Image# 26950725278 10/26/2006 19:50 PAGE **1** / **4**

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Politica 1. (a) Name of Individual, Organization or Corporation DEFENDERS OF WILDLIFE ACTION FUN	n	including Qualified	d Nonprofit Co	orporations
(b) Address (number and street)	ifferent than previou	usly reported		
(c) City, State and ZIP Code				
WASHINGTON	DC	20036		FEC Identification Number
Corporate filers only Is the filer a qualified	nonprofit corporation	on? X Yes [□ No	C C90007907
Individual filers only Name of Employer			0	Occupation
4. TYPE OF REPORT (check appropriate	e boxes):			
(a) April 15 Quarterly Report		24-Hour Report	48-Hour F	Report
☐ July 15 Quarterly Report☐ October Quarterly Report				
☐ January 31 Year-End Report				
(b) Is this Report an amendment?	Yes No X			
5. COVERING PERIOD: FROM	M / D D	YYYY		
М	THROUGH	H		
6. TOTAL CONTRIBUTIONS				.00
7. TOTAL INDEPENDENT EXPENDITUR	RES			2934.00
Under penalty of perjury, I certify that the independent expenditures request or suggestion of, a candidate or a candidate's agent or auth reported herein were made by a corporation, I certify that the corpor	norized committee or a p	olitical party committee or its	agent. In addition, if the	ne independent expenditures
TYPE OR PRINT NAME OF PERSON COMPLETIN	IG FORM	SIGNATURE		DATE
Anne Saer				10/26/2006
NOTE: Submission of false, erroneous or inc	complete information	may subject the person s	ianina this report to	the penalties of 2 U.S.C. 437g

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

5PG021 FEC Schedule 5 (Rev. 09/2005)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE	2 / 4	

ME OF FILER (In Full)			FOR LINE 7 FOR FORM 5
EFENDERS OF WILDLIFE ACTION FUND)		
Full Name (Lock First Middle Initial) of Davis			1
Full Name (Last, First, Middle Initial) of Payee Care2			Date
Ga162			10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 275 shoreline dir			Amount
City	State	Zip Code	326.00
Redwood City	CA	94065	
Purpose of Expenditure		Category/	Office Sought: X House State: FL
List rental		Type 006	House Senate
Name of Federal Candidate Supported or Oppose	d by Expenditur	e.	President District: 13
Christine Jennings	a 5) =/poa.ta.	.	Check One: X Support Oppose
Calendar Year-To-Date Per Election		.00	
for Office Sought		.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Care2			M M / D D / Y Y Y
Mailing Address			
275 Shoreline Dr			Amount
City	State	Zip Code	326.00
Redwood City	CA	94065	
Purpose of Expenditure		Catagony	Office Sought: X House State: IL
List rental		Category/ Type 006	House Senate State: IL
Name of Federal Candidate Supported or Oppose	d by Evnenditur		President District: 6
Tammy Duckworth	a by Experialitin	6.	Check One: X Support Oppose
			Z II SPPSSS
Calendar Year-To-Date Per Election		00	Disbursement For: Primary General
for Office Sought		.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Care2			M M / D D / Y Y Y
Mailing Address			
275 Shoreline Dr			Amount
City	State	Zip Code	326.00
Redwood City	CA	94065	
Purpose of Expenditure		Catagory	Office Sought: X House State: IN
List rental		Category/ Type 007	State:
Name of Federal Candidate Supported or Oppose	d by Evpanditur	1	House Senate District: 2
Joe Donnelly	a by Expenditur	c .	Check One: X Support Oppose
Onlandon Varia Ta Data B. Et al.		_	Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought		.00	Other (specify)
			070.00
(a) SUBTOTAL of Itemized Independent Expendit	ures		978.00
(b) SUBTOTALof Unitemized Independent Expen	ditures		
,			
c) TOTAL Independent Expenditures			L

(carry total from last page forward to Line 7)

SCHEDULE 5-E

EMIZED INDEPENDENT EXPENDITU	RES			FOR LINE	E 7 FOR FORM 5
AME OF FILER (In Full)					
DEFENDERS OF WILDLIFE ACTION FU	ND				
Full Name (Last, First, Middle Initial) of Payee				Date	
Care2				M M / D D D 25	/ Y Y Y Y
Mailing Address					2006
275 Shoreline Dr				Amount	
City	State	Zip Code			326.00
Redwood City	CA	94065			
Purpose of Expenditure		Category/		Office Sought: X House	State: IN
List rental		Type	006	House Senate	
Name of Federal Candidate Supported or Oppo	sed by Expenditure):		Presiden	District: 9
Baron Hill				Check One: X Support	Oppose
				Disbursement For: Primar	y General
Calendar Year-To-Date Per Election for Office Sought		.(00		, Gonora
<u> </u>		• • • • •		Other (specify)	
Full Name (Last, First, Middle Initial) of Payee				Date	
Care 2				M M / D D D D D D D D D D D D D D D D D	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address				Amount	2006
275 Shoreline Dr				Amount	200.00
City	State	Zip Code			326.00
Redwood City	CA	94065			
Purpose of Expenditure		Category/		Office Sought: X House	State: IN
List rental		Type	006	House Senate	District: 8
Name of Federal Candidate Supported or Oppo	sed by Expenditure):		Presiden	t
Brad Ellsworth				Check One: X Support	Oppose
Oderder Vers To Bate Box Floring				Disbursement For: Primar	y General
Calendar Year-To-Date Per Election for Office Sought		(00 00	Other (specify)	<u> </u>
				I	
Full Name (Last, First, Middle Initial) of Payee Care2				Date	
				M M / D D D D D D D D D D D D D D D D D	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 275 Shoreline Dr				Amount	2000
275 Shoreline Di				7 incan	326.00
City	State	Zip Code			320.00
Redwood City	CA	94065	 		
Purpose of Expenditure		Category/	006	Office Sought: X House	State: KY
List rental		Type	006	House Senate	District: 3
Name of Federal Candidate Supported or Oppo	sed by Expenditure): 		Presiden	t
John Yarmuth				Check One: X Support	Oppose
Calendar Year-To-Date Per Election			,	Disbursement For: Primar	y General
for Office Sought	L		00	Other (specify)	
-			1		
(a) SUBTOTAL of Itemized Independent Expen	ditures				978.00
, , , , , , , , , , , , , , , , , , ,					
(b) SUBTOTALof Unitemized Independent Exp	enditures			L	
(c) TOTAL Independent Expenditures					

(carry total from last page forward to Line 7)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4/4
FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEEENDERS	OE WILDLIEF	ACTION FUNI	7
DEFENDERS			

Full Name (Last, First, Middle Initial) of Payee				Date
Care2				M M / D D / Y Y Y Y
Mailing Address				
275 Shoreline Dr				Amount
City	State	Zip Code		326.00
Redwood City	CA	94065		
Purpose of Expenditure		Category/		Office Sought: X House State: MN
List rental		Туре	006	House Senate .
Name of Federal Candidate Supported or Opposed by	Expenditure:			President District: 1
Tim Walz				Check One: X Support Oppose
0.1 . 1 . 7 . 5 . 5 . 5 . 5				Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought			.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee Care2				Date
				10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 275 Shoreline Dr				Amount
				326.00
City Redwood City	State CA	Zip Code		
Redwood City	UA	94065		
Purpose of Expenditure List rental		Category/	006	Office Sought: X House State: NC
		Туре	000	House Senate District: 11
Name of Federal Candidate Supported or Opposed by Heath Shuler	Expenditure:			President -
Trouis Crision				Check One: X Support Oppose
Calendar Year-To-Date Per Election				Disbursement For: Primary General
for Office Sought			.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			'	Date
Care2				
Mailing Address				M10 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
275 Shoreline Dr				Amount
City	State	Zip Code		326.00
Redwood City	CA	94065		
Purpose of Expenditure		Category/		Office Sought: X House State: NM
List rental		Туре	006	House Senate
Name of Federal Candidate Supported or Opposed by	Expenditure:			President District: 1
Patricia Madrid				Check One: X Support Oppose
				Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought			.00	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				978.00
(a) CODICIAL OF REFINZED INDEPENDENT EXPENDITURES				
(b) SUBTOTALof Unitemized Independent Expenditur	es			
(c) TOTAL Independent Expenditures				2934.00
(carry total from last page forward to Line 7)			