

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

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 Transaction ID : 2412557
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 71.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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 Transaction ID : 2412979
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 83.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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 Transaction ID : 2412980
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 89.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(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)		