League of Conservation Voters and LCV Education Fund
1920 L Street N.W.
Suite 800
Washington, DC 20036
Phone 202-785-8683 Fax 202-835-0491

Facsimile Cover Sheet

MEMORANDUM-NOTE

Date: 7/22/04

To: FEC - Form 9

From: Anne Sauer (Hewlett)

Fax: (202) 219-0174

Total number of pages (including cover sheet): 6

Message:

Any question, please call @ (202) 454-1595.

Thank you.

If you experience any problems receiving this facsimile, please call the direct dial number of the consultant sending the fax or call 202-785-8683. Retransmission will be attempted as soon as possible.

WARNING: This communication is intended for the use of the addressee and may contain information that is privileged and confidential. If you are not the intended recipient, you are hereby notified that any dissemination of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately at the telephone number listed above. Thank you

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 than previously reported: 1920 L Street N.W. #800

(c) City, State and ZIP Code: Washington, D.C. 20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number: C90005786

3. Is This Statement ☒ New or ☐ Amended

4. Covering Period ☐ through ☐

5. (a) Date of Public Distribution(s) ☐ (b) Communication Title

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 Saer

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

(c) City, State and ZIP Code: Washington, D.C. 20036

(d) Name of Employer or Principal Place of Business

(e) Occupation: CFO

9. Total Donations This Statement: 1,919,000.00

10. Total Disbursements/Obligations This Statement: 3,025,000.00

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: Herlyth Paul

SIGNATURE: Herlyth Paul DATE: 7/22/2004

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

FEC FORM 9 (REV. 02/2003)

FEBAR03.PDF

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 St 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, #800
(c) City, State and ZIP Code
WASHINGTON DC 20036 SVP PROGRAM
(d) Name of Employer or Principal Place of Business (e) Occupation
LEAGUE OF CONSERVATION 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-A
Donation(s) Received

PAGE 1 OF 2

A. Full Name of Donor Mr. JOHN HARRIS Mailing Address of Donor 2035 Twinbrook Road City State Zip BERWYN PA 19312	Date of Receipt 06 21 2004 Amount 500,000 —
B. Full Name of Donor MR JOHN HUNTING Mailing Address of Donor 201 W. FULTON ST City State Zip GRAND RAPIDS, MI 49503	Date of Receipt 06 14 2004 Amount 200,000 —
C. Full Name of Donor MR ARTHUR ARTENBERG & Mailing Address of Donor MS ELISABETH CLAEBORNE 650 FIFTH AVENUE City State Zip NEW YORK, NY 10019	Date of Receipt 04 07 2004 Amount 100,000 —
D. Full Name of Donor MR FRED STANBACK, JR Mailing Address of Donor 507 WEST INNES ST City State Zip SALISBURY NC 28144	Date of Receipt 05 19 2004 Amount 24,000 —
E. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount

SUBTOTAL of Donations This Page (optional) ..... ▶

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

SCHEDULE 9-A
Donation(s) Received

PAGE 2 OF 2

A. Full Name of Donor: MR John Harris Mailing Address of Donor: 2035 Twinbrook Road City State Zip: Berwyn PA 19312	Date of Receipt: 02 09 2004 Amount: 47,000.00	
B. Full Name of Donor: MR John Harris Mailing Address of Donor: 2035 Twinbrook Road City State Zip: Berwyn PA 19312	Date of Receipt: 03 18 2004 Amount: 500,000.—	
C. Full Name of Donor: MR LARRY ROCKEFELLER Mailing Address of Donor: 40 WEST 20th ST City State Zip: New York NY 10011	Date of Receipt: 02 11 2004 Amount: 68,000.00	
D. Full Name of Donor: MR ROBERT WILSON Mailing Address of Donor: 520 83rd Street City State Zip: BROOKLYN, NY 11209	Date of Receipt: 02 11 2004 Amount: 40,000.—	
E. Full Name of Donor: MR SCOTT NATHAN Mailing Address of Donor: 12 MARLBOROUGH ST City State Zip: BOSTON MA 02116	Date of Receipt: 03 12 2004 Amount: 9,000.—	

SUBTOTAL of Donations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 1,919,000.—
(carry total from last page to Line 9)

FEC-FORM-9 (REV. 03/2004)

FEC-FORM-9.PDF

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee: Campaign Services Group

Mailing Address of Payee: 816 Camaron ST. Suite 2.16

City: San Antonio State: TX Zip Code: 78212

Name of Employer: Occupation:

Date of Disbursement or Obligation: 07 21 2004

Amount: 30,250.00

Communication Date: 07 23 2004

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

Name of Federal Candidate: John Schwartz

Office Sought: [X] House [ ] Senate [ ] President State: M.I. District: 07

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)

B. Full Name (Last, First, Middle Initial) of Payee:

Mailing Address of Payee:

City: State: Zip Code:

Name of Employer: Occupation:

Date of Disbursement or Obligation:

Amount:

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 (optional) ▶

TOTAL This Period (last page this line number only) ▶ 30,250.00

(carry total from last page to Line 10)

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.

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☐ No Postmark	
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N/A
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