

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Humane Society Legislative Fund		3. FEC Identification Number C90009358
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2100 Lst NW		
(c) City, State and ZIP Code Washington DC 20037		
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

07 01 2007
THROUGH
09 30 2007

6. TOTAL CONTRIBUTIONS.....

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

743.46

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

LYSTIA SANTOSA

Lystia

10/12/07

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

27039544915

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Humane Society Legislative Fund

Full Name (Last, First, Middle Initial) of Payee Amundson, Sara		Date 08 28 2007
Mailing Address 1627 A Street, NE		Amount 11.47
City Washington	State DC	
Purpose of Expenditure Staff Time		Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: Niki Tsongas		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 5
Calendar Year-To-Date Per Election for Office Sought 11.47		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 Crinion, Colleen		Date 08 28 2007
Mailing Address 1513 Mass Avenue SE		Amount 10.54
City Washington	State DC	
Purpose of Expenditure Staff Time		Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: Niki Tsongas		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 5
Calendar Year-To-Date Per Election for Office Sought 22.01		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 Markarian, Mike		Date 08 28 2007
Mailing Address 1206 Maryland Ave		Amount 21.94
City Washington	State DC	
Purpose of Expenditure Staff Time		Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: Niki Tsongas		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 5
Calendar Year-To-Date Per Election for Office Sought 43.95		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.....	43.95
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	43.95

27039544916

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Humane Society Legislative Fund

Full Name (Last, First, Middle Initial) of Payee Sullivan, Heather		Date 08 28 2007
Mailing Address 10 East Braddock Rd.		Amount 64.95
City Alexandria	State VA	Zip Code 22301
Purpose of Expenditure Staff Time	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 5
Name of Federal Candidate Supported or Opposed by Expenditure: Niki Tsongas		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 108.90		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Gallo, Lisa		Date 08 28 2007
Mailing Address 2703 Chanbourne Way		Amount 4.67
City Vienna	State VA	Zip Code 22181
Purpose of Expenditure Staff Time	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 5
Name of Federal Candidate Supported or Opposed by Expenditure: Niki Tsongas		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 113.57		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Porter, Leslie		Date 08 28 2007
Mailing Address 825 Brice Rd.		Amount 2.19
City Rockville	State MD	Zip Code 20852
Purpose of Expenditure Staff Time	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 5
Name of Federal Candidate Supported or Opposed by Expenditure: Niki Tsongas		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 115.76		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.81
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	115.76

27039544917

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Humane Society Legislative Fund

Full Name (Last, First, Middle Initial) of Payee Amundson, Sara		Date 09 12 2007
Mailing Address 1627 A Street NE		Amount 1147
City Washington	State DC	Zip Code 20002
Purpose of Expenditure Staff Time	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 5
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Garrett		Check One: <input checked="" type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127.23		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Patch, Richard		Date 09 12 2007
Mailing Address 5500 Sherier Place		Amount 90.09
City Washington	State DC	Zip Code 20016
Purpose of Expenditure Staff Time	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 5
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Garrett		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 217.32		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Markarian, Mike		Date 09 12 2007
Mailing Address 1206 Maryland Ave NE		Amount 21.94
City Washington	State DC	Zip Code 20002
Purpose of Expenditure Staff Time	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 5
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Garrett		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 239.26		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	123.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	239.26

27039544918

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Humane Society Legislative Fund

Full Name (Last, First, Middle Initial) of Payee Oster, Jake		Date 09 12 2007
Mailing Address 1325 13th Street NE Apt. #1		Amount 58.58
City Washington	State DC	Zip Code 20002
Purpose of Expenditure Staff Time	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Garrett		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 297.84		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Sullivan, Heather		Date 09 12 2007
Mailing Address 10 East Braddock Road		Amount 90.94
City Alexandria	State VA	Zip Code 22301
Purpose of Expenditure Staff Time	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Garrett		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 388.78		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Porter, Leslie		Date 09 12 2007
Mailing Address 825 Brice Road		Amount 4.38
City Rockville	State MD	Zip Code 20852
Purpose of Expenditure Staff Time	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Garrett		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 393.16		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	153.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	393.16

27039544919

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Humane Society Legislative Fund

Full Name (Last, First, Middle Initial) of Payee Laguna Printing		Date 09 13 2007
Mailing Address 513 C Street, N.E.		Amount 350.30
City Washington	State DC	Zip Code 20002
Purpose of Expenditure Handouts	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Garrett		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 743.46		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)

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.....	350.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	743.46

27039544920

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark


Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked



10/16/07

PREPARER

DATE PREPARED

(3/2005)

27039544921