

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 2100 L Street NW Suite 310		Amount 6.08
City Washington	State DC	
Zip Code 20037	Transaction ID : 2412686	
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 <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 : 2412687	
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 <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	Transaction ID : 2412688	
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 <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)	▶	