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) (check if different, not previously reported): 1920 L STREET, N.W. #800

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

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number: C90005786

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

4. Covering Period: 08 21 2004 through 08 24 2004

5. (a) Date of Public Distribution(s): 08 21 2004 (b) Communication Title: MERIT

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. SAER

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

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

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

(e) Occupation: CFO

9. Total Donations This Statement: 185,000.—

10. Total Disbursements/Obligations This Statement: 50,000.—

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 SAER

SIGNATURE: Anne C Saer DATE: 9/23/2004

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

PE3AN035.PDF FEC FORM 9 (REV. 04/2004)

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

FE0ap1068.PDF FEC FORM 9 (REV. 02/2003)

SCHEDULE 9-8

Disbursement(s) Made or Obligation(s) PAGE 1 OF 1

A. Full Name (Last, First, Middle, Initial) of Payee: Abar Hutton Media LLC

Date of Disbursement or Obligation: 08 27 2004

Mailing Address of Payee: 6190 Grovedale CT

Amount: 50,000 -

City: Alexandria State: VA Zip Code: 22310

Name of Employer: none Occupation: Corporation

Disbursement/Obligation Date: 08 29 2004

Purpose of Disbursement (including title(s) of communication(s)): Media Buy "MERIT"

Name of Federal Candidate: Ken Salazar

Office Sought: [ ] House [X] Senate [ ] President State: CO 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: ____

Date of Disbursement or Obligation: ____

Mailing Address of Payee: ____

Amount: ____

City: ____ State: ____ Zip Code: ____

Name of Employer: ____ Occupation: ____

Communication Date: ____

Purpose of Disbursement (including title(s) of communication(s)): ____

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)

Name of Federal Candidate: ____

Office Sought: [ ] House [ ] Senate [ ] President State: ____ District: ____

Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (options) ..... 50,000 -

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

FE2A/03B PDF

FEC FORM 8 (REV. 12/2003)

SCHEDULE 9-A

Donation(s) Received

PAGE 1 OF 1

A. Full Name of Donor: John Hunting Mailing Address of Donor: 60 Monroe Center NW City: Grand Rapids State: MI	Date of Receipt: 08 10 2004 Amount: 75,000 -	
B. Full Name of Donor: ADAM T. LEWIS Mailing Address of Donor: 1500 Hann c/o Alen City: Cleveland State: Ohio Zip: 44115	Date of Receipt: 08 06 2004 Amount: 35,000 -	
C. Full Name of Donor: STEPHEN ROCKEFELLER Mailing Address of Donor: 30 Rockefeller Plaza City: New York State: NY Zip: 10112	Date of Receipt: 08 10 2004 Amount: 25,000 -	
D. Full Name of Donor: Robert Wilson Mailing Address of Donor: 520 83rd St. City: Brooklyn State: NY Zip: 11209	Date of Receipt: 08 10 2004 Amount: 35,000 -	
E. Full Name of Donor: PATRICIA BAUMAN Mailing Address of Donor: 2358 MASSACHUSETTS AVE City: WASHINGTON State: DC Zip: 20008	Date of Receipt: 07 13 2004 Amount: 3,000 -	

SUBTOTAL of Donations This Page (optional) ..... ▶ 167,000 -

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

FEC FORM 3 (REV. 04/02)

FE3AN02.PDF

SCHEDULE 9-A

Donation(s) Received

PAGE 2 OF 2

A. Full Name of Donor: MELVIN LANE

Mailing Address of Donor: 3000 Sandhill Road

City: Menlo State: Park, CA Zip: 94025

Date of Receipt: 07 09 2004

Amount: 18,000 —

B. Full Name of Donor:

Mailing Address of Donor:

City: State: Zip:

Date of Receipt:

Amount:

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 (actions) ..... ▶ 18,000 —

TOTAL This Period (last page this line number only) ..... ▶ 185,000 —
(carry total from last page to Line 9)

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NEC FORM 8 (REV. 02/2003)

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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N/A PREPARER	N/A DATE PREPARED

(5/2004)