Image# 28933433967 10%9972008 16:58

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

Defenders of Willdife Action Fund (b) Address (number and street)	(a) Name of Individual, Organization or Corporation	1
(b) Address (number and street) 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? \(\times \) Yes \(\) No Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report January 31 Year-End Report January 31 Year-End Report January 31 Year-End Report S. COVERING PERIOD: FROM II O S I Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	,	
1130 17th St NW (c) City, State and ZIP Code Washington DC 20036 C C (290007907		
S. FEC Identification Number C Corporate fillers only Is the filer a qualified nonprofit corporation? Is the filer a qualified nonprofit corporation? Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report October Quarterly Report October Quarterly Report January 31 Year-End Report (b) Is this Report an amendment? Yes No X 5. COVERING PERIOD: FROM M N O 8 / Y 2008 Y THROUGH THROUGH TOTAL CONTRIBUTIONS 7. TOTAL INDEPENDENT EXPENDITURES Under penalty of populy, [seetly that the independent expenditures reported herein were not made with the cooperation or piotr consent d, or in constitution with, or at the required suggestion d, a cendidate or a cardidate segment or subniced committee or a policial party committee or its agent. In addition, if the independent expendentures reported herein were not made with the cooperation or piotr consent d, or in constitution with, or at the required suggestion d, a cendidate or a cardidate segment or subniced committee or a policial party committee or its agent. In addition, if the independent expendentures reported herein were made by a cropometal not prefer to consent of the formingion's regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE		
Washington DC 20036 C Corporate filers only Is the filer a qualified nonprofit corporation? Yes 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 48-Hour Notice 348-Hour Noti	(c) City, State and ZIP Code	
Is the filer a qualified nonprofit corporation? X	Washington DC 20036	
Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Notice 348-Hour Notice 348-H		C C90007907
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24 Hour Notice 48 Hour Notice July 15 Quarterly Report January 31 Year-End Report January 31 Year-End Report January 31 Year-End Report S. COVERING PERIOD: FROM 10 0 0 0 0 0 0 0 0	Is the filer a qualified nonprofit corporation?	
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Notice 48-Hour Notice July 15 Quarterly Report 0-Cotober Quarter	Individual filers only Name of Employer	Decupation
(a) April 15 Quarterly Report		·
(a) April 15 Quarterly Report		
July 15 Quarterly Report October Quarterly Report January 31 Year-End Report	4. TYPE OF REPORT (check appropriate boxes):	
October Quarterly Report January 31 Year-End Report (b) Is this Report an amendment? Yes No S. COVERING PERIOD: FROM M M M O D D O D O O O O O	(a) April 15 Quarterly Report 24-Hour Notice 🛛 48-Hour	Notice
January 31 Year-End Report	☐ July 15 Quarterly Report	
(b) Is this Report an amendment? Yes No X 5. COVERING PERIOD: FROM M M M M O D D O B V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	October Quarterly Report	
(b) Is this Report an amendment? Yes No X 5. COVERING PERIOD: FROM M M M M O D D D D D D D D D D D D D D	Innuary 21 Veer End Benert	
5. COVERING PERIOD: FROM THROUGH THROUGH TO D D Y Y Y O D D Y Y Y O D D Y Y Y O D D Y Y Y O D D Y Y Y O D D Y Y Y O D D Y Y Y O D D Y Y Y Y	□ January 31 Tear-End Neport	
5. COVERING PERIOD: FROM THROUGH THROUGH TOTAL CONTRIBUTIONS TOTAL INDEPENDENT EXPENDITURES 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		
THROUGH THROUGH THROUGH TOTAL CONTRIBUTIONS 6. TOTAL CONTRIBUTIONS 7. TOTAL INDEPENDENT EXPENDITURES 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	(b) Is this Report an amendment? Yes \(\subseteq \text{No } \textbf{X} \)	
6. TOTAL CONTRIBUTIONS	5. COVERING PERIOD: FROM 1,0 / D D / Y Y Y Y Y Y	
6. TOTAL CONTRIBUTIONS	THROUGH	
7. TOTAL INDEPENDENT EXPENDITURES	M _{1,0} / D _{0,8} / Y ₂ Y ₀ Y ₈ Y	
7. TOTAL INDEPENDENT EXPENDITURES		
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	6. TOTAL CONTRIBUTIONS	25946.00
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		
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	7. TOTAL INDEPENDENT EXPENDITURES	3519.24
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		
William Lutz 10/09/2008	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
	TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.	William Lutz	10/09/2008
	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-A ITEMIZED RECEIPTS

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П	EMIZED RECEIPTS				TAGE 170
A	ny information copied from such Reports and Star for commercial purposes, other than using the na	tements may no ame and addres	t be sold or used by s of any political con	any person for th	ne purpose of soliciting contributions contributions from such committee
	NAME OF FILER (In Full)				
	Defenders of Willdife Action Fund				
Δ.	Full Name (Last, First, Middle Initial) Lee Fikes				Date of Receipt
	Mailing Address 500 N Akard, Suite 1900				$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code		Transaction ID: F56.4319
	Dallas	TX	75201		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			25000.00
	Name of Employer			Occupation	
	Bonanza Oil Company			President	
В.	Full Name (Last, First, Middle Initial) Unitemized Receipts				Date of Receipt
	Mailing Address 1130 17th St NW				1 0 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code		Transaction ID: F56.4321
	Washington	DC	20036		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			946.00
	Name of Employer			Occupation	
	N/A			N/A	

SUBTOTAL of Receipts This Page (optional)	25946.00
TOTAL This Period (last page carry total to Line 6)	25946.00

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5 NAME OF FILER (In Full) Defenders of Willdife Action Fund Full Name (Last, First, Middle Initial) of Payee Date DesignMind 0 8 2008 Mailing Address Amount 3029 M St NW 1775.00 City State Zip Code DC 20007 Washington Purpose of Expenditure Office Sought: Category/ Х House State: CO print ad design Type House Senate District: _04 President Name of Federal Candidate Supported or Opposed by Expenditure: MARILYN MUSGRAVE Check One: Support X Oppose Disbursement For: X General Primary Calendar Year-To-Date Per Election 1775.00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date Gamino Printing 2008 Mailing Address **Amount** 1090 S. Raritan St 706.10 Zip Code City State Denver CO 80223 Purpose of Expenditure Office Sought: X House State: CO Category/ signs Type House Senate District: 04 President Name of Federal Candidate Supported or Opposed by Expenditure: MARILYN MUSGRAVE Check One: Support X Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 706.10 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date Gamino Printing м₁ 0 0 8 2008 Mailing Address Amount 1090 S. Raritan St 706.11 Zip Code City State CO 80223 Denver Purpose of Expenditure Office Sought: State: CO Category/ \mathbf{x} House signs Type Senate House District: 04 President Name of Federal Candidate Supported or Opposed by Expenditure: ELIZABETH HELEN MARKEY Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2008 1412.21 for Office Sought Other (specify) 3187.21 (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)

SCHEDULE 5-E

PAGE	4/9	

ITEMIZED INDEPENDENT EXPENDITURES FOR LINE 7 FOR FORM 5 NAME OF FILER (In Full) Defenders of Willdife Action Fund Full Name (Last, First, Middle Initial) of Payee Date Jesse Lifton 0 B 2008 Mailing Address Amount 1600 San Pedro Dr NE 9.36 State Zip Code NM 87102 Albuquerque Purpose of Expenditure Office Sought: Category/ Х House State: NM mileage Type House Senate District: 01 President Name of Federal Candidate Supported or Opposed by Expenditure: Martin HEINRICH Check One: Support Oppose Disbursement For: X General Primary Calendar Year-To-Date Per Election 1070.09 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date Jesse Lifton и м 1 0 2008 Mailing Address **Amount** 1600 San Pedro Dr NE 9.36 Zip Code City State Albuquerque NM 87102 Purpose of Expenditure Office Sought: House Category/ State: mileage Type Presidential Senate District: 00 Х President Name of Federal Candidate Supported or Opposed by Expenditure: **BARACK OBAMA** Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 1079.45 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date Lincoln Place Energy Billing м₁ 0 0 8 2008 Mailing Address Amount 325 E. 5th Street 20.14 Zip Code City State 80537 Fort Collins CO Purpose of Expenditure Office Sought: State: CO Category/ House utilities Type Χ Senate Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: MARK E UDALL Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2008 20.14 for Office Sought Other (specify) 38.86 (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)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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MIZED INDEPENDENT EXPENDITU	RES			FOR LINE 7 FOR FORM 5
ME OF FILER (In Full)				
efenders of Willdife Action Fund				
Full Name (Last, First, Middle Initial) of Payee			Date	
Lincoln Place Energy Billing			ММ	/ D D / Y Y Y Y
Mailing Address			1,0	D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
325 E. 5th Street			Amount	20.14
City Fort Collins	State CO	Zip Code 80537	L	20.14
Purpose of Expenditure			Office Sought:	
utilities		Category/ Type	Presidential	House State:
Name of Federal Candidate Supported or Oppo	osed by Expenditure:	ļ	> Presidential	President District: 00
BARACK OBAMA			Check One:	Support Oppose
Calendar Year-To-Date Per Election			Disbursement For:	Primary X General
for Office Sought	L	40.28	2008 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee			Date	
Mail Bank			M M 1 0	08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2401 San Pedro Dr NE			Amount	08 2008
	State	7:n Codo		4.27
City Albuquerque	NM	Zip Code		
Purpose of Expenditure		Category/	Office Sought:	House State: NM
postage		Type	House	Senate District: 01
Name of Federal Candidate Supported or Oppo Martin HEINRICH	osed by Expenditure:			President
Martin Hennich				Support Oppose
Calendar Year-To-Date Per Election		4,27	Disbursement For: 2008	Primary X General
for Office Sought	L	4.27	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Mail Bank			Date	
			M _{1.0} M	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address 2401 San Pedro Dr NE			Amount	
City	State	Zip Code		4.28
Albuquerque	NM	p		
Purpose of Expenditure		Category/	Office Sought:	House State:
postage		Туре	Presidential _	Senate District: 00
Name of Federal Candidate Supported or Oppo BARACK OBAMA	osed by Expenditure:			Yesident —
Brit Work OBritish				Support Oppose
Calendar Year-To-Date Per Election		8.55	Disbursement For: 2008	Primary X General
for Office Sought		0.00	Other (specify)	
a) SUBTOTAL of Itemized Independent Exper	nditures			28.69
b) SUBTOTALof Unitemized Independent Exp	penditures			
,				
c) TOTAL Independent Expenditures (carry total from last page forward to				
(,	- /			

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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EMIZED INDEPENDENT EXPENDITURES	FOR LINE 7 FOR FORM
ME OF EU ED (1 E U)	

Defenders of Willdife Action Fund			
Full Name (Last, First, Middle Initial) of Payee Mario's Restaurant			Date M M / D D / Y Y Y Y
Mailing Address 2401 San Pedro Dr NE			M M / D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Albuquerque	State NM	Zip Code 87107	28.15
Purpose of Expenditure pizza for canvassers		Category/ Type	Office Sought: X House State: NM House Senate
Name of Federal Candidate Supported or Oppo Martin HEINRICH	sed by Expenditure:		Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		259.09	Disbursement For: Primary X General 2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Mario's Restaurant			Date Date Date Da
Mailing Address 2401 San Pedro Dr NE			Amount 28.16
City Albuquerque	State NM	Zip Code 87107	28.10
Purpose of Expenditure pizza for canvassers		Category/ Type	Office Sought: House State: Presidential Senate District: 00
Name of Federal Candidate Supported or Oppo BARACK OBAMA Calendar Year-To-Date Per Election for Office Sought	sed by Expenditure:	287.25	Check One: X Support Oppose Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee One Stop			Date
Mailing Address 2025 S College Dr			1.0 0.8 2.008 Amount
City Fort Collins	State CO	Zip Code	20.00
Purpose of Expenditure gas		Category/ Type	Office Sought: X House State: CO House Senate District: 04
Name of Federal Candidate Supported or Oppo MARILYN MUSGRAVE	sed by Expenditure:		President Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought		20.00	Disbursement For: 2008 Other (specify)
(a) SUBTOTAL of Itemized Independent Expen	ditures		76.31
(b) SUBTOTALof Unitemized Independent Exp	enditures		
(c) TOTAL Independent Expenditures(carry total from last page forward to			

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE **7**/**9**

FOR LINE 7 FOR FORM 5 NAME OF FILER (In Full) Defenders of Willdife Action Fund Full Name (Last, First, Middle Initial) of Payee Date Papa John's Pizza 0 B 2008 Mailing Address Amount 2170 W. Drake Rd #B5 67.27 State Zip Code Fot Collins CO 80526 Purpose of Expenditure Office Sought: Category/ House State: CO pizza for canvassers Type Χ Senate Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: MARK E UDALL Check One: Support Oppose Disbursement For: X General Primary Calendar Year-To-Date Per Election 67.27 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date Papa John's Pizza 2008 Mailing Address **Amount** 2170 W. Drake Rd #B5 67.28 Zip Code City State Fot Collins CO 80526 Purpose of Expenditure Office Sought: House Category/ State: pizza for canvassers Type Presidential Senate District: 00 Х President Name of Federal Candidate Supported or Opposed by Expenditure: **BARACK OBAMA** Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 134.55 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date Peakview м₁ 0 0 8 2008 Mailing Address Amount 341 Knobcone Dr 128.50 Zip Code City State 80528 CO Loveland Purpose of Expenditure Office Sought: State: CO Category/ House housing Type Χ Senate Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: MARK E UDALL Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2008 1393.50 for Office Sought Other (specify) 263.05 (a) SUBTOTAL of Itemized Independent Expenditures .. (b) SUBTOTALof Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)

Image# 28933433974 SCHEDULE 5-E ITEMIZED INDEPEND

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TEMIZED INDEPENDENT EXPENDITURES	FOR LINE 7 FOR FORM 5
NAME OF FILER (In Full)	
Defenders of Willdife Action Fund	
Full Name (Last, First, Middle Initial) of Payee	Date
Peakview	M M / D D / Y Y Y
Mailing Address	10 08 2008
341 Knobcone Dr	Amount
	128.50
City State Zip Code	12030
Loveland CO 80528	
Purpose of Expenditure Category/	Office Sought: House State:
housing Type	State:
	Presidential Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President Statistics
BARACK OBAMA	Check One: X Support Oppose
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election	2008
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	
Staples	Date
Otapico	M M / D D / Y Y Y Y Y 1 D D / Y 2 0 0 8
Mailing Address	
6001 Menaul Blvd NE	Amount
City State Zip Code	1.59
· · ·	
Purpose of Expenditure Category/	Office Sought: X House State: NM
envelope Type	House Senate
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 01
Martin HEINRICH	
Calendar Year-To-Date Per Election	Disbursement For: Primary X General
for Office Sought 45.35	2008
Tot Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	130.09
(b) SUBTOTALof Unitemized Independent Expenditures	
(a) CCC. CT. (Ex. CT. CCC. CCC. CCC. CCC. CCC. CCC. CCC	

3724.21

(c) TOTAL Independent Expenditures

(carry total from last page forward to Line 7)

Image# 28933433975

Form/Schedule: **F56**Transaction ID: **F56.4321**This entry covers contributions of \$200 or led ders of Wildlife Action Fund.

This entry covers contributions of 200 or less, made on 10/08/2008. The address given is the address of Defenders of Wildlife Action Fund.