LEAGUE OF CONSERVATION VOTERS

MEMORANDUM VIA FAX

TO: FEC

FROM: Anne Saer / LCV

DATE: 9/22/2004

SUBJECT: Forms

FAX NUMBER: 219 0174

NUMBER OF PAGES: 6

MESSAGE:

1920 L Street, NW • Suite 800 • Washington, DC 20036
202-785-8683 • Fax: 202-835-0491 • E-Mail: Rebecca_Leh@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

(b) Address (number and street) (Place, if different, for previous reporter): 1920 L STREET, N.W. #800

(c) City, State and ZIP Code: WASHINGTON, DC 20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number: C90005786

3. Is This Statement: [X] New or [ ] Amended

4. Covering Period: 08 27 2004 through 08 29 2004

5. (a) Date of Public Distribution(s): 08 27 2004 (b) Communication Title: MERIT

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes [X] No [ ]

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes [X] No [ ]

8. Custodian of Records

(a) Name: ANNE C. SAER

(b) Address (number and street): 1920 L ST NW #800

(c) City, State and ZIP Code: WASHINGTON DC

(d) Name of Employer or Principal Place of Business: LEAGUE OF CONSERVATION VOTERS

(e) Occupation: CFO

9. Total Donations This Statement: [ ]

10. Total Disbursements/Obligations This Statement: 9917.88

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: ANNE SAER

SIGNATURE: Anne C Saer DATE: 9/28/04

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

FEBAN038.PDF FEC FORM 9 (REV. 03/2003)

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

PAGE OF

11. Person(s) Sharing/Exercising Control

A. (a) Name DEBRA J. CALLAHAN
(b) Address (number and street) 1920 L. STREET NW #800
(c) City, State and ZIP Code WASHINGTON DC 20036 PRESIDENT
(d) Name of Employer or Principal Place of Business (e) Occupation
LEAGUE OF CONSERVATION VOTERS

B. (a) Name MARK LONGABAUGH
(b) Address (number and street) 1920 L STREET NW #800
(c) City, State and ZIP Code WASHINGTON DC SVP PROGRAM
(d) Name of Employer or Principal Place of Business (e) Occupation
LEAGUE OF CONSERVATON VOTERS

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

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PAGE OF

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: McMahon, Jaquin / KSSOL

Date of Disbursement or Obligation: 08 27 2004

Mailing Address of Payee: 1029 U Street

City: Pleasantville State: NJ Zip Code: 22314

Amount: 9,917.88

Name of Employer: none Occupation: Corporation

Communication Date: 08 29 2004

Purpose of Disbursement (including title(s) of communication(s)): TV AD PRODUCTION

Name of Federal Candidate: KEN SALAZAR Office Sought: [ ] House [X] Senate [ ] President State: CO 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

Date of Disbursement or Obligation

Mailing Address of Payee

Amount

City State Zip Code

Communication Date

Name of Employer Occupation

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) ▶ 9,917.88

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

FEC FORM 6 (REV 10/2003)

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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N/A PREPARER	N/A DATE PREPARED

(5/2004)