

RECEIVED
FEC MAIL CENTER

2008 SEP 22 AM 9:59

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

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

08 / 02 / 2008
through

09 / 15 / 2008

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

09 / 18 / 2008

(b) Communication Title

"Key"

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

36,828.55

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

09 / 19 / 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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11. Person(s) Sharing/Exercising Control

A.	(a) Name RODGER SCHLICKERSEN
	(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

28039834723

<p>A. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y</p> <p>Amount</p> <p>_____</p>
<p>B. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y</p> <p>Amount</p> <p>_____</p>
<p>C. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y</p> <p>Amount</p> <p>_____</p>
<p>D. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y</p> <p>Amount</p> <p>_____</p>
<p>E. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y</p> <p>Amount</p> <p>_____</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>_____ 0.00</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>_____ 0.00</p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <u>ABAR HUTTON MEDIA</u>		Date of Disbursement or Obligation MM ' DD ' YYYY <u>09 ' 15 ' 2008</u>
Mailing Address of Payee <u>6190 GROVEDALE COURT SUITE 200</u>		Amount Amount <u>25,000.00</u>
City <u>ALEXANDRIA</u>	State <u>VA</u>	Zip Code <u>22310</u>
Name of Employer <u>ABAR HUTTON MEDIA</u>		Occupation
Purpose of Disbursement (Including title(s) of communication(s)) <u>TV ad buy - "Key"</u>		
Name of Federal Candidate <u>Steve Pearce</u>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NM</u> District: _____
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
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 <u>WILD BUNCH CONSULTING</u>		Date of Disbursement or Obligation MM ' DD ' YYYY <u>08 ' 02 ' 2008</u>
Mailing Address of Payee <u>900 19th St NW</u>		Amount Amount <u>11,828.55</u>
City <u>WASHINGTON</u>	State <u>DC</u>	Zip Code <u>20006</u>
Name of Employer <u>WILD BUNCH CONSULTING</u>		Occupation
Purpose of Disbursement (Including title(s) of communication(s)) <u>TV ad production - "Key"</u>		
Name of Federal Candidate <u>Steve Pearce</u>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NM</u> District: _____
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶		<u>36,828.55</u>
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		<u>36,828.55</u>

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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 type="checkbox"/> Hand Delivered	Date of Receipt
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<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 checked="" type="checkbox"/> USPS Express Mail	Postmarked 9/19/08 ✓
<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

Jm W

PREPARER

(3/2005)

9/22/08

DATE PREPARED

28039834725