

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

RECEIVED
FEC MAIL CENTER

2008 SEP 25 PM 12:33

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

09 22 2008

through

09 24 2008

5. (a) Date of Public Distribution(s) 09 24 2008 (b) Communication Title "Energy"

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

17,500.00

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

[Signature]

DATE

9/24/08

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name	RODGER SCHLICKENSEN		
	(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		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

PAGE 3 OF 4

<p>A. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p>

SUBTOTAL of Donations This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 9)

0.00

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 of 4


A. Full Name (Last, First, Middle Initial) of Payee ABAR HUTTON MEDIA		Date of Disbursement or Obligation 09/22/2008
Mailing Address of Payee 6190 GROVEDALE COURT SUITE 200		Amount 15000.00
City ALEXANDRIA	State VA	Zip Code 22310
Name of Employer N/A	Occupation N/A	
Purpose of Disbursement (Including title(s) of communication(s)) RADIO AD BUY - "ENERGY"		
Name of Federal Candidate BILL SALI	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: ID District: 1
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 WILD BUNCH CONSULTING		Date of Disbursement or Obligation 09/23/2008
Mailing Address of Payee 900 19th St NW		Amount 2500.00
City WASHINGTON	State DC	Zip Code 20006
Name of Employer N/A	Occupation N/A	
Purpose of Disbursement (Including title(s) of communication(s)) RADIO AD PRODUCTION - "ENERGY"		
Name of Federal Candidate BILL SALI	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: ID District: 1
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)	17,500.00
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)	17,500.00

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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
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input checked="" type="checkbox"/> USPS Express Mail	Postmarked <i>9/24/08</i>
<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
	<i>9/25/08</i>
PREPARER	DATE PREPARED

(3/2005)

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