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, Or	rganization or Corporation	, moraumy quamies nonprom			
	LEAGUE OF CONSEF					
	LEAGUE OF CONSER					
	(b) Address (number and 1920 L STREET NW #					
	(c) City, State and ZIP Co	ode				
	WASHINGTON DC 20036			3. FEC Identification Number		
	 			C C90005786		
2.	Corporate mers only	Is the filer a qualified nonprofit corpora	ation? X Yes No			
			To more a quantities in the profit comportation.			
	Individual filers only	Name of Employer		Occupation		
	4 TYPE OF BEI	PORT (check appropriate boxes):				
	4. TIPE OF REP	On I (check appropriate boxes).				
	(a) April 15	5 Quarterly Report		ur Report		
	☐ July 15	Quarterly Report				
	☐ Octobe	er Quarterly Report				
	☐ Januar	y 31 Year-End Report				
	oandary	y or real End Report				
	(b) Is this Repo					
	5. COVERING P	ERIOD: FROM 1 0 0 2	2006			
	THROUGH					
		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	6. TOTAL CONT	RIBUTIONS		.00		
				1705 77		
	7. TOTAL INDEP	PENDENT EXPENDITURES	L	1795.77		
re	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.					
T'	YPE OR PRINT NAME OF	DATE				
			SIGNATURE			
D	arbara G. McIntosh			40/00/0000		
_		10/03/2006				
	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

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

LEAGUE OF CONSERVATION VOTERS INC

Full Name (Last, First, Middle Initial) of Payee			Date
Am Ex: Post office			1.0 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			
PO Box 297812			Amount
City	State	Zip Code	120.00
Ft Lauderdale	FL	33329	
Purpose of Expenditure		Category/	Office Sought: X House State: NM
stamps for postcards		Type 001	House Senate
Name of Federal Candidate Supported or Opposed	by Expenditure): :	President District: 01
Madrid			Check One: X Support Oppose
Octobrillo Vices To Data Des Florifica			Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought		72743.20	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Am Ex: Fountain Tech Prop Mgmt			M M / D D / Y Y Y Y
Mailing Address			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
PO Box 297812			Amount
City	State	Zip Code	1000.00
Ft Lauderdale	FL	33329	
Purpose of Expenditure		Category/	Office Sought: House State: MT
rent for staff housing		Type 001	Senate X Senate
Name of Federal Candidate Supported or Opposed	by Expenditure	<u> </u> :	President District:
Tester			Check One: X Support Oppose
Calendar Year-To-Date Per Election			Disbursement For: Primary General
for Office Sought		176.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Am Ex: Albertson's			
Mailing Address			M M M / D O B / Y Ž O O O O O
PO Box 297812			Amount
City	State	Zip Code	48.43
Ft Lauderdale	FL	33329	
Purpose of Expenditure		Category/	Office Sought: House State: MT
food for campaign canvass event		Type 001	Senate X Senate
Name of Federal Candidate Supported or Opposed	by Expenditure): :	President District:
Tester			Check One: X Support Oppose
			Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought		1176.00	Other (specify)
Tot Office Godgitt			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditur	1168.43		
(a) SSPSTALS REMIZES INSEPTIMENT EXPENSION	00		
(b) SUBTOTALof Unitemized Independent Expendi	tures		
. ,			
(c) TOTAL Independent Expenditures			
(carry total from last page forward to Line	e /)		

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3/4
FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

LEAGUE OF CONSERVATION VOTERS INC

Full Name (Last, First, Middle Initial) of Payee		Date
		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		1 0 0 2 2 0 0 6 Amount
702 N 38th St		
City State	Zip Code	125.00
Philadelphia PA	19104	
Purpose of Expenditure	Category/	Office Sought: X House State: PA
canvasser - pymt for svcs	Type 001	House Senate District: 07
Name of Federal Candidate Supported or Opposed by Expendit	ure:	President
Sestak		Check One: X Support Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary General
for Office Sought	3275.81	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
		10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5719 N Hope St		Amount
·	71.0.1	150.00
City State Philadelphia PA	Zip Code 19120	
Purpose of Expenditure		Office Sought: V House
canvasser - pymt for svcs	Category/ Type 001	State: 17A
Name of Federal Candidate Supported or Opposed by Expendit		House Senate District: 07
Sestak	ure.	Check One: X Support Oppose
Calendar Year-To-Date Per Election	3400.81	
for Office Sought	0.00.01	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
Am Ex: Post office		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount
PO Box 297812		
City State	Zip Code	38.67
Ft Lauderdale FL	33329	
Purpose of Expenditure	Category/	Office Sought: X House State: PA
mail postcard packets to volunteers	Турс	House Senate District: 07
Name of Federal Candidate Supported or Opposed by Expendite Sestak	ure:	President
Ocstark		Check One: X Support Oppose
Calendar Year-To-Date Per Election	0550.04	Disbursement For: Primary General
for Office Sought	3550.81	Other (specify)
(a) CURTOTAL of Itamizael Indonesiaert Funeralitures		313.67
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
(carry total from last page forward to Line 7)		

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4/4
FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

LEAGUE OF CONSERVATION VOTERS INC

Full Name (Last, First, Middle Initial) of Payee		Date
		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		1 0 0 2 2 0 0 6 Amount
702 N 38th St		
City State	Zip Code	125.00
Philadelphia PA	19104	
Purpose of Expenditure	Category/	Office Sought: House State: PA
canvasser - pymt for svcs	Type 001	Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditu	ure:	President ———
Casey		Check One: X Support Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary General
for Office Sought	3879.63	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
		10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5719 N Hope St		Amount
·	7in Oada	150.00
City State Philadelphia PA	Zip Code 19120	
Purpose of Expenditure		Office Sought: House State: PA
canvasser - pymt for svcs	Category/ Type 001	Office Sought: House State: PA Senate X Senate
Name of Federal Candidate Supported or Opposed by Expenditu	ure:	President District:
Casey		Check One: X Support Oppose
Odvoda Vene To Bute Ber Floring		Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	3004.63	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
AmEx: Post Office		
Mailing Address		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
PO Box 297812		Amount
City State	Zip Code	38.67
Ft Lauderdale FL	33329	
Purpose of Expenditure	Category/	Office Sought: House State: PA
mail postcard packets to volunteers	Type 001	Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditu	ure:	President ————
Casey		Check One: X Support Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary General
for Office Sought	3154.63	Other (specify)
(a) CURTOTAL of Itamizad Indonesidant Eveneditures		313.67
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTALof Unitemized Independent Expenditures		
		1795.77
(c) TOTAL Independent Expenditures		1795.77
(carry total from last page forward to Line 7)		