LEAGUE OF CONSERVATION VOTERS

MEMORANDUM VIA FAX

TO: FEC - Form 9

FROM: Hurlyth (Anne See)

DATE: 10/14/2004

SUBJECT: Form 9

FAX NUMBER:

NUMBER OF PAGES:

MESSAGE:

1320 L Street, NW • Suite 800 • Washington, DC 20036
202-785-3583 • Fax: 202-835-0491 • E-Mail: Rebecca_Loh@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 or ☐ Amended

4. Covering Period 10 07 2004 through 10 14 2004

5. (a) Date of Public Distribution(s) 10 14 2004 (b) Communication Title "Watcher - His Own Words" "Special Interests" "Dinemsin Jobs"

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 523,000.00

10. Total Disbursements/Obligations This Statement 332,367.95

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 10/14/2004

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

FEC FORM 9 (REV. 03/2003)

PE5AN03B.PDF

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor: Louis M. Bacon	Mailing Address of Donor: 1251 Avenue of the Americas 53rd Fl.	City: New York, State: NY, Zip: 10020
Date of Receipt: 10 14 2004	Amount: 100,000.00	
B. Full Name of Donor: Rochelle Kaplan	Mailing Address of Donor: P.O. Box 71869	City: Salt Lake City, State: UT, Zip: 84171-0869
Date of Receipt: 10 12 2004	Amount: 34,000.00	
C. Full Name of Donor: Arthur Lipson	Mailing Address of Donor: P.O. Box 71869	City: Salt Lake City, State: UT, Zip: 84171-0869
Date of Receipt: 10 12 2004	Amount: 34,000.00	
D. Full Name of Donor: Alida Messinger	Mailing Address of Donor: 4224 Fremont Ave.	City: Minneapolis, State: MN, Zip: 55409
Date of Receipt: 10 12 2004	Amount: 250,000.00	
E. Full Name of Donor: John P. Sall	Mailing Address of Donor: 201 Vineyard Lane	City: Cary, State: NC, Zip: 27513
Date of Receipt: 10 14 2004	Amount: 100,000.00	

SUBTOTAL of Donations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶
(carry less from last page to Line 3)

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor: Katharine T. Thompson Mailing Address of Donor: P.O. Box 48 City / State / Zip: South Tamworth NH 03883	Date of Receipt: 10 08 2004 Amount: 5,000.00
B. Full Name of Donor: Mailing Address of Donor: City / State / Zip:	Date of Receipt: Amount:
C. Full Name of Donor: Mailing Address of Donor: City / State / Zip:	Date of Receipt: Amount:
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) ▶

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

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: McMahon Squier & Associates

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 14 2004

Amount: 7,367.95

Communication Date: 10 14 2004

Purpose of Disbursement (including title(s) of communication(s)): Production of TV ad "Watcher - His Own Words"

Name of Federal Candidate: Watcher, Greg — 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: McMahon Squier & Associates

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 14 2004

Amount: 150,000.00

Communication Date: 10 14 2004

Purpose of Disbursement (including title(s) of communication(s)): Media Buy "Special Interests"

Name of Federal Candidate: Burr, Richard — Office Sought: [ ] House [X] Senate [ ] President — State: NC — 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) ▶ 157,367.95

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

FEC FORM 9 (A2V 10/2003)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 5 OF 6

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

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 14 2004

Amount: 175,000.00

Communication Date: 10 26 2004

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

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)

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 title(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) ▶ 175,000.00

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

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

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

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A PREPARER	N/A DATE PREPARED

(5/2004)