Image# 10990419105 03/8/3 # 20/10 13:07

## **FEC FORM 5**

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

To be used by Ferson's (Other than Fontical Committees) including Quanties Nonprofit C	orporations
(a) Name of Individual, Organization or Corporation	
Defenders of Willdife Action Fund	
(b) Address (number and street)	
(c) City, State and ZIP Code	
Washington DC 20036	3. FEC Identification Number
	<b>C</b> C90007907
2. Corporate filers only  Is the filer a qualified nonprofit corporation?  X Yes 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 I	Notice
☐ July 15 Quarterly Report	
October Quarterly Report	
☐ January 31 Year-End Report	
oundary of four End Hoport	
(b) Is this Report an amendment? Yes \( \square\) No \( \textbf{X} \)	
5. COVERING PERIOD: FROM 03 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
THROUGH	
$\begin{bmatrix} M & M & M \\ O & 3 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & Y \\ Z & O & 1 & O \end{bmatrix}^{Y}$	
	_
6. TOTAL CONTRIBUTIONS	6251.11
7. TOTAL INDEPENDENT EXPENDITURES	5000.00
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or i 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 reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation	the independent expenditures
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
William Lutz	03/31/2010
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to	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-A ITEMIZED RECEIPTS

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	for commercial purposes, other than using th	o name and addres	ss of arry political co	ornimillee to solicit t	Contributions from Such Committee
	NAME OF FILER (In Full)				
	Defenders of Willdife Action Fund				
	Full Name (Last, First, Middle Initial)			Date of Receipt	
	Betty Funkhauser Mailing Address				M M / D D / Y Y Y Y
	P.O. Box 155				03 15 2010
	City	State	Zip Code		Transaction ID: F56.4148
	Broadway	VA	22815		Amount of Each Receipt this Period
	FEC ID number of contributing	С			265.00
	federal political committee.	<u> </u>			
	Name of Employer			Occupation	
	Requested			Requested	
V Mai 12 Cit V FEI fed	Full Name (Last, First, Middle Initial)				Date of Receipt
	Veronica McClaskey Mailing Address				M M / D D / Y Y Y
	14905 SE Rivershore Dr				03 13 2010
	City	State	Zip Code		Transaction ID: F56.4146
	Vancouver	WA	98683		Amount of Each Receipt this Period
	FEC ID number of contributing		0 0 0		265.00
	federal political committee.	C			
	Name of Employer			Occupation	
	Requested			Requested	
	Full Name (Last, First, Middle Initial)				Date of Receipt
	Receipts Unitemized  Mailing Address				M M / D D / Y Y Y Y
	1130 17th St NW				03 18 2010
	City	State	Zip Code		Transaction ID: F56.4150
	Washington	DC	20036		Amount of Each Receipt this Period
	FEC ID number of contributing				5721.11
_	federal political committee.	С			
	Name of Employer			Occupation	
	N/A			N/A	

SUBTOTAL of Receipts This Page (optional) .....

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

6251.11

6251.11

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

AME OF FILER (In Full)				
Defenders of Willdife Action Fund				
Full Name (Last, First, Middle Initial) of Payee			Date	
Abar Hutton				
			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
Mailing Address 6190 Grovedale Ct			Amount	
Suite 200				
City	State	Zip Code	5000.00	
Alexandria	VA	22310		
Purpose of Expenditure		Category/	Office Sought: X House State: CA	
radio ad buy		Type	House Senate	
Name of Fodoral Condidate Comparted or One	and by Evanditure		President District: 19	
Name of Federal Candidate Supported or Opp RICHARD W POMBO	osea by Experialitire.			
THOMATIB WY GIVIDS			Check One: Support X Oppose	
Calendar Year-To-Date Per Election			Disbursement For: X Primary General	
for Office Sought		60017.00	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee			Date	
GoDaddy.com			0 3 2 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address			03 25 2010	
14455 N. Hayden Rd.			Amount	
Suite 219 City	State	Zip Code	104.16	
Scottsdale	AZ	85260		
Purpose of Expenditure	- · · <u>-</u>		Office Cought:	
URL purchases		Category/	Office Sought: X House State: CA	
OTE paronases		Type	House Senate District: 19	
Name of Federal Candidate Supported or Opp	oosed by Expenditure:	:	President	
RICHARD W POMBO			Check One: Support X Oppose	
			Disbursement For: X Primary General	
Calendar Year-To-Date Per Election for Office Sought		104.16	2010 — July 2010 — Other (specify)	
			Other (specify)	
Full Name (Last, First, Middle Initial) of Payee			Date	
William Lutz			M M / D D / Y Y Y Y	
Mailing Address			03 15 2010	
1130 17th St NW			Amount	
City	State	Zip Code	85.45	
Washington	DC	20036		
Purpose of Expenditure			Office Sought: Y House Common CA	
salary		Category/	State: Ort	
•		Туре	House Senate District: 19	
Name of Federal Candidate Supported or Opp	oosed by Expenditure:	:	President ———	
RICHARD W POMBO			Check One: Support X Oppose	
0.111/- 7 . 5 . 5 . 5 . 5			Disbursement For: X Primary General	
Calendar Year-To-Date Per Election for Office Sought		85.45	2010	
Tor Office Sought			Other (specify)	
			5400.04	
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTALof Unitemized Independent Expenditures				
			5100.01	
(c) TOTAL Independent Expenditures				
			5189.61	