LEAGUE OF CONSERVATION VOTERS

MEMORANDUM VIA FAX

TO: FEC

FROM: Anne (Herlyth)

DATE: 10/28/04

SUBJECT: FEC-Form 9's

FAX NUMBER:

NUMBER OF PAGES:

MESSAGE:

1920 L Street, NW • Suite 800 • Washington, DC 20036
202-785-8683 • Fax: 202-835-0491 • E-Mail: Rebecca_Lohr@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, Inc.

(b) Address (number and street) ☐ Check if different than previously reported
1920 L Street, N.W. Suite 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
C 30000103

3. Is This Statement ☒ New ☐ Amended

4. Covering Period 10 23 2004 through 10 28 2004

5. (a) Date of Public Distribution(s) 10 27 2004 (b) Communication Title "Polluter Pete" "Wisconsin Jobs" "Pete's Gas Wagon"

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 Street, N.W. Suite 800

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

(d) Name of Employer or Principal Place of Business
League of Conservation Voters, Inc.

(e) Occupation
CFO

9. Total Donations This Statement 1,151,000.00

10. Total Disbursements/Obligations This Statement 220,642.20

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 [signature] DATE 10/2/04

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 5437g.

SCHEDULE 9-A
Donation(s) Received

PAGE OF

A. Full Name of Donor: Thomas Perkins Mailing Address of Donor: 3565 Washington ST. City: San Francisco State: CA Zip: 94118	Date of Receipt: 10 27 2004 Amount: 20,000.00
B. Full Name of Donor: Louis Bacon Mailing Address of Donor: 1251 Ave of the Americas 53rd Fl City: New York State: NY Zip: 10020	Date of Receipt: 10 20 2004 Amount: 850,000.00
C. Full Name of Donor: Rutt Bridges Mailing Address of Donor: 1700 Lincoln Street #2000 City: Denver State: CO Zip: 80203	Date of Receipt: 10 28 2004 Amount: 100,000.00
D. Full Name of Donor: James K. Campbell Mailing Address of Donor: P.O. Box 127 City: Kentfield State: CA Zip: 94914	Date of Receipt: 10 28 2004 Amount: 15,000.00
E. Full Name of Donor: Lewis Cullman Mailing Address of Donor: 555 Park Avenue City: New York State: NY Zip: 10021	Date of Receipt: 10 26 2004 Amount: 8,000.00

SUBTOTAL of Donations This Page (optional) ▶ 993,000.00

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

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SCHEDULE 9-A
Donation(s) Received

PAGE OF

A. Full Name of Donor: Lavina Currier Mailing Address of Donor: Netherlands Farm City: The Plains State: VA Zip: 22171	Date of Receipt: 10 28 2004 Amount: 75,000.00
B. Full Name of Donor: Wendy Paulson Mailing Address of Donor: 101 West 67th ST. #50A City: New York State: NY Zip: 10023	Date of Receipt: 10 28 2004 Amount: 73,000.00
C. Full Name of Donor: Larry Rockefeller Mailing Address of Donor: 15 EAST 91st Street City: New York State: NY Zip: 10128	Date of Receipt: 10 28 2004 Amount: 10,000.00
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) ▶ 158,000.00

TOTAL This Period (last page that line number only) ▶
(carry total from last page to Line 8)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee: MSA Media Buying

Date of Disbursement or Obligation: 10 26 2004

Mailing Address of Payee: 1029 North Royal Street #350

City: Alexandria State: VA Zip Code: 22314

Amount: 85,000.00

Name of Employer / Occupation

Communication Date: 10 27 2004

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

Name of Federal Candidate: Pete Coors

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: MSA Media Buying

Date of Disbursement or Obligation: 10 26 2004

Mailing Address of Payee: 1029 North Royal Street #350

City: Alexandria State: VA Zip Code: 22314

Amount: 34,850.00

Name of Employer / Occupation

Communication Date: 10 29 2004

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

Name of Federal Candidate: George Bush

Office Sought: [ ] House [ ] Senate [X] President State: ____ 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) ▶ 119,850.00

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

FBSAN030.PDF FEC FORM 9 (REV. 02/2003)

P.05

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee: MSA Media Buying

Mailing Address of Payee: 1029 North Royal Street #350

City: Alexandria, State: VA Zip Code: 22314

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 26 2004

Amount: 100,792.20

Communication Date: 10 27 2004

Purpose of Disbursement (including type(s) of communication(s)): Media Buy "In his own words"

Name of Federal Candidate: Greg Walcher — Office Sought: [X] House [ ] Senate [ ] President — State: CO District: 03 — 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:

Mailing Address of Payee:

City: State: Zip Code:

Name of Employer: Occupation:

Date of Disbursement or Obligation:

Amount:

Communication Date:

Purpose of Disbursement (including type(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) ▶ 100,792.20

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 30)

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

PAGE OF

11. Person(s) Sharing/Exercising Control

A. (a) Name
Debra J. Callahan
(b) Address (number and street)
1920 L Street, N.W. Suite 800
(c) City, State and ZIP Code
Washington, D.C. 20036 President
(d) Name of Employer or Principal Place of Business (e) Occupation
League of Conservation Voters, Inc.

B. (a) Name
Mark Longabaugh
(b) Address (number and street)
1920 L Street, N.W. Suite 800
(c) City, State and ZIP Code
Washington, D.C. 20036 SVP Program
(d) Name of Employer or Principal Place of Business (e) Occupation
League of Conservation Voters, Inc.

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

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.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked Delivery Confirmation ™ Label ☐
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☒ Other (Specify):	Date of Receipt or Postmarked

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N/A PREPARER	N/A DATE PREPARED

(5/2004)