

# 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<br>DEFENDERS OF WILDLIFE ACTION FUND                             |   | 3. FEC Identification Number<br><b>C</b> C90007907 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>1130 17TH ST NW |   |  |
| (c) City, State and ZIP Code<br>WASHINGTON DC 20036   |   |  |
| 2. <b>Corporate filers only</b>   | Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>Individual filers only</b>   | Name of Employer Occupation   |  |

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report  24-Hour Notice  48-Hour Notice
- 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.....

.....22515.00

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**

William Lutz

02/07/2008

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  
Abar Hutton Media

Date

M M / D D / Y Y Y Y  
0 2 / 0 5 / 2 0 0 8

Mailing Address  
6190 Grovedale Court Suite 200

Amount

20015.00

City State Zip Code  
Alexandria VA 22310

Purpose of Expenditure  
advertisement placement

Category/  
Type

Office Sought:  House State: MD  
House  Senate District: 01  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Wayne Gilchrest

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 20015.00

Disbursement For:  Primary  General  
2008  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Wild Bunch Consulting

Date

M M / D D / Y Y Y Y  
0 2 / 0 5 / 2 0 0 8

Mailing Address  
2207 Valley Circle

Amount

2500.00

City State Zip Code  
Alexandria VA 22302

Purpose of Expenditure  
advertising production

Category/  
Type

Office Sought:  House State: MD  
House  Senate District: 01  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Wayne Gilchrest

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 2500.00

Disbursement For:  Primary  General  
2008  
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

22515.00

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

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

22515.00