

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. (a) Name of Individual, Organization or Corporation League of Conservation Voters, Inc.		3. FEC Identification Number C C90005786
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1920 L St NW Suite 800		
(c) City, State and ZIP Code Washington DC 20036		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer Occupation	

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report 24-Hour Notice 48-Hour Notice
- July 15 Quarterly Report
- October Quarterly Report
- January 31 Year-End Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

/ /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES.....

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. 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

DATE

Patrick Collins

09/24/2010

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

League of Conservation Voters, Inc.

Full Name (Last, First, Middle Initial) of Payee
Greenberg Quinlan Rosner Research

Date

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 1 0

Mailing Address
10 G St NE

Amount

26200.00

City State Zip Code
Washington DC 20002

Purpose of Expenditure
Survey

Category/
Type

Office Sought: House State: NH
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Rep. Paul W. Hodes

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 48029.01

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
FairPoint Communications

Date

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 1 0

Mailing Address
PO Box 11021

Amount

80.02

City State Zip Code
Lewiston ME 04243

Purpose of Expenditure
Phone Service

Category/
Type

Office Sought: House State: NH
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Rep. Paul W. Hodes

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 48029.01

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

26280.02

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

26280.02