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OPERATIONS CENTER

2005 FEB -3 A 8 12

# 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 <b>Defenders of Wildlife Action Fund</b>		3. FEC identification number <b>C 000007907</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>1130 - 17th Street, NW</b>		
(c) City, State and ZIP Code <b>Washington, DC 20036-4604</b>		
2 Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Individual filers only 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  12-Day Report preceding the election  
 October 15 Quarterly Report  30-Day Report following the General Election  
 January 31 Year-End Report

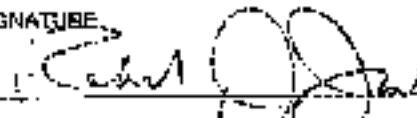
b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM **11 23 2004** TO **12 31 2004**

6. TOTAL CONTRIBUTIONS..... **0.00**

7. TOTAL INDEPENDENT EXPENDITURES..... **607,706.51**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of any candidate or authorized committee or agent of either, or any 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 <b>Robert J. Jones</b>	SIGNATURE 	DATE <b>1-31-05</b>
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NOTE: Submission of false, incorrect or misleading information may subject the person signing this report to the penalties of 2 U.S.C. §457e

For further information, contact:  
Federal Election Commission, 800 C Street, N.W., Washington, D.C. 20483 Toll Free 800-424-9300 Local 202-694-1100

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (in Full)

*Defenders of Wildlife Action Fund*

<p><b>A. Full Name (Last, First, Middle Initial)</b></p> <p>_____                  Mailing Address                  _____                  City State Zip Code</p> <p>FEC ID number of contributing federal political committee: <b>C</b></p> <p>Name of Employer _____ Occupation _____</p>		<p>Date of Receipt</p> <p>_____</p> <p>Amount of Each Receipt this Period</p> <p>_____</p>
<p><b>B. Full Name (Last, First, Middle Initial)</b></p> <p>_____                  Mailing Address                  _____                  City State Zip Code</p> <p>FEC ID number of contributing federal political committee: <b>C</b></p> <p>Name of Employer _____ Occupation _____</p>		<p>Date of Receipt</p> <p>_____</p> <p>Amount of Each Receipt this Period</p> <p>_____</p>
<p><b>C. Full Name (Last, First, Middle Initial)</b></p> <p>_____                  Mailing Address                  _____                  City State Zip Code</p> <p>FEC ID number of contributing federal political committee: <b>C</b></p> <p>Name of Employer _____ Occupation _____</p>		<p>Date of Receipt</p> <p>_____</p> <p>Amount of Each Receipt this Period</p> <p>_____</p>
<p><b>D. Full Name (Last, First, Middle Initial)</b></p> <p>_____                  Mailing Address                  _____                  City State Zip Code</p> <p>FEC ID number of contributing federal political committee: <b>C</b></p> <p>Name of Employer _____ Occupation _____</p>		<p>Date of Receipt</p> <p>_____</p> <p>Amount of Each Receipt this Period</p> <p>_____</p>

SUBTOTAL of Receipts This Page (optional) .....	000
TOTAL This Period (last page carry total to Line 6) .....	000

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 2  
FOR LINE 7 OF FORM 5

NAME OF FILER (in Full) **Defenders of Wildlife Action Fund**

Full Name (Last, First, Middle Initial) of Payee <b>Matthew Schickman, Hoppey &amp; Cooper, Inc.</b>		Date <b>12 10 2004</b>
Mailing Address <b>1101 - 14th Street, NW</b>		Amount <b>693.00</b>
City <b>Washington, DC</b>	State Zip Code <b>20005</b>	
Purpose of Expenditure <b>Website photos</b>	Category/Type <b>004</b>	Office Sought: House _____ Senate _____ President <input checked="" type="checkbox"/> District _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>George W. Bush</b>		Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>
Calendar Year-To-Date Per Election for Office Sought <b>567,841.89</b>		Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Russell, Cissy</b>		Date <b>12 31 2004</b>
Mailing Address <b>6424 Head Road</b>		Amount <b>1,092.50</b>
City <b>Wilmington, NC</b>	State Zip Code <b>28409</b>	
Purpose of Expenditure <b>Conservation report card</b>	Category/Type <b>004</b>	Office Sought: House _____ Senate _____ President <input checked="" type="checkbox"/> District _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>George W. Bush</b>		Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>
Calendar Year-To-Date Per Election for Office Sought <b>568,914.39</b>		Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Rauis, Sam</b>		Date <b>12 03 2004</b>
Mailing Address <b>461 Clubland Circle</b>		Amount <b>150.00</b>
City <b>Conyers, GA</b>	State Zip Code <b>30094</b>	
Purpose of Expenditure <b>Cartoons</b>	Category/Type <b>004</b>	Office Sought: House _____ Senate _____ President <input checked="" type="checkbox"/> District _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>George W. Bush</b>		Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>
Calendar Year-To-Date Per Election for Office Sought <b>569,064.39</b>		Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>1,915.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>601,880.15</b>
(c) TOTAL Independent Expenditures (carry total from last page forward to line 7)	<b>603,795.65</b>

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 OF 2  
FOR LINE 7 OF FORM 3

NAME OF FILER (In Full)  
**Defenders of Wildlife Action Fund**

Full Name (Last, First, Middle Initial) of Payor <b>NAMES in the NEWS</b>		Date <b>11 23 2004</b>
Mailing Address <b>1300 Clay Street, 11th Floor</b>		Amount <b>3,910.50</b>
City <b>Oakland, CA</b>	State Zip Code <b>94612-1429</b>	
Purpose of Expenditure <b>List Rental</b>	Category/Type <b>DOA</b>	Office Sought: House _____ Senate _____ President <input checked="" type="checkbox"/> District _____
Name of Federal Candidate Supported or Opposed by Expenditure <b>George W. Bush</b>		Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>
Calendar Year-To-Date Per Election for Office Sought <b>572,975.25</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payor		Date
Mailing Address		Amount
City	State Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: House _____ Senate _____ President _____ District _____
Name of Federal Candidate Supported or Opposed by Expenditure		Check One: Support _____ Oppose _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payor		Date
Mailing Address		Amount
City	State Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: House _____ Senate _____ President _____ District _____
Name of Federal Candidate Supported or Opposed by Expenditure		Check One: Support _____ Oppose _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	<b>5,826.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>601,880.15</b>
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	<b>607,706.51</b>

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
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 2/1/05
Delivery Confirmation™ Label <input checked="" 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
<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
<i>AMP</i> PREPARER	2/3/05 DATE PREPARED