

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

2008 JUL 29 P 3:46

1. Person Making the Disbursements/Obligations

(a) Name

DEFENDERS OF WILDLIFE ACTION FUND

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

1130 17th St NW

(c) City, State and ZIP Code

WASHINGTON DC 20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C90007907

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

07/28/2008

through

07/29/2008

5. (a) Date of Public Distribution(s)

07/28/2008

(b) Communication Title

PRICES

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☒ No ☐

8. Custodian of Records

(a) Name

WILLIAM LUTZ

(b) Address (number and street)

1130 17th St NW

(c) City, State and ZIP Code

WASHINGTON DC 20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

DEFENDERS OF WILDLIFE ACTION FUND SENIOR DIRECTOR

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

1,864.00:00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

WILLIAM LUTZ

SIGNATURE

William Lutz

DATE

07/29/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

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List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control

A.	(a) Name	RODGER SCHLICKENSEN		
	(b) Address (number and street)	1130 17th St NW		
	(c) City, State and ZIP Code	WASHINGTON DC 20036		
	(d) Name of Employer or Principal Place of Business	DEFENDERS OF WILDLIFE ACTION FUND		
	(e) Occupation	PRESIDENT		
B.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business			
	(e) Occupation			
C.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business			
	(e) Occupation			
D.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business			
	(e) Occupation			
E.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business			
	(e) Occupation			

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SCHEDULE 9-A
Donation(s) Received

PAGE **3** OF **4**

A. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

SUBTOTAL of Donations This Page (optional)

0.00

TOTAL This Period (last page this line number only)
 (carry total from last page to Line 9)

0.00

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SCHEDULE 9-B


Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee ABAR HUTTON MEDIA			Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">07 / 28 / 2008</div>	
Mailing Address of Payee 6190 GROVEDALE COURT SUITE 200			Amount <div style="border: 1px solid black; padding: 2px;">175,000.00</div>	
City ALEXANDRIA	State VA	Zip Code 22310	Communication Date <div style="border: 1px solid black; padding: 2px;">07 / 28 / 2008</div>	
Name of Employer 			Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) TV and Radio ad buy - "Prices"				
Name of Federal Candidate MARILYN MUSGRAVE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO	District: 4
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: 	District:
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: 	District:
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: 	District:
Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				
B. Full Name (Last, First, Middle Initial) of Payee WILD BUNCH CONSULTING			Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">07 / 29 / 2008</div>	
Mailing Address of Payee 2207 VALLEY CIRCLE			Amount <div style="border: 1px solid black; padding: 2px;">114,000.00</div>	
City ALEXANDRIA	State VA	Zip Code 22302	Communication Date <div style="border: 1px solid black; padding: 2px;">07 / 28 / 2008</div>	
Name of Employer 			Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) TV and Radio ad production - "Prices"				
Name of Federal Candidate MARILYN MUSGRAVE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO	District: 4
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: 	District:
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: 	District:
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: 	District:
Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				
SUBTOTAL of Disbursements/Obligations This Page (optional)			<div style="border: 1px solid black; padding: 2px;">186,400.00</div>	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)			<div style="border: 1px solid black; padding: 2px;">186,400.00</div>	

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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 checked="checked" type="checkbox"/> Hand Delivered	Date of Receipt 7/29/08
<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 type="checkbox"/> USPS Express Mail	Postmarked
<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
 PREPARER	7/29/08 DATE PREPARED

(3/2005)

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