

RECEIVED  
FEC MAIL CENTER

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

2008 AUG 15 AM 10:11

### 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" AND "RAISING"

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

000000

### 10. Total Disbursements/Obligations This Statement

19130202

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

[Signature]

DATE

8/4/2008

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

28039813608

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

11. Person(s) Sharing/Exercising Control

<b>A.</b>	(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>B.</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
<b>C.</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
<b>D.</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
<b>E.</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

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**SCHEDULE 9-A**  
**Donation(s) Received**

**A. Full Name of Donor**

---

Mailing Address of Donor

---

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

\_\_\_\_\_

**B. Full Name of Donor**

---

Mailing Address of Donor

---

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

\_\_\_\_\_

**C. Full Name of Donor**

---

Mailing Address of Donor

---

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

\_\_\_\_\_

**D. Full Name of Donor**

---

Mailing Address of Donor

---

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

\_\_\_\_\_

**E. Full Name of Donor**

---

Mailing Address of Donor

---

City State Zip

Date of Receipt

MM / DD / YYYY

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)**

<p><b>A. Full Name (Last, First, Middle Initial) of Payee</b>  <b>ABAR HUTTON MEDIA</b></p> <p>Mailing Address of Payee  <b>6190 GROVEDALE COURT SUITE 200</b></p> <p>City State Zip Code  <b>ALEXANDRIA VA 23310</b></p> <p>Name of Employer Occupation</p>	<p>Date of Disbursement or Obligation  <b>07 28 2008</b></p> <p>Amount  <b>175,000.00</b></p> <p>Communication Date  <b>07 28 2008</b></p>
<p>Purpose of Disbursement (Including title(s) of communication(s))  <b>TV and Radio ad buy - "Prices" and "Raising"</b></p>	
<p>Name of Federal Candidate  <b>MARILYN MUSGRAVE</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  State: <b>CO</b> District: <b>4</b></p>	<p>Disbursement/Obligation For:  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶</p>
<p>Name of Federal Candidate</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  State: _____ District: _____</p>	<p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶</p>
<p>Name of Federal Candidate</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  State: _____ District: _____</p>	<p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶</p>
<p><b>B. Full Name (Last, First, Middle Initial) of Payee</b>  <b>WILD BUNCH CONSULTING</b></p> <p>Mailing Address of Payee  <b>1101 30TH ST NW SUITE 500</b></p> <p>City State Zip Code  <b>WASHINGTON DC 20007</b></p> <p>Name of Employer Occupation</p>	<p>Date of Disbursement or Obligation  <b>07 29 2008</b></p> <p>Amount  <b>16,302.02</b></p> <p>Communication Date  <b>07 28 2008</b></p>
<p>Purpose of Disbursement (Including title(s) of communication(s))  <b>TV and Radio ad production - "Prices" and "Raising"</b></p>	
<p>Name of Federal Candidate  <b>MARILYN MUSGRAVE</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  State: <b>CO</b> District: <b>4</b></p>	<p>Disbursement/Obligation For:  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶</p>
<p>Name of Federal Candidate</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  State: _____ District: _____</p>	<p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶</p>
<p>Name of Federal Candidate</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  State: _____ District: _____</p>	<p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶</p>
<p><b>SUBTOTAL of Disbursements/Obligations This Page (optional) ..... ▶</b></p>	
<p><b>TOTAL This Period (last page this line number only) ..... ▶</b>                  (carry total from last page to Line 10)</p>	

28039813611

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.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
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	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
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PREPARER  
(3/2005)

8/15/08  
DATE PREPARED

28039813612