

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
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M M	/	D D	/	Y Y Y Y
03	/	01	/	2012

THROUGH

M M	/	D D	/	Y Y Y Y
03	/	15	/	2012

6. TOTAL CONTRIBUTIONS **0.00**

7. TOTAL INDEPENDENT EXPENDITURES **10392.33**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any 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	<i>Patrick Collins</i> [Electronically Filed]	03/16/2012

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 ERCS, LLC		Date MM / DD / YYYY 03 / 01 / 2012
Mailing Address P.O. Box 21254		Amount 1300.00
City Billings	State MT	
Zip Code 59104	Transaction ID : AB53C6D6502384DA4B01	
Purpose of Expenditure Billings Office Rent	Category/ Type	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 19803.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Hilltop Public Solutions		Date MM / DD / YYYY 03 / 01 / 2012
Mailing Address 1000 Potomac Street NW #500		Amount 4000.00
City Washington	State DC	
Zip Code 20007	Transaction ID : A0E4869CBBAB04E369B2	
Purpose of Expenditure Monthly Management Fee	Category/ Type	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 19803.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Summit Property Management, LLC		Date MM / DD / YYYY 03 / 01 / 2012
Mailing Address 500 N. Higgins, #208		Amount 1600.00
City Missoula	State MT	
Zip Code 59807	Transaction ID : A665E2B8BA0954C9FA9D	
Purpose of Expenditure Missoula Office Rent	Category/ Type	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 19803.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	6900.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	
(carry total from last page forward to Line 7)		

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

League of Conservation Voters, Inc.

Full Name (Last, First, Middle Initial) of Payee Carson Pflingston		Date MM / DD / YYYY 03 / 15 / 2012
Mailing Address 825N 18th Street		Amount 2592.33 Transaction ID : A19132D1BB6C3460AB05
City Billings	State MT	
Zip Code 59101-0330	Category/ Type	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Salary		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 22396.24		

Full Name (Last, First, Middle Initial) of Payee Carson Pflingston		Date MM / DD / YYYY 03 / 01 / 2012
Mailing Address 825N 18th Street		Amount 900.00 Transaction ID : A5E8120B75EBA42C2948
City Billings	State MT	
Zip Code 59101-0330	Category/ Type	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Travel Stipend		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 19803.91		

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	3492.33
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	10392.33

(carry total from last page forward to Line 7)