REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED
FEC MAIL ROOM
2000 OCT 27 P 2:35

1. Name of individual, organization or corporation: LEAGUE OF CONSERVATION VOTERS, INC.
Address (number and street) ☐ check if different than previously reported: 1920 L STREET, NW. #80
City, State and ZIP Code: WASHINGTON, DC 20036

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No
Individual filers only — NAME OF EMPLOYER | OCCUPATION

3. Identification number: 52-1733698

4. TYPE OF REPORT (check appropriate boxes):
(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election. Type of Election | Date of Election | State
☐ 30-Day Report following the General Election. Date of Election | State
(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 10/27/00 THROUGH 10/27/00 — PAGE 1 OF 4

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Grant LaRoche, 1920 L St. NW, Washington DC 20036	Postage	10/27/00	193.00	X		J. McGovern CT-5
Beth Johnson, 1920 L St. NW, Washington DC	Parking/Copying	10/27/00	41.78		X	A. Northup KY-3

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ 1336.59

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures 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. Sater

SIGNATURE (multi-page filers: sign page 1 only) DATE: Anne C. Sater

Subscribed and sworn to before me this 27th day of October, 19 2000

My Commission Expires 4-14-2004

Notary Public

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

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2000 OCT 27 P 2:36

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LEAGUE OF CONSERVATION VOTERS, INC.

Address (number and street) ☐ check if different than previously reported
1920 L STREET, NW. #800

City, State and ZIP Code
WASHINGTON, DC 20036

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only — NAME OF EMPLOYER | OCCUPATION

3. Identification number
52-1733698

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☐ 12-Day Report preceding the election. — Type of Election | Date of Election | State
☐ 30-Day Report following the General Election. — Date of Election | State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM THROUGH

PAGE 2 OF 4

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Jen Cox 1920 L St NW Washington DC 20036	Rental car parking	10/27/00	408.66		X	S. Abraham MI-S
↓	↓	↓	408.66		X	G. Allen VA-S

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures 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

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 19____

My Commission Expires _____

_____ (Notary Public)

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(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM THROUGH

PAGE 3 OF 4

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Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Tracy Triplett, 1920 L St. NW, Washington DC 20036	Parking	10/27/00	10.00		X	G. Allen VA-5
Heather Kashner, 1920 L St. N.W., Washington DC 20036	mileage reimb	10/27/00	154.49		X	G. Allen VA-5

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

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My Commission Expires _____

_____ (Notary Public)

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PAGE 4 OF 4

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Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Seattle Convention Center, Seattle, Washington	Room Rental	10/27/00	120.00	X		Al Gore President

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☒	Hand Delivered	Date of Receipt 10/27/00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

CL	10/27/00
PREPARER	DATE PREPARED

(6/2000)