E Whitfield

Calendar Year-To-Date Per Election  
for Office Sought

										27.96
--	--	--	--	--	--	--	--	--	--	-------

Disbursement For:



Primary



General

2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

										27.96
--	--	--	--	--	--	--	--	--	--	-------

(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**PAGE 214 OF 225  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Wayne E Whitfield		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 33.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen Cohen		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen Cohen		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 19.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

25.37

(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**

PAGE 215 OF 225

FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

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

Sahar Eshghi

Date

MM / DD / YYYY  
10 / 30 / 2012

Mailing Address

2100 L Street NW

Suite 310

Amount

Transaction ID : 2412859  
8.1

City

State

Zip Code

Washington

DC

20037

Purpose of Expenditure

Staff Time

Category/  
Type 001

Office Sought:

☒

House

State: TN

☐

Senate

District: 09

☐

President

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Stephen Cohen

Calendar Year-To-Date Per Election  
for Office Sought

27.96

Disbursement For:

☐ Primary☒ General2012  
☐ Other (specify)

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

Scott Tucker

Date

MM / DD / YYYY  
11 / 05 / 2012

Mailing Address

2100 L Street NW

Suite 310

Amount

Transaction ID : 2412969  
5.51

City

State

Zip Code

Washington

DC

20037

Purpose of Expenditure

Staff Time

Category/  
Type 001

Office Sought:

☒

House

State: TN

☐

Senate

District: 09

☐

President

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Stephen Cohen

Calendar Year-To-Date Per Election  
for Office Sought

33.47

Disbursement For:

☐ Primary☒ General2012  
☐ Other (specify)

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

Sara Amundson

Date

MM / DD / YYYY  
10 / 30 / 2012

Mailing Address

2100 L Street NW

Suite 310

Amount

Transaction ID : 2412860  
6.08

City

State

Zip Code

Washington

DC

20037

Purpose of Expenditure

Staff Time

Category/  
Type 001

Office Sought:

☒

House

State: OR

☐

Senate

District: 03

☐

President

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Earl Blumenauer

Calendar Year-To-Date Per Election  
for Office Sought

6.08

Disbursement For:

☐ Primary☒ General2012  
☐ Other (specify)

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

19.69

(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**

PAGE 216 OF 225

FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Earl Blumenauer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 19.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.1	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Earl Blumenauer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 27.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Earl Blumenauer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 33.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		27.39	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 217 OF 225

FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Peter A DeFazio		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 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Peter A DeFazio		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 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.1	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Peter A DeFazio		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 2012 <input type="checkbox"/> Other (specify) _____	

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

27.96

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Peter A DeFazio		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 33.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kurt Schrader		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kurt Schrader		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 19.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

25.37

(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**

PAGE 219 OF 225

FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

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

Sahar Eshghi

Date

M M M	/	D D D	/	Y Y Y Y Y Y Y
10		30		2012

Mailing Address

2100 L Street NW

Suite 310

Amount

				8.1

Transaction ID : 2412868

Purpose of Expenditure

Staff Time

Category/  
Type

001

Office Sought:



House

State: OR



Senate

District: 05



President

Check One:



Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Kurt Schrader

Disbursement For:



Primary



General

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

				27.96

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

Scott Tucker

Date

M M M	/	D D D	/	Y Y Y Y Y Y Y
11		05		2012

Mailing Address

2100 L Street NW

Suite 310

Amount

				5.51

Transaction ID : 2412972

Purpose of Expenditure

Staff Time

Category/  
Type

001

Office Sought:



House

State: OR



Senate

District: 05



President

Check One:



Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Kurt Schrader

Disbursement For:



Primary



General

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

				33.47

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

Sara Amundson

Date

M M M	/	D D D	/	Y Y Y Y Y Y Y
10		29		2012

Mailing Address

2100 L Street NW

Suite 310

Amount

				12.16

Transaction ID : 2412872

Purpose of Expenditure

Staff Time

Category/  
Type

001

Office Sought:



House

State: IL



Senate

District: 06



President

Check One:



Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Peter Roskam

Disbursement For:



Primary



General

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

				12.16

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

				25.77

(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**

PAGE 220 OF 225

FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 13.78	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Peter Roskam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 25.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.1	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Peter Roskam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 34.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Peter Roskam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 39.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		27.39	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 221 OF 225

FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Michael Markarian		Date MM / DD / YYYY 11 / 01 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Desjarlais		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle		Date MM / DD / YYYY 11 / 01 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 85.88	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Desjarlais		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 97.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 11 / 01 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 6.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Desjarlais		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 104.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

104.04

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Heather Sullivan		Date MM / DD / YYYY 11 / 01 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 3.82	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Desjarlais		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 107.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 11 / 01 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 4.05	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Desjarlais		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 111.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 01 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.27	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Desjarlais		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 120.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

16.14

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Anna West		Date MM / DD / YYYY 11 / 01 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 73.08	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Desjarlais		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 193.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Desjarlais		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 198.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 11 / 01 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.16	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Staff Time		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

90.75

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

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

Sahar Eshghi

Date

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
11		01		2012

Mailing Address

2100 L Street NW

Suite 310

Amount

8.1
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City

State

Zip Code

Washington

DC

20037

Transaction ID : 2412936

Purpose of Expenditure

Staff Time

Category/  
Type

001

Office Sought:

☐ House

State: OH

☒ Senate

District: 00

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Sherrod Brown

Disbursement For:

☐ Primary☒ General
☐ 2012  
☐ Other (specify)
Calendar Year-To-Date Per Election  
for Office Sought

20.26

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

Scott Tucker

Date

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
11		01		2012

Mailing Address

2100 L Street NW

Suite 310

Amount

13.78
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City

State

Zip Code

Washington

DC

20037

Transaction ID : 2412937

Purpose of Expenditure

Staff Time

Category/  
Type

001

Office Sought:

☐ House

State: OH

☒ Senate

District: 00

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Sherrod Brown

Disbursement For:

☐ Primary☒ General
☐ 2012  
☐ Other (specify)
Calendar Year-To-Date Per Election  
for Office Sought

34.04

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

Scott Tucker

Date

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
11		05		2012

Mailing Address

2100 L Street NW

Suite 310

Amount

5.51
------

City

State

Zip Code

Washington

DC

20037

Transaction ID : 2412994

Purpose of Expenditure

Staff Time

Category/  
Type

001

Office Sought:

☐ House

State: OH

☒ Senate

District: 00

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Sherrod Brown

Disbursement For:

☐ Primary☒ General
☐ 2012  
☐ Other (specify)
Calendar Year-To-Date Per Election  
for Office Sought

39.55

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

27.39

(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**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 12.16	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412986
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: 24 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Daniel B Maffei		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Scott Tucker		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 5.51	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412987
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: 24 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Daniel B Maffei		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Sahar Eshghi		Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 2100 L Street NW Suite 310		Amount 8.1	
City Washington	State DC	Zip Code 20037	Transaction ID : 2412988
Purpose of Expenditure Staff Time	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: 24 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Daniel B Maffei		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 25.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	25.77
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)	1300252.88