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

(b) Address (number and street) ☐ check if different than previously reported

1130 17TH STREET NW

(c) City, State and ZIP Code

WASHINGTON   DC   20036

3. FEC Identification Number

C C90007907

2. **Corporate filers only**

Is the filer a qualified nonprofit corporation?   ☒ Yes   ☐ No

Individual filers only   Name of Employer   Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report   ☒ 24-Hour Report   ☐ 48-Hour Report

☐ 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 / D D / Y Y Y Y

THROUGH

M M / D D / Y Y Y Y

6. TOTAL CONTRIBUTIONS 00

7. TOTAL INDEPENDENT EXPENDITURES...   2934.00

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**
Anne Saer		10/26/2006

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
Care2

Mailing Address
275 shoreline dir

City	State	Zip Code
Redwood City	CA	94065

Date
MM **1 0** / DD **2 4** / YYYY **2 0 0 6**

Amount
326.00

Purpose of Expenditure	Category/ Type
List rental	006

Office Sought: [X] House [ ] Senate [ ] President
House
State: FL
District: 13

Name of Federal Candidate Supported or Opposed by Expenditure:
Christine Jennings

Check One: [X] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought: .00

Disbursement For: [ ] Primary [ ] General
[ ] Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Care2

Mailing Address
275 Shoreline Dr

City	State	Zip Code
Redwood City	CA	94065

Date
MM **1 0** / DD **2 5** / YYYY **2 0 0 6**

Amount
326.00

Purpose of Expenditure	Category/ Type
List rental	006

Office Sought: [X] House [ ] Senate [ ] President
House
State: IL
District: 6

Name of Federal Candidate Supported or Opposed by Expenditure:
Tammy Duckworth

Check One: [X] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought: .00

Disbursement For: [ ] Primary [ ] General
[ ] Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Care2

Mailing Address
275 Shoreline Dr

City	State	Zip Code
Redwood City	CA	94065

Date
MM **1 0** / DD **2 5** / YYYY **2 0 0 6**

Amount
326.00

Purpose of Expenditure	Category/ Type
List rental	007

Office Sought: [X] House [ ] Senate [ ] President
House
State: IN
District: 2

Name of Federal Candidate Supported or Opposed by Expenditure:
Joe Donnelly

Check One: [X] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought: .00

Disbursement For: [ ] Primary [ ] General
[ ] Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures 978.00

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

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

FE3AN043

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Care2

Date
M M **1 0** / D D **2 5** / Y Y Y Y **2 0 0 6**

Mailing Address
275 Shoreline Dr

Amount
326.00

City	State	Zip Code
Redwood City	CA	94065

Purpose of Expenditure
List rental

Category/Type **006**

Office Sought: [X] House [ ] Senate [ ] President
House
State: IN
District: 9

Name of Federal Candidate Supported or Opposed by Expenditure:
Baron Hill

Check One: [X] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought
.00

Disbursement For: [ ] Primary [ ] General
[ ] Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Care 2

Date
M M **1 0** / D D **2 5** / Y Y Y Y **2 0 0 6**

Mailing Address
275 Shoreline Dr

Amount
326.00

City	State	Zip Code
Redwood City	CA	94065

Purpose of Expenditure
List rental

Category/Type **006**

Office Sought: [X] House [ ] Senate [ ] President
House
State: IN
District: 8

Name of Federal Candidate Supported or Opposed by Expenditure:
Brad Ellsworth

Check One: [X] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought
.00

Disbursement For: [ ] Primary [ ] General
[ ] Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Care2

Date
M M **1 0** / D D **2 5** / Y Y Y Y **2 0 0 6**

Mailing Address
275 Shoreline Dr

Amount
326.00

City	State	Zip Code
Redwood City	CA	94065

Purpose of Expenditure
List rental

Category/Type **006**

Office Sought: [X] House [ ] Senate [ ] President
House
State: KY
District: 3

Name of Federal Candidate Supported or Opposed by Expenditure:
John Yarmuth

Check One: [X] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought
.00

Disbursement For: [ ] Primary [ ] General
[ ] Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures 978.00

(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
Care2

Mailing Address
275 Shoreline Dr

City	State	Zip Code
Redwood City	CA	94065

Date: M M 1 0 / D D 2 5 / Y Y Y Y 2 0 0 6

Amount: 326.00

Purpose of Expenditure
List rental

Category/ Type: 006

Office Sought: [X] House   [ ] Senate   [ ] President
House
State: MN
District: 1

Name of Federal Candidate Supported or Opposed by Expenditure:
Tim Walz

Check One: [X] Support   [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought: .00

Disbursement For: [ ] Primary   [ ] General
[ ] Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Care2

Mailing Address
275 Shoreline Dr

City	State	Zip Code
Redwood City	CA	94065

Date: M M 1 0 / D D 2 5 / Y Y Y Y 2 0 0 6

Amount: 326.00

Purpose of Expenditure
List rental

Category/ Type: 006

Office Sought: [X] House   [ ] Senate   [ ] President
House
State: NC
District: 11

Name of Federal Candidate Supported or Opposed by Expenditure:
Heath Shuler

Check One: [X] Support   [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought: .00

Disbursement For: [ ] Primary   [ ] General
[ ] Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Care2

Mailing Address
275 Shoreline Dr

City	State	Zip Code
Redwood City	CA	94065

Date: M M 1 0 / D D 2 5 / Y Y Y Y 2 0 0 6

Amount: 326.00

Purpose of Expenditure
List rental

Category/ Type: 006

Office Sought: [X] House   [ ] Senate   [ ] President
House
State: NM
District: 1

Name of Federal Candidate Supported or Opposed by Expenditure:
Patricia Madrid

Check One: [X] Support   [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought: .00

Disbursement For: [ ] Primary   [ ] General
[ ] Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures 978.00

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

(c) TOTAL Independent Expenditures 2934.00
(carry total from last page forward to Line 7)

FE3AN043