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): 1920 L ST. N.W. #800 ☐ check if different than previously reported

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

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number: C9 0005786

3. Is This Statement: X New or ✓ Amended

4. Covering Period: 09 22 2004 through 09 24 2004

5. (a) Date of Public Distribution(s): 09 22 2004 (b) Communication Title: Water/Treason

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 Seer

(b) Address (number and street): 1920 L St NW

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

(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: 159182

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 Seer

SIGNATURE: Anne Seer DATE: 9/23/04

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

FEC FORM 9 (REV. 03/2003)

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

PAGE 1 OF 1

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 #900
(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

FEC FORM 9 (REV. 03/2003)

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SCHEDULE 9-B

PAGE OF

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: McMahon Square And Assoc

Mailing Address of Payee: 1029 N. Royal St.

City: Alexandria State: Va. Zip Code: 22314

Name of Employer: NOM Occupation: Corporation

Date of Disbursement or Obligation: Nov 4 2004

Amount: 1598.82

Communication Date: Oct 22 2004

Purpose of Disbursement (including title(s) of communication(s)): Production Service for Media Buy "Voter" "True Sons"

Name of Federal Candidate: ERSKINE BOWLES 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)

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) ▶

TOTAL This Period (last page this line number only) (carry over from last page to Line 10) ▶ 1598.82

FEC FORM 9 (5/94, 12/2003)

PRINT RESET

TRANSACTION REPORT

SEP-23-2004 THU 06:37 PM

FOR: LEAGUE OF CONS VOTERS 2028350491

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Federal Election Commission

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N/A PREPARER	N/A DATE PREPARED

(5/2004)