

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

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

- (a)  April 15 Quarterly Report
- 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

01 25 2008  
THROUGH  
01 26 2008

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES.....

**5722.16**

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

*Elayne Dunwoody*

*Elayne Dunwoody*

**2/1/08**

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, 989 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

28039622857

SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 6  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)  
Humane Society Legislative Fund

Full Name (Last, First, Middle Initial) of Payee <u>Amundson, Sara</u>		Date <u>01 25 2008</u>
Mailing Address <u>1627 A Street, NE</u>		Amount <u>172.07</u>
City <u>Washington</u>	State <u>DC</u>	
Zip Code <u>20002</u>		
Purpose of Expenditure <u>Staff Time</u>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Wayne Gilchrest</u>		State: <u>MD</u> District: <u>1</u>
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <u>Patch, Richard</u>		Date <u>01 25 2008</u>
Mailing Address <u>5500 Sherrier Place</u>		Amount <u>45.04</u>
City <u>Washington</u>	State <u>DC</u>	
Zip Code <u>20016</u>		
Purpose of Expenditure <u>Staff Time</u>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Wayne Gilchrest</u>		State: <u>MD</u> District: <u>1</u>
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <u>Connolly, Kristian</u>		Date <u>01 25 2008</u>
Mailing Address <u>1712 Corcoran St. NW</u>		Amount <u>220.60</u>
City <u>Washington</u>	State <u>DC</u>	
Zip Code <u>20007</u>		
Purpose of Expenditure <u>Staff Time</u>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Wayne Gilchrest</u>		State: <u>MD</u> District: <u>1</u>
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>437.71</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>437.71</u>

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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

Markarian, Mike

Date

01 25 2008

Mailing Address

1206 Maryland Ave.

Amount

21.94

City

Washington

State

DC

Zip Code

20002

Purpose of Expenditure

Staff Time

Category/Type

Office Sought:

House

State: MD

Senate

District: 1

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Wayne Gilchrest

Check One:

Support

Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:

Primary

General

Other (specify)

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

Santelli, Tami

Date

01 25 2008

Mailing Address

3901 Cathedral Ave.

Amount

10.29

City

Washington

State

DC

Zip Code

20016

Purpose of Expenditure

Staff Time

Category/Type

Office Sought:

House

State: MD

Senate

District: 1

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Andrew Harris

Check One:

Support

Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:

Primary

General

Other (specify)

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

Bernat, Andi

Date

01 25 2008

Mailing Address

2412 Ogden Way

Amount

46.94

City

Gambrells

State

MD

Zip Code

21054

Purpose of Expenditure

Staff Time

Category/Type

Office Sought:

House

State: MD

Senate

District: 1

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Andrew Harris

Check One:

Support

Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:

Primary

General

Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

79.17

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

(carry total from last page forward to Line 7)

516.88

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SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 OF 6  
FOR LINE 7 OF FORM 5

NAME OF FILER (in Full)  
Humane Society Legislative Fund

Full Name (Last, First, Middle Initial) of Payee <u>List America</u>	Date <u>01 25 2008</u>
Mailing Address <u>5151 Wisconsin Ave</u>	Amount <u>1352.48</u>
City State Zip Code <u>Washington DC 20016</u>	

Purpose of Expenditure <u>Name List</u>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>MD</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Wayne Gilchrest</u>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <u>List America</u>	Date <u>01 25 2008</u>
Mailing Address <u>5151 Wisconsin Ave</u>	Amount <u>1352.48</u>
City State Zip Code <u>Washington DC 20016</u>	

Purpose of Expenditure <u>Name List</u>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>MD</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Andrew Harris</u>	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <u>MSHC Partners</u>	Date <u>01 25 2008</u>
Mailing Address <u>1155 15th Street NW</u>	Amount <u>500.00</u>
City State Zip Code <u>Washington DC 20005</u>	

Purpose of Expenditure <u>Voter Match</u>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>MD</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Wayne Gilchrest</u>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>3204.96</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>3721.84</u>

09022965082

SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 OF 6  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)  
*Humane Society Legislative Fund*

Full Name (Last, First, Middle Initial) of Payee <i>MSHC Partners</i>		Date <i>01 25 2008</i>
Mailing Address <i>1155 15th Street</i>		Amount <i>500.00</i>
City <i>Washington</i>	State Zip Code <i>DC 20005</i>	
Purpose of Expenditure <i>Voter Match</i>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <i>MD</i> <input type="checkbox"/> Senate District: <i>1</i> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Andrew Harris</i>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <i>US Postal Service</i>		Date <i>01 25 2008</i>
Mailing Address <i>34 Main Street</i>		Amount <i>282.28</i>
City <i>West Haddam</i>	State Zip Code <i>CT 06423-998</i>	
Purpose of Expenditure <i>Postage</i>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <i>MD</i> <input type="checkbox"/> Senate District: <i>1</i> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Wayne Critchrest</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <i>US Postal Service</i>		Date <i>01 25 2008</i>
Mailing Address <i>34 Main Street</i>		Amount <i>282.28</i>
City <i>West Haddam</i>	State Zip Code <i>CT 06423-998</i>	
Purpose of Expenditure <i>Postage</i>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <i>MD</i> <input type="checkbox"/> Senate District: <i>1</i> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Andrew Harris</i>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>1064.56</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<i>4786.40</i>

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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)  
*Humana Society Legislative Fund*

Full Name (Last, First, Middle Initial) of Payee <i>Laguna Printing</i>	Date <i>01 25 2008</i>
Mailing Address <i>513 C Street, NE</i>	Amount <i>467.88</i>
City State Zip Code <i>Washington DC 20002</i>	

Purpose of Expenditure <i>Printing</i>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <i>MD</i> <input type="checkbox"/> Senate District: <i>1</i> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Wayne Gilchrist</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <i>Laguna Printing</i>	Date <i>01 25 2008</i>
Mailing Address <i>513 C Street, NE</i>	Amount <i>467.88</i>
City State Zip Code <i>Washington DC 20002</i>	

Purpose of Expenditure <i>Printing</i>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <i>MD</i> <input type="checkbox"/> Senate District: <i>1</i> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Andrew Harris</i>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>935.76</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<i>5722.16</i>

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A  
 PREPARER

N/A  
 DATE PREPARED

28039622863