

FEC FORM 5

RECEIVED
FEC MAIL CENTER

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

SEP 15 AM 8:04

1. (a) Name of Individual, Organization or Corporation DEFENDERS OF WILDLIFE ACTION FUND		3. FEC Identification Number 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
 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 **09'09'2008**
 THROUGH **09'12'2008**

6. TOTAL CONTRIBUTIONS **0.00**

7. TOTAL INDEPENDENT EXPENDITURES **20,056.58**

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
WILLIAM LUTZ	<i>William Lutz</i>	9/12/08

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

28039832274

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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)			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	

B. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	

C. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	

D. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	

SUBTOTAL of Receipts This Page (optional)	▶	,	,	0.00
TOTAL This Period (last page carry total to Line 6)	▶	,	,	0.00

2803983275

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Defenders of Wildlife Action Fund

Full Name (Last, First, Middle Initial) of Payee <u>Garcia, Sisy</u>		Date <u>09'09'2008</u>
Mailing Address <u>204 Valencia Dr NE</u>		Amount <u>23.20</u>
City <u>Albuquerque</u>	State Zip Code <u>NM 87108</u>	
Purpose of Expenditure <u>mileage</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NM</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Steve Pearce</u>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>2,471.15</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>Lipkon, Jesse</u>		Date <u>09'10'2008</u>
Mailing Address <u>1600 San Pedro Blvd NE</u>		Amount <u>10.53</u>
City <u>Albuquerque</u>	State Zip Code <u>NM 87102</u>	
Purpose of Expenditure <u>mileage</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NM</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Steve Pearce</u>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>5,853.49</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>Garcia, Sisy</u>		Date <u>09'10'2008</u>
Mailing Address <u>204 Valencia Dr NE</u>		Amount <u>5.80</u>
City <u>Albuquerque</u>	State Zip Code <u>NM 87108</u>	
Purpose of Expenditure <u>mileage</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NM</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Steve Pearce</u>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>2,471.15</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<u>20,056.58</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<u>0.00</u>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	<u>20,056.58</u>

2803983276

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Defenders of Wildlife Action Fund

Full Name (Last, First, Middle Initial) of Payee <u>Hickon, Jesse</u>		Date <u>09.11.2008</u>
Mailing Address <u>1600 San Pedro Blvd NE</u>		Amount <u>17.05</u>
City <u>Albuquerque</u>	State <u>NM</u>	
Zip Code <u>87102</u>	Purpose of Expenditure <u>Mileage</u>	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Steve Pearce</u>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NM</u> District: _____
Calendar Year-To-Date Per Election for Office Sought <u>5,853.49</u>	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>Yoon, Ed</u>		Date <u>09.12.2008</u>
Mailing Address <u>611 Lead Ave SW #502</u>		Amount <u>20,000.00</u>
City <u>Albuquerque</u>	State <u>NM</u>	
Zip Code <u>87102</u>	Purpose of Expenditure <u>paid canvass</u>	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Steve Pearce</u>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NM</u> District: _____
Calendar Year-To-Date Per Election for Office Sought	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input checked="" 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
Name of Federal Candidate Supported or Opposed by Expenditure:	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<u>20,056.58</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<u>0.00</u>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	<u>20,056.58</u>

28039832277

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 type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input checked="" type="checkbox"/> USPS Express Mail	Postmarked 9/12/08
<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

SW

9/15/08

PREPARER
(3/2005)

DATE PREPARED

28039832278