

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

# 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>DEFENDERS OF WILDLIFE ACTION FUND</b>		3. FEC Identification Number <b>C90007907</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>1130 17<sup>th</sup> STREET, N.W.</b>		
(c) City, State and ZIP Code <b>WASHINGTON DC 20036</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

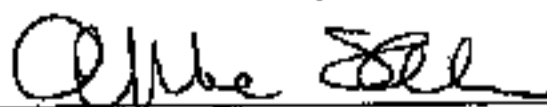
5. COVERING PERIOD: FROM

**04/01/2006**  
THROUGH  
**06/31/2006**

6. TOTAL CONTRIBUTIONS ..... **\$ 3,750.00**

7. TOTAL INDEPENDENT EXPENDITURES ..... **\$ 112,504.52**

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
<b>ANNE SAER</b>		<b>7/1/06</b>

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

26039104089

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**DEFENDERS OF WILDLIFE ACTION FUND**

Full Name (Last, First, Middle Initial) of Payee <b>GMMB</b>		Date <b>05/08/2006</b>
Mailing Address <b>P.O. Box 7777</b>		Amount <b>8,500.00</b>
City <b>PHILADELPHIA</b>	State <b>PA</b>	
Purpose of Expenditure <b>RADIO PRODUCTIONS AD BUY</b>	Category/Type <b>Advertising Expense</b>	Office Sought: <input checked="" type="checkbox"/> House State: <b>CA</b> <input type="checkbox"/> Senate District: <b>11</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>RICHARD POMBO</b>		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 <b>MSHC DIRECT</b>		Date <b>05/13/2006</b>
Mailing Address <b>1101 14TH STREET, N.W.</b>		Amount <b>3,702.00</b>
City <b>WASHINGTON, DC</b>	State <b>DC</b>	
Purpose of Expenditure <b>DESIGN + PLACEMENT OF ADVERT</b>	Category/Type <b>Advertising Expense</b>	Office Sought: <input checked="" type="checkbox"/> House State: <b>CA</b> <input type="checkbox"/> Senate District: <b>11</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>RICHARD POMBO</b>		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 <b>GMMB</b>		Date <b>05/22/2006</b>
Mailing Address <b>P.O. Box 7777</b>		Amount <b>72,000.00</b>
City <b>PHILADELPHIA</b>	State <b>PA</b>	
Purpose of Expenditure <b>MEDIA BUY</b>	Category/Type <b>Advertising Expense</b>	Office Sought: <input checked="" type="checkbox"/> House State: <b>CA</b> <input type="checkbox"/> Senate District: <b>11</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>RICHARD POMBO</b>		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.....	<b>84,202.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

26039104030

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**DEFENDERS OF WILDLIFE ACTION FUND**

Full Name (Last, First, Middle Initial) of Payee <b>MSHC PARTNERS</b>		Date <b>05/30/2006</b>
Mailing Address <b>1101 14TH STREET, N.W.</b>		Amount <b>24,802.52</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Purpose of Expenditure <b>PRODUCTION + POSTAGE FOR MAILING</b>		Office Sought: <input checked="" type="checkbox"/> House State: <b>CA</b>
Category/Type <b>Advertising Expense</b>		<input type="checkbox"/> Senate District: <b>11</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>RICHARD POMBO</b>		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 <b>ZATA 3</b>		Date <b>06/01/2006</b>
Mailing Address <b>1200 G STREET, N.W.</b>		Amount <b>3,500.00</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Purpose of Expenditure <b>GOV CALLS</b>		Office Sought: <input checked="" type="checkbox"/> House State: <b>CA</b>
Category/Type <b>Advertising Exp</b>		<input type="checkbox"/> Senate District: <b>11</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>RICHARD POMBO</b>		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	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____
Category/Type		<input type="checkbox"/> Senate District: _____
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.....	<b>28,302.52</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<b>112,504.52</b>

25059104091

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

PAGE 1 OF 3

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)  
**DEFENDERS OF WILDLIFE ACTION FUND**

**A. Full Name (Last, First, Middle Initial)**  
WOOD, MICHAEL

**Mailing Address**  
15 LINDEN STREET

**City State Zip Code**  
SOUTH HAMILTON MA 01982

**Date of Receipt**  
05/24/2006

**FEC ID number of contributing federal political committee.**  
C

**Amount of Each Receipt this Period**  
\$ 250.00

**Name of Employer**  
REQUESTED

**Occupation**  
REQUESTED

**B. Full Name (Last, First, Middle Initial)**  
SEAMAN, LINDA

**Mailing Address**  
1709 134TH AVENUE

**City State Zip Code**  
BELLEVUE WA 98005

**Date of Receipt**  
05/24/2006

**FEC ID number of contributing federal political committee.**  
C

**Amount of Each Receipt this Period**  
\$ 250.00

**Name of Employer**  
REQUESTED

**Occupation**  
REQUESTED

**C. Full Name (Last, First, Middle Initial)**  
OLDAKOWSKI, MARSHA

**Mailing Address**  
161 CRANDON BLVD

**City State Zip Code**  
BISCAYNE FL 33149

**Date of Receipt**  
05/23/2006

**FEC ID number of contributing federal political committee.**  
C

**Amount of Each Receipt this Period**  
\$ 250<sup>00</sup>

**Name of Employer**  
RETIRED

**Occupation**  
RETIRED

**D. Full Name (Last, First, Middle Initial)**  
STELLE, ROSALIND

**Mailing Address**  
6391 HILLSIDE DRIVE

**City State Zip Code**  
EL SOBRANTE CA 94803

**Date of Receipt**  
05/23/2006

**FEC ID number of contributing federal political committee.**  
C

**Amount of Each Receipt this Period**  
\$ 250<sup>00</sup>

**Name of Employer**  
REQUESTED

**Occupation**  
REQUESTED

**SUBTOTAL of Receipts This Page (optional)** ..... ▶ 1,000.00

**TOTAL This Period (last page carry total to Line 6)** ..... ▶

25039104092

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

PAGE 2 OF 3

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)  
**DEFENDERS OF WILDLIFE ACTION FUND**

**A. Full Name (Last, First, Middle Initial)**  
BRIGGS, ELEANOR

**Date of Receipt**  
05/23/2006

**Mailing Address**  
86 KINGS HIGHWAY

**City State Zip Code**  
HANCOCK NH 03449

**Amount of Each Receipt this Period**  
\$250<sup>00</sup>

**FEC ID number of contributing federal political committee.**  
C

**Name of Employer Occupation**  
SELF PHOTOGRAPHER

**B. Full Name (Last, First, Middle Initial)**  
OLIVAS, NATALIE

**Date of Receipt**  
05/22/2006

**Mailing Address**  
2103 HENDY AVENUE

**City State Zip Code**  
PINOLE CA 94564

**Amount of Each Receipt this Period**  
\$250<sup>00</sup>

**FEC ID number of contributing federal political committee.**  
C

**Name of Employer Occupation**  
REQUESTED REQUESTED

**C. Full Name (Last, First, Middle Initial)**  
HALE, PEGGY ANN

**Date of Receipt**  
05/23/2006

**Mailing Address**  
4680 B 36<sup>TH</sup> STREET, S.

**City State Zip Code**  
ARLINGTON, VA 22206

**Amount of Each Receipt this Period**  
\$250<sup>00</sup>

**FEC ID number of contributing federal political committee.**  
C

**Name of Employer Occupation**  
REQUESTED REQUESTED

**D. Full Name (Last, First, Middle Initial)**  
WALLACK, MELISSA

**Date of Receipt**  
05/22/2006

**Mailing Address**  
3391 LEDGENOOD DRIVE

**City State Zip Code**  
LOS ANGELES CA 90068

**Amount of Each Receipt this Period**  
\$250<sup>00</sup>

**FEC ID number of contributing federal political committee.**  
C

**Name of Employer Occupation**  
REQUESTED REQUESTED

**SUBTOTAL of Receipts This Page (optional)** ..... ▶ 1,000.00

**TOTAL This Period (last page carry total to Line 8)** ..... ▶

26039104003

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

PAGE 3 OF 3

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)  
**DEFENDERS OF WILDLIFE ACTION FUND**

**A. Full Name (Last, First, Middle Initial)**  
MYERS, ROBERT

Date of Receipt: 05/22/2006

Mailing Address: 5210 N. EISENHOWER ROAD

City: ROSWELL State: NM Zip Code: 88201

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: \$250<sup>00</sup>

Name of Employer: RETIRED Occupation: RETIRED

**B. Full Name (Last, First, Middle Initial)**  
LEVY, SUSAN

Date of Receipt: 05/23/2006

Mailing Address: 394 GOLDEN HILLS DRIVE

City: PORTOLA VALLEY CA Zip Code: 94028

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: \$500<sup>00</sup>

Name of Employer: SELF Occupation: HOMEMAKER

**C. Full Name (Last, First, Middle Initial)**  
ALLMAN-VAN ZOE, ALEXANDRA

Date of Receipt: 05/31/2006

Mailing Address: 747 MANDANA BLVD

City: CARLAND CA Zip Code: 94610

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: \$1,000<sup>00</sup>

Name of Employer: REQUESTED Occupation: REQUESTED

**D. Full Name (Last, First, Middle Initial)**

Date of Receipt:

Mailing Address:

City: State: Zip Code:

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period:

Name of Employer: Occupation:

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1,750.00

TOTAL This Period (last page carry total to Line 6) ..... ▶ \$3,750<sup>00</sup>

26039104094

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
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>6/30/06</i>
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature 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
Next Business Day Delivery <input type="checkbox"/>	
<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 type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
**PREPARER**

*7/5/06*  
**DATE PREPARED**

25039104095