LEAGUE OF CONSERVATION VOTERS

MEMORANDUM VIA FAX

TO: FEC

FROM: Anne Saer / LCV

DATE: 9/22/2004

SUBJECT: Forms 9's

FAX NUMBER: 219 0174

NUMBER OF PAGES: 10

MESSAGE:

1920 L Street, NW • Suite 800 • Washington, DC 20036
202-785-8683 • Fax 202-835-0491 • E-Mail: Rebecca_Loh@lcv.org • http://www.lcv.org

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name: LEAGUE OF CONSERVATION VOTERS

(b) Address (number and street): 1920 L STREET, N.W. #800

(c) City, State and ZIP Code: WASHINGTON, DC 20036

2. FEC Identification Number: C90005786

(d) Occupation

(e) Name of Employer or Principal Place of Business

3. Is This Statement: [X] New or [ ] Amended

4. Covering Period: 09 / 11 / 2004 through 09 / 24 / 2004

5. (a) Date of Public Distribution: 09 / 22 / 2004 (b) Communication Title: LINDER/TRUESON

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes [ ] No [ ]

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes [ ] No [ ]

8. Custodian of Records

(a) Name: ANNE C. SAGER

(b) Address (number and street): 1920 L ST NW #800

(c) City, State and ZIP Code: WASHINGTON DC CFO

(d) Name of Employer or Principal Place of Business: LEAGUE OF CONSERVATION VOTERS

(e) Occupation

9. Total Donations This Statement: $ 6000.00

10. Total Disbursements/Obligations This Statement: $ 4847.00

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications 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: ANNE C. SAGER

SIGNATURE: Anne C. Sager DATE: 9/23/2004

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

FE9A1038.PDF

FEC FORM 9 (REV. 03/2003)

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

PAGE 1 OF 1

11. Person(s) Sharing/Exercising Control

A. (a) Name
DEBRA J. CALLAHAN
(b) Address (number and street)
1920 L. STREET NW #800
(c) City, State and ZIP Code
WASHINGTON DC 20036 PRESIDENT
(d) Name of Employer or Principal Place of Business (e) Occupation
LEAGUE OF CONSERVATION VOTERS

B. (a) Name
MARK LONGABAUGH
(b) Address (number and street)
1920 L STREET NW #800
(c) City, State and ZIP Code
WASHINGTON DC SVP PROGRAM
(d) Name of Employer or Principal Place of Business (e) Occupation
LEAGUE OF CONSERVATON VOTERS

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

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 1 OF 1

A. Full Name (Last, First, Middle Initial) of Payee: McMahon Squire & Associates

Date of Disbursement or Obligation: not yet paid

Mailing Address of Payee: 1029 N. Royal Street

Amount: 15,997.-

City: Alexandria State: VA Zip Code: 22314

Name of Employer: none Occupation: Corporation

Communication Date: 09 22 2004

Purpose of Disbursement (including title(s) of communication(s)): Production Expense for Media Buy "Wate" "True Son"

Name of Federal Candidate: ERSKINE BOWLES Office Sought: [ ] House [X] Senate [ ] President State: NC District: ____ Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify)

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: ____ District: ____ Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: ____ District: ____ Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee: McMahon Squire Media & Assoc

Date of Disbursement or Obligation: 09 22 2004

Mailing Address of Payee: 1029 N. Royal St.

Amount: 52,950.-

City: Alexandria State: VA Zip Code: 22314

Name of Employer: none Occupation: Corporation

Communication Date: 09 22 2004

Purpose of Disbursement (including title(s) of communication(s)): TV + RADIO BUYS "WATER" / "TRUE SON"

Name of Federal Candidate: ERSKINE BOWLES Office Sought: [ ] House [X] Senate [ ] President State: NC District: ____ Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify)

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: ____ District: ____ Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: ____ District: ____ Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) 69,947.-

TOTAL This Period (last page this line number only) 69,947.-
(carry total from last page to Line 10)

FEDA(4)3.PDF FEC FORM 3 (FEB/12/2003)

SCHEDULE 9-A

Donation(s) Received

PAGE 1 OF 1

A. Full Name of Donor: JAN MONTGOMERY Mailing Address of Donor: 942 Via Fruteria City / State / Zip: Santa Barbara CA 93110	Date of Receipt: 09 07 2004 Amount: 2,000 -	
B. Full Name of Donor: Ellery Akers Mailing Address of Donor: 1592 Union St. #211 City / State / Zip: San Francisco, CA 94123	Date of Receipt: 09 07 2004 Amount: 4,000 -	
C. Full Name of Donor: Mailing Address of Donor: City / State / Zip:	Date of Receipt: Amount:	
D. Full Name of Donor: Mailing Address of Donor: City / State / Zip:	Date of Receipt: Amount:	
E. Full Name of Donor: Mailing Address of Donor: City / State / Zip:	Date of Receipt: Amount:	

SUBTOTAL of Donations This Page (optional) ▶ 6,000 -

TOTAL This Period (last page this line number only) ▶ 6,000 -
(carry total from last page to Line 5)

FEC FORM 4 (REV. 01/2003)

FEC4 1036.PDF