10/29/2012 12 : 27

Image# 12961221150 PAGE 1 / 2

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

| | | (Other than I ohtical committees) incid | ding Qualifica Noripi | | | | | |
|---|-------------------------|--|--------------------------------|-----------------------------------|--------------------|--|--|--|
| . , | Name of Individual, (| | | | | | | |
| Leagi | ue of Conserv | | | | | | | |
| (b) / | Address (number an | d street) check if different than previous | ly reported | | | | | |
| | 20 L St NW Suite 80 | • | ,,, | | | | | |
| | | | | | | | | |
| (c) (| City, State and ZIP C | Code | | 3. FEC Ider | ntification Number | | | |
| Wa | ashington | D | C 20036- | | | | | |
| - | | | | C C9000 | 5786 | | | |
| 2. Cor | porate mers omy | Is the filer a qualified nonprofit corporation? | Yes 🔲 I | No 0 09000. | 5700 | | | |
| | | | | | | | | |
| Indi | vidual filers only | Name of Employer | | Occupation | | | | |
| | | | | | | | | |
| | 4 TYPE OF PE | CODT (sheek appropriate haves): | | | | | | |
| | 4. TYPE OF REF | PORT (check appropriate boxes): | | | | | | |
| | (a) April 1 | 5 Quarterly Report | | | | | | |
| | | | | | | | | |
| | July 15 | 5 Quarterly Report | X 24-Hour Report | | | | | |
| | Octobe | er 15 Quarterly Report | | | | | | |
| | l | | | | | | | |
| | ☐ Januar | y 31 Year-End Report | 48-Hour Report | | | | | |
| | b) Is this Rep | | | | | | | |
| | 6 TOTAL CONT | IIBUTIONS | | | | | | |
| | 0. TOTAL CONTRIBUTIONS | | | | 0.00 | | | |
| | 7. TOTAL INDEF | PENDENT EXPENDITURES | | | 4500.00 | | | |
| | | | | | 4500.00 | | | |
| | | | | | | | | |
| suggesti | on of, any candidate or | that the independent expenditures reported herein were authorized committee or agent of either, or any politication) I certify that the corporation is a qualified nonprofi | al party committee or its agen | t. In addition, (if the independe | | | | |
| TYPE OR PRINT NAME OF PERSON COMPLETING FORM | | F PERSON COMPLETING FORM | SIGNATURE | [Electronically Filed] | DATE | | | |
| Patrick Collins | | | Patrick Collins | | 10/29/2012 | | | |
| 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 202-694-1100

5PG021 FEC **Schedule 5** (REV. 09/2005)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

| PAGE | 2 | OF | 2 | |
|-------|-------|-------|------|--|
| FOR I | INE 7 | OF FO | RM 5 | |

| AME OF FILER (In Full) League of Conservation Voters, Inc. | | | | | |
|---|-------------------|-------------------|-----------------|-----------------------|------------------------|
| Full Name (Last, First, Middle Initial) of P | ayee | | Date | | |
| Rising Tide Interactive | | | M M | | Y |
| Mailing Address 1133 19th St NW | | | 10 | 28 | 2012 |
| Suite 301 | | | Amount | | |
| City | State | Zip Code | | | 4500.00 |
| Washington | DC | 20036 | Transact | ion ID : A8E6A5 | 0E62992495CBB |
| Purpose of Expenditure ESTIMATE: Online Ads | | Category/ Type | Office Sought: | House Senate | State: DC District: 00 |
| Name of Federal Candidate Supported or Mitt Romney | Opposed by Expend | iture: | Check One: | X President Support | X Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | 34477.88 | Disbursement Fo | | General |
| Full Name (Last, First, Middle Initial) of P | ayee | | Date | | |
| Mailing Address | | | M = M | / D D / | Y |
| | | | Amount | | |
| City | State | Zip Code | | 7 7 | |
| Purpose of Expenditure | | Category/ Type | Office Sought: | House Senate | State: |
| Name of Federal Candidate Supported or | Opposed by Expend | iture: | Check One: | President Support | District: |
| Calendar Year-To-Date Per Election for Office Sought | | 4 | Disbursement Fo | or: Primary (specify) | General |
| Full Name (Last, First, Middle Initial) of P | avee | | Date | | |
| | | | Date M | / D D / | Y = Y = Y = Y |
| Mailing Address | | | | | |
| 0.1 | | | Amount | | |
| City | State | Zip Code | ــــــا ا | 7 | |
| Purpose of Expenditure | | Category/ Type | Office Sought: | House Senate | State: |
| Name of Federal Candidate Supported or | Opposed by Expend | iture: | | President | |
| | | | Check One: | Support | Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | A A . | Disbursement Fo | or: Primary (specify) | General |
| (a) SUBTOTAL of Itemized Independent E | xpenditures | | . • | 7 | 4500.00 |
| (b) SUBTOTAL of Unitemized Independent | t Expenditures | | | | |
| | | | | 7 | |
| (c) TOTAL Independent Expenditures (carry total from last page forwar | | | · • | 7 | 4500.00 |