

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 DEFENDERS OF WILDLIFE ACTION FUND		3. FEC Identification Number C C90007907
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1130 17TH ST NW		
(c) City, State and ZIP Code WASHINGTON DC 20036		
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 24-Hour Notice 48-Hour Notice

July 15 Quarterly Report

October Quarterly Report

January 31 Year-End Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M	M
0	5

 /

D	D
2	4

 /

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
0	5

 /

D	D
2	4

 /

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

1297.25

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a 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
William Lutz		05/25/2008

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

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

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Mailing Address
146 S Oxford Ave #1

Amount

472.58

City State Zip Code
Los Angeles CA 90004

Purpose of Expenditure
salary

Category/
Type

Office Sought: House State: NM
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Heather Wilson

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 22051.64

Disbursement For: Primary General
2008
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Mailing Address
611 Lead Ave SW #505

Amount

236.34

City State Zip Code
Albuquerque NM 87102

Purpose of Expenditure
salary

Category/
Type

Office Sought: House State: NM
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Heather Wilson

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 1181.70

Disbursement For: Primary General
2008
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Mailing Address
3017 Stevenson Place NW

Amount

206.75

City State Zip Code
Washington DC 20015

Purpose of Expenditure
salary

Category/
Type

Office Sought: House State: NM
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Heather Wilson

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 1033.75

Disbursement For: Primary General
2008
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

915.67

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

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

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Mailing Address
3908 Victoria Oaks Trail

Amount

147.66

City State Zip Code
Annandale VA 22003

Purpose of Expenditure
salary

Category/
Type

Office Sought: House State: NM
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Heather Wilson

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 789.81

Disbursement For: Primary General
2008
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Mailing Address
283 Rimbly Ave

Amount

147.66

City State Zip Code
Gahanna OH 43230

Purpose of Expenditure
salary

Category/
Type

Office Sought: House State: NM
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Heather Wilson

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 738.30

Disbursement For: Primary General
2008
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Mailing Address
611 Lead Ave SW #502

Amount

16.16

City State Zip Code
Albuquerque NM 87102

Purpose of Expenditure
mileage

Category/
Type

Office Sought: House State: NM
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Heather Wilson

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 22051.64

Disbursement For: Primary General
2008
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

311.48

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

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

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Mailing Address
611 Lead Ave SW #920

Amount

10.10

City State Zip Code
Albuquerque NM 87102

Purpose of Expenditure
mileage

Category/
Type

Office Sought: House State: NM
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Heather Wilson

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 60.60

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Papa John's Pizza

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Mailing Address
2206 Central Ave SE

Amount

60.00

City State Zip Code
Albuquerque NM 87106

Purpose of Expenditure
pizza for canvassers

Category/
Type

Office Sought: House State: NM
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Heather Wilson

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 591.71

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

70.10

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

1297.25