

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 DEFENDERS OF WILDLIFE ACTION FUND	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1130 17TH STREET NW	
(c) City, State and ZIP Code WASHINGTON DC 20036	
3. FEC Identification Number C C90007907	
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 Report ☒ 48-Hour Report
☐ 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.....

42334.21

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

Anne Saer

10/03/2006

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

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	6

Mailing Address
555 Peters Street

Amount

6500.00

City

State

Zip Code

Pleasanton

CA

94566

Purpose of Expenditure

October Consultant Fee

Category/
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

District: 11

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Mailing Address
555 Peters Ave

Amount

73.00

City

State

Zip Code

Pleasanton

CA

94566

Purpose of Expenditure

Food

Category/
Type

002

Office Sought:

☒

House

State: CA

House

☐

Senate

District: 11

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee

Redbear

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	6

Mailing Address
472 St John Street

Amount

1875.00

City

State

Zip Code

Pleasanton

CA

94566

Purpose of Expenditure

October Rent

Category/
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

District: 11

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

(a) SUBTOTAL of Itemized Independent Expenditures

8448.00

(b) SUBTOTAL of Unitemized Independent Expenditures

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 10**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	6

Mailing Address

555 Peters Street

Amount

3000.00

City

Plesanton

State

CA

Zip Code

94566

Purpose of Expenditure

October Consultant Fee

Category/
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

☐

President

District: 11

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Mailing Address

555 Peters Street

Amount

71.00

City

Plesanton

State

CA

Zip Code

94566

Purpose of Expenditure

Monthly phone charge

Category/
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

☐

President

District: 11

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	6

Mailing Address

555 Peters Street

Amount

3000.00

City

Plesanton

State

CA

Zip Code

94566

Purpose of Expenditure

October Consultant Fee

Category/
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

☐

President

District: 11

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

6071.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **4 / 10**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	6

Mailing Address
555 Peters Street

Amount

3000.00

City

State

Zip Code

Pleasanton

CA

94566

Purpose of Expenditure

October Consultant Fee

Category/
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

District: 11

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	6

Mailing Address
555 Peters Street

Amount

3600.00

City

State

Zip Code

Pleasanton

CA

94566

Purpose of Expenditure

October Consultant Fee

Category/
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

District: 11

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	6

Mailing Address
6036 LaSalle Ave

Amount

3000.00

City

State

Zip Code

Oakland

CA

94566

Purpose of Expenditure

October Consultant Fee

Category/
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

District: 11

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

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

9600.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **5 / 10**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	6

Mailing Address
555 Peters Ave

Amount

24.00

City
PleasantonState
CAZip Code
94566

Purpose of Expenditure

Mileage reimbursement

Category/
Type

002

Office Sought:

☒

House

State: CA

House

☐

Senate

District: 11

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Richard PomboCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	6

Mailing Address
555 Peters Ave

Amount

3000.00

City
PleasantonState
CAZip Code
94566

Purpose of Expenditure

October Consultant Fee

Category/
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

District: 11

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Richard PomboCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Mailing Address
555 Peters Ave

Amount

71.00

City
PleasantonState
CAZip Code
94566

Purpose of Expenditure

Phone bill

Category/
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

District: 11

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Richard PomboCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

3095.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	6

Mailing Address
555 Peters Ave

Amount

3000.00

City
PleasantonState
CAZip Code
94566Purpose of Expenditure
October Consultant FeeCategory/
Type 001
 Office Sought: ☒ House State: CA
☐ Senate District: 11
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:
Richard PomboCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	6

Mailing Address
555 Peters Ave

Amount

89.00

City
PleasantonState
CAZip Code
94566Purpose of Expenditure
Mileage and phone reimbursementCategory/
Type 002
 Office Sought: ☒ House State: CA
☐ Senate District: 11
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:
Richard PomboCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	6

Mailing Address
155 Sansome Street

Amount

2089.00

City
San FranciscoState
CAZip Code
94104Purpose of Expenditure
Rally and lawn signsCategory/
Type 006
 Office Sought: ☒ House State: CA
☐ Senate District: 11
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:
Richard PomboCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

5178.00

(b) SUBTOTAL of Unitemized Independent Expenditures

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Enterprise

Date

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 6

Mailing Address

2550 Monument Blvd

Amount

2557.00

City

Concord

State

CA

Zip Code

94520

Purpose of Expenditure

Van Rental

Category/
Type

002

Office Sought:

☒ House

State: CA

House

☐ Senate☐ President

District: 11

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

☐ Primary☐ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Office Depot

Date

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 6

Mailing Address

2440 Dublin Street

Amount

499.00

City

Dublin

State

CA

Zip Code

94568

Purpose of Expenditure

Office supplies

Category/
Type

006

Office Sought:

☒ House

State: CA

House

☐ Senate☐ President

District: 11

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

☐ Primary☐ General☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 6

Mailing Address

1130 17th Street

Amount

1775.00

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Salary

Category/
Type

001

Office Sought:

☒ House

State: CA

House

☐ Senate☐ President

District: 11

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

☐ Primary☐ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

4831.00

(b) SUBTOTAL of Unitemized Independent Expenditures

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **8 / 10**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	6

Mailing Address
1130 17th Street

Amount

1908.00

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Salary

Category/
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

☐

President

District: 11

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	6

Mailing Address
1130 17th Street

Amount

531.00

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Salary

Category/
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

☐

President

District: 11

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	6

Mailing Address
1130 17th Street

Amount

132.21

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Salary

Category/
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

☐

President

District: 11

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

2571.21

(b) SUBTOTAL of Unitemized Independent Expenditures

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **9 / 10**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	6

Mailing Address
1130 17th Street

Amount

17.00

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Salary

Category/
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

District: 11

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	6

Mailing Address
1130 17th Street

Amount

1568.00

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Salary

Category/
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

District: 11

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	6

Mailing Address
1130 17th Street

Amount

402.00

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Salary

Category/
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

District: 11

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

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

1987.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

Date

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 6

Mailing Address

1130 17th Street

Amount

388.00

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Salary

Category/
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

District: 11

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee

Date

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 6

Mailing Address

1130 17th Street

Amount

101.00

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Salary

Category/
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

District: 11

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee

Federal Express

Date

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 6

Mailing Address

PO Box 371461

Amount

64.00

City

Pittsburgh

State

PA

Zip Code

15250

Purpose of Expenditure

Delivery fee

Category/
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

District: 11

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

(a) SUBTOTAL of Itemized Independent Expenditures

553.00

(b) SUBTOTAL of Unitemized Independent Expenditures

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

42334.21