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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Defenders of Wildlife Action Committee 1130 17th ST NW ADDRESS (number and street) (Check if address is changed) Washington 20036 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS wlutz@defenders.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 29 2014 C00523019 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. James L Stofan Type or Print Name of Treasurer James L Stofan [Electronically Filed] 10 29 2014 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	EEC F -	1 (Paying 02/2000)	Page 2
		om 1 (Revised 02/2009) OMMITTEE	Page 2
		committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Nam Cano	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(Damas anatis
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Re		Page 3
Write or Type Committee		
	of Wildlife Action Committee	
6. Name of Any Conne	ected Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Cor	nnected Organization Affiliated Committee Joint Fundraising Represent	tative Leadership PAC Sponsor
 Custodian of Record books and records. 	ds: Identify by name, address (phone number optional) and position of the	person in possession of committee
I	lliam Lutz	
Full Name	1130 17th St NW	
Mailing Address		
	Washington DC ,	,20036
Title or Position	CITY STATE	ZIP CODE
Senior Director	Telephone number	202 682 9400
3. Treasurer: List the narrany designated agent	nme and address (phone number optional) of the treasurer of the committee (e.g., assistant treasurer).	e; and the name and address of
	nie Rappaport Clark	ı
of Treasurer	1130 17th St NW	
Mailing Address		
	L Washington	130036
	Washington DC CITY STATE	20036 ZIP CODE
Title or Position President		202 682 9400
	Telephone number	

1 20 1 011	m 1 (Revised 02/2009)	Page 4
Full Name of Designated	James L Stofan	
Agent	1130 17th St NW	
Mailing Address		
	Washington DC 20036	
	CITY STATE ZIF	PCODE
Title or Position Assistant Treas	surer	2 9400
Banks or Other	r Depositories: List all banks or other depositories in which the committee deposits funds, holds a	ccounts, rents
	oxes or maintains funds.	·
	oxes or maintains funds.	·
safety deposit be	oxes or maintains funds.	
safety deposit be	Depository, etc. Bank of America 1730 15th St NW	
safety deposit be Name of Bank,	Depository, etc. Bank of America 1730 15th St NW	
safety deposit be Name of Bank,	Depository, etc. Bank of America 1730 15th St NW	
safety deposit be Name of Bank,	Depository, etc. Bank of America 730 15th St NW Washington DC 20006	P CODE
safety deposit be Name of Bank,	Depository, etc. Bank of America 730 15th St NW Washington CITY STATE ZIF	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank of America	P CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank of America	P CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank of America	P CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank of America	P CODE

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: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1N Transaction ID:

This report amends our original F1. It was updated to include new Assistant Treasurer information.

Form/Schedule: Transaction ID: