

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		3. FEC Identification Number C C90007907
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1130 17TH ST NW		
(c) City, State and ZIP Code WASHINGTON DC 20036		
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

October Quarterly Report

January 31 Year-End Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M	M
0	9

 /

D	D
2	2

 /

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
0	9

 /

D	D
2	4

 /

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

5833.40

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		09/25/2008

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
MSHC Partners

Date

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Mailing Address
1155 15th St NW Suite 300

Amount

2650.00

City State Zip Code
Washington DC 20005

Purpose of Expenditure
Walk card design and production

Category/
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:
Martin Heinrich

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 2650.00

Disbursement For: Primary General
2008
 Other (specify)

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

Date

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Mailing Address
1155 15th St NW Suite 300

Amount

2650.00

City State Zip Code
Washington DC 20005

Purpose of Expenditure
Walk card design and production

Category/
Type

Office Sought: House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 2650.00

Disbursement For: Primary General
2008
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
PDA Preferred.com

Date

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Mailing Address

Amount

266.70

City State Zip Code
CA

Purpose of Expenditure
palm pilots

Category/
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:
Martin Heinrich

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 266.70

Disbursement For: Primary General
2008
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

5566.70

(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

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
PDA Preferred.com

Date

/ /

Mailing Address
online

Amount

City

State
CA

Zip Code

Purpose of Expenditure
palm pilots

Category/
Type

Office Sought:

House

State: NM

Presidential

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:
2008

Primary

General

Other (specify) _____

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

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

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