

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
League of Conservation Voters Action Fund

ADDRESS (number and street) 1920 L St NW Suite 800  
 Check if different than previously reported. (ACC)  
Washington DC 20036

2. **FEC IDENTIFICATION NUMBER** C00252940  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 05 01 2010 through 05 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Patrick Collins

Signature of Treasurer Electronically Filed by Patrick Collins Date 06 20 2010

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

Office Use Only								
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
League of Conservation Voters Action Fund

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		498241.77
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	635362.99									
(c) Total Receipts (from Line 19) .....	70337.32	301059.72								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	705700.31	799301.49								
7. Total Disbursements (from Line 31) .....	26466.60	120067.78								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	679233.71	679233.71								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
League of Conservation Voters Action Fund

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	37647.04	215428.03
(ii) Unitemized .....	32556.14	85352.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	70203.18	300780.03
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	70203.18	300780.03
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	134.14	279.69
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	70337.32	301059.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	70337.32	301059.72

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	-3345.27	9162.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	-3345.27	9162.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13431.87	93356.90
24. Independent Expenditure (use Schedule E) .....	3500.00	3988.59
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	880.00	1560.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	880.00	1560.00
29. Other Disbursements.....	12000.00	12000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	26466.60	120067.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26466.60	120067.78

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	70203.18	300780.03
34. Total Contribution Refunds (from Line 28(d)) .....	880.00	1560.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	69323.18	299220.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	-3345.27	9162.29
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-3345.27	9162.29

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 50  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

**A.**

Full Name (Last, First, Middle Initial)  
Andrew Currie

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2010

Mailing Address PO Box 391

Transaction ID: AF842DBD82E67467DA36

City State Zip Code  
Boulder CO 80306

Amount of Each Receipt this Period  
5000.00

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Conservation Havens, Llc Entrepreneur

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. John Wilson

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2010

Mailing Address 9 Sawmill Lane

Transaction ID: A926F170BB07E463EBB0

City State Zip Code  
Greenwich CT 06830

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Jon Spar

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2010

Mailing Address 1408 Lobo Ct. NE

Transaction ID: A108F9B6D3CDA4735895

City State Zip Code  
Albuquerque NM 87106

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
lovelace hospital Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6100.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

**A.**

Full Name (Last, First, Middle Initial)  
A. Homer Skinner

Mailing Address 9 Harding Lane

City State Zip Code  
Marblehead MA 01945

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
05 / 12 / 2010

**Transaction ID:** A55CA0A7007D240418B2

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Margaret Bullitt-Jonas

Mailing Address 83 Bancroft Road

City State Zip Code  
Northampton MA 01060

FEC ID number of contributing federal political committee. **C**

Name of Employer Episcopal Diocese of Western Mass. Occupation Episcopal Priest

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
05 / 14 / 2010

**Transaction ID:** A608DF1FE05AB47F48E6

Amount of Each Receipt this Period 200.00

**C.**

Full Name (Last, First, Middle Initial)  
Jon Spar

Mailing Address 1408 Lobo Ct. NE

City State Zip Code  
Albuquerque NM 87106

FEC ID number of contributing federal political committee. **C**

Name of Employer lovelace hospital Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
05 / 14 / 2010

**Transaction ID:** A168944C75E2945078C7

Amount of Each Receipt this Period 800.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 50  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

**A.**

Full Name (Last, First, Middle Initial)  
Eleanor Briggs

Mailing Address 86 Kings Highway

City Hancock State NH Zip Code 03449

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation Photographer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 14 / 2010  
Transaction ID: A58632EDDE8E14B58969  
Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Lynde Uihlein

Mailing Address 1122 N. Astor St.

City Milwaukee State WI Zip Code 53202

FEC ID number of contributing federal political committee. **C**

Name of Employer Brico Fund Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 17 / 2010  
Transaction ID: AF8D79199684C44B2B2D  
Amount of Each Receipt this Period 5000.00

**C.**

Full Name (Last, First, Middle Initial)  
David Vollmer

Mailing Address 4801 Thurber Lane

City Santa Cruz State CA Zip Code 95065

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 05 / 17 / 2010  
Transaction ID: A1867D82E3F8447C69FD  
Amount of Each Receipt this Period 345.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5595.00

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 50  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

**A.** Full Name (Last, First, Middle Initial)  
Robert Lawrence

Mailing Address 107 9th Ave.

City San Francisco State CA Zip Code 94118

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation Trustee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 18 / 2010  
**Transaction ID: A315CAB533592458B945**  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Clyde Shorey

Mailing Address 3033 West Lane Keys, N.W.

City Washington State DC Zip Code 20007-3057

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 18 / 2010  
**Transaction ID: AE5B391F70C5C47C094F**  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Edith F. Borie

Mailing Address Friedrich-Naumann-Str 109

City State Zip Code 76187

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 18 / 2010  
**Transaction ID: AE72367C816F145CA9BC**  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 750.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Joe Blanda		Date of Receipt MM / DD / YYYY 05 / 19 / 2010		
	Mailing Address 5996 Ledgeview Dr		<b>Transaction ID:</b> AB8D19B1726F84E9AA3E		
	City Peninsula	State OH	Zip Code 44264	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Doug Jones		Date of Receipt MM / DD / YYYY 05 / 19 / 2010		
	Mailing Address 2505 Silver Lane N.E.		<b>Transaction ID:</b> A0E5EB8BD34FC47B7AC5		
	City Minneapolis	State MN	Zip Code 55421	Amount of Each Receipt this Period 35.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NorthStar Properties	Occupation Owner/manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 235.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen Badger		Date of Receipt MM / DD / YYYY 05 / 19 / 2010		
	Mailing Address 145 S. Armijo Lane		<b>Transaction ID:</b> A88B5FA4131A0470D98A		
	City Santa Fe	State NM	Zip Code 87501	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Information Requested	Occupation Information Requested			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	535.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) M. Suzanne Hess	Date of Receipt MM / DD / YYYY 05 / 19 / 2010
	Mailing Address 6309 Cypress Point Road	<b>Transaction ID:</b> A003E0FA1CC164DEAA3C
	City State Zip Code San Diego CA 92120	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer San Diego County Occupation Librarian Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lawrence Hess	Date of Receipt MM / DD / YYYY 05 / 19 / 2010
	Mailing Address 6309 Cypress Point Road	<b>Transaction ID:</b> AC0EC227A00CF4751875
	City State Zip Code San Diego CA 92120	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Lehbros Ltd Occupation Real Estate Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ronald Wos	Date of Receipt MM / DD / YYYY 05 / 20 / 2010
	Mailing Address 1169 S. Plymouth Ct.	<b>Transaction ID:</b> AEBB96BECF31B49EA918
	City State Zip Code Chicago IL 60605	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation recreation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	10250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 50  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

**A.** Full Name (Last, First, Middle Initial)  
Jane Clark

Mailing Address 1302 Warbler Dr

City State Zip Code  
Kerrville TX 78028

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation Retired Housewife

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2010

**Transaction ID:** A4B3240894DED4A3B804

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Linda Gochfeld

Mailing Address 133 Meadow Brook Drive

City State Zip Code  
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer SERV Behavioral Health Occupation Psychiatrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2010

**Transaction ID:** A68EDC914BDC047A2BF3

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Alexandra Coe

Mailing Address 3827 Sheridan Ave. S.

City State Zip Code  
Minneapolis MN 55410

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Artist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2010

**Transaction ID:** A5C52D3664D634CFCAE9

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Henry Lord	Date of Receipt MM / DD / YYYY 05 / 21 / 2010
	Mailing Address 313 Audubon Court	<b>Transaction ID:</b> A36440DC4D25643EDB18
	City State Zip Code New Haven CT 06510-1203	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Self-employed Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James Rosenfeld	Date of Receipt MM / DD / YYYY 05 / 21 / 2010
	Mailing Address PO Box 1195	<b>Transaction ID:</b> AB2BFADC98EE345E2A43
	City State Zip Code Viroqua WI 54665	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Retired Professor of Sociology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Gerald Audesirk	Date of Receipt MM / DD / YYYY 05 / 21 / 2010
	Mailing Address PO Box 775416	<b>Transaction ID:</b> A6103D78225E249159D0
	City State Zip Code Steamboat Springs CO 80477	Amount of Each Receipt this Period 11.04
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Self Biologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 244.16	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2261.04
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 50  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

**A.**

Full Name (Last, First, Middle Initial)  
Serge Karpovich

Mailing Address 55 Mount Pleasant St

City Tucson State AZ Zip Code 85746

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation Microbiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2010

**Transaction ID:** A39FD314E97FD4417BB5

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Dennis Cheesebro

Mailing Address 2200 SW Barton St Apt 305

City Ft Lauderdale State FL Zip Code 33316

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2010

**Transaction ID:** ABF4FBA5FEC5A412AB46

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Craig McKibben

Mailing Address 7010 51st Ave NE

City Rocky Mount State NC Zip Code 27804

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 21 / 2010

**Transaction ID:** A52A52D663E5A49B88D4

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Wes Ernsberger		Date of Receipt MM / DD / YYYY 05 / 21 / 2010		
	Mailing Address 3 Delaware Ave. #201		<b>Transaction ID:</b> A3E84F6E3D14A4239B6D		
	City Endicott	State NY	Zip Code 13760	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer IBM	Occupation Programmer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Marjorie Hoskinson		Date of Receipt MM / DD / YYYY 05 / 24 / 2010		
	Mailing Address 813 Old Farm Rd		<b>Transaction ID:</b> A4ECD3CD60BCD4936AE6		
	City Thousand Oaks	State CA	Zip Code 91360	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Los Angeles Community College District	Occupation Teacher			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Thomas		Date of Receipt MM / DD / YYYY 05 / 24 / 2010		
	Mailing Address 230 Lynx Court		<b>Transaction ID:</b> A28B99DBE81CE49C6908		
	City Fremont	State CA	Zip Code 94539	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer none	Occupation None			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	530.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 50  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

**A.**

Full Name (Last, First, Middle Initial)  
Catherine Conover

Mailing Address 2715 M St NW, Ste 300

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 24 / 2010  
**Transaction ID: AA4CF30BD02484E53A13**  
Amount of Each Receipt this Period 5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Sarah Anderson

Mailing Address 300 Crescent Court

City Dallas State TX Zip Code 75201

FEC ID number of contributing federal political committee. **C**

Name of Employer McKool Smith Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt 05 / 24 / 2010  
**Transaction ID: AEB4998CD237E4867918**  
Amount of Each Receipt this Period 10.00

**C.**

Full Name (Last, First, Middle Initial)  
Kenneth Shanks

Mailing Address 712 Hunter Way

City Catonsville State MD Zip Code 21228

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 28 / 2010  
**Transaction ID: A8CFBD9A4E982431E8DF**  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6010.00**

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) James Green		Date of Receipt
	Mailing Address 6430 Lily Dhu Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Falls Church	VA	22044
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: A0D461D0C53DF439B87F
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Barry Cheney		Date of Receipt
	Mailing Address 104 39th Ave. Pl. NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Hickory	NC	28601
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: A00EE572577F346399AE
Name of Employer Catawba Valley Medical Center		Occupation Pharmacist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 145.00	ERMK:Alexi for Illinois

<b>C.</b>	Full Name (Last, First, Middle Initial) Jane Whitcomb		Date of Receipt
	Mailing Address 2325 Lancashire Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Ann Arbor	MI	48105
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: A015435E321954E67A99
Name of Employer University of Michigan		Occupation Student	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 200.00	ERMK:Friends of Barbara Boxer

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 420.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

**A.**

Full Name (Last, First, Middle Initial)

Barry Cheney

Mailing Address 104 39th Ave. Pl. NW

City State Zip Code  
Hickory NC 28601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Catawba Valley Medical Ce- Pharmacist  
nter

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 145.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: A32C9F9FF413D4300881

Amount of Each Receipt this Period

20.00

ERMK:Kosmas for Congress

**B.**

Full Name (Last, First, Middle Initial)

Barry Cheney

Mailing Address 104 39th Ave. Pl. NW

City State Zip Code  
Hickory NC 28601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Catawba Valley Medical Ce- Pharmacist  
nter

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 145.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: A4B12FFA7307D4D2087F

Amount of Each Receipt this Period

20.00

ERMK:Hodes for Senate

**C.**

Full Name (Last, First, Middle Initial)

Louis Toler

Mailing Address 7421 Swan Point Way

City State Zip Code  
Columbia MD 21045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Federal Government Office Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 1 0

Transaction ID: A568F4F15AFE44EA8A3C

Amount of Each Receipt this Period

50.00

ERMK:Bill Halter for Sena-  
te

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

90.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 50  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

**A.**

Full Name (Last, First, Middle Initial)  
Amelia Ketzle

Mailing Address 602 W. Pecan St.

City State Zip Code  
Carbondale IL 62901

FEC ID number of contributing federal political committee. **C**

Name of Employer Southern Illinois University  
Occupation Chief Clerk

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2010

**Transaction ID:** A5A1C5A9B94F54A9782E

Amount of Each Receipt this Period  
10.00

ERMK:Bill Halter for Senate

**B.**

Full Name (Last, First, Middle Initial)  
Barry Cheney

Mailing Address 104 39th Ave. Pl. NW

City State Zip Code  
Hickory NC 28601

FEC ID number of contributing federal political committee. **C**

Name of Employer Catawba Valley Medical Center  
Occupation Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
145.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2010

**Transaction ID:** A606A73A80A794096B64

Amount of Each Receipt this Period  
20.00

ERMK:Peters for Congress

**C.**

Full Name (Last, First, Middle Initial)  
William Meadows

Mailing Address 1015 33rd Street NW #702

City State Zip Code  
Washington DC 20007

FEC ID number of contributing federal political committee. **C**

Name of Employer The Wilderness Society  
Occupation Conservationist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2010

**Transaction ID:** A6ACC223FD90B4AB7A9D

Amount of Each Receipt this Period  
500.00

ERMK:Friends of Barbara Boxer

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **530.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) sheri Carol		Date of Receipt
	Mailing Address PO BOX 916		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 9 / 2 0 1 0
	City	State	Zip Code
	Lucerne Valley	CA	92356
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer self-employed		Occupation Hairstylist	Transaction ID: A73858CF30E484E69865 Amount of Each Receipt this Period <input type="text"/> 11.00 ERMK:Bill Halter for Senate
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 11.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Ukeiley		Date of Receipt
	Mailing Address 507 Center Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 2 / 2 0 1 0
	City	State	Zip Code
	Berea	KY	40403
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Robert Ukeiley, PSC		Occupation Conservationist	Transaction ID: A7C38622E07CF4E3EAF0 Amount of Each Receipt this Period <input type="text"/> 50.00 ERMK:Hodes for Senate
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 50.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Barry Cheney		Date of Receipt
	Mailing Address 104 39th Ave. Pl. NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 7 / 2 0 1 0
	City	State	Zip Code
	Hickory	NC	28601
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Catawba Valley Medical Center		Occupation Pharmacist	Transaction ID: AAF536EC65CF44D728C3 Amount of Each Receipt this Period <input type="text"/> 20.00 ERMK:Bill Halter for Senate
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 145.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 81.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) gene karpinski		Date of Receipt
	Mailing Address 807 n irving street		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Arlington	VA	22201
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer League Of Conservation Voters		Occupation Executive	Transaction ID: AB23B815A39B949FBAF6 Amount of Each Receipt this Period <input type="text" value="100.00"/> ERMK:Bill Halter for Senate
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Barry Cheney		Date of Receipt
	Mailing Address 104 39th Ave. Pl. NW		<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Hickory	NC	28601
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Catawba Valley Medical Center		Occupation Pharmacist	Transaction ID: AB861BC1E29CD41B4825 Amount of Each Receipt this Period <input type="text" value="20.00"/> ERMK:Robin Carnahan for Senate
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="145.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Barry Cheney		Date of Receipt
	Mailing Address 104 39th Ave. Pl. NW		<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Hickory	NC	28601
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Catawba Valley Medical Center		Occupation Pharmacist	Transaction ID: AF155BA09180640299FA Amount of Each Receipt this Period <input type="text" value="25.00"/> ERMK:Bera for Congress
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="145.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="145.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="37647.04"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 50  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

A.

Full Name (Last, First, Middle Initial)  
Suntrust Bank

Mailing Address PO Box 622227

City State Zip Code  
Orlando FL 32862-2227

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
279.69

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: AE3B2D219851348EE8D8

Amount of Each Receipt this Period  
134.14

Interest Earning

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	134.14
<b>TOTAL</b> This Period (last page this line number only) .....	▶	134.14

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Suntrust Bank</p> <p>Mailing Address PO Box 622227</p> <p>City Orlando State FL Zip Code 32862-2227</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BCF7F19244F14484BA96</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 0.96</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Suntrust Bank</p> <p>Mailing Address PO Box 622227</p> <p>City Orlando State FL Zip Code 32862-2227</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B8D1456EBF07F4F16BF8</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 24.50</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) League Of Conservation Voters, Inc.</p> <p>Mailing Address 1920 L St NW Ste 800</p> <p>City Washington State DC Zip Code 20036-5004</p> <p>Purpose of Disbursement INKIND: Press Endorsement (via drawdown)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BA542B1AD8A3E490AA35</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period -29.09</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>-3.63</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: B1D8F0312A32F4A38A75
	Mailing Address PO Box 622227	Date of Disbursement MM / DD / YYYY 05 / 05 / 2010
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period 26.77
	Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: B8BD16219C6FD4C31941
	Mailing Address PO Box 622227	Date of Disbursement MM / DD / YYYY 05 / 10 / 2010
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period 17.41
	Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: BBE02404520A049578F7
	Mailing Address PO Box 622227	Date of Disbursement MM / DD / YYYY 05 / 10 / 2010
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period 96.19
	Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	140.37
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 25 / 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Suntrust Bank</p> <p>Mailing Address PO Box 622227</p> <p>City Orlando State FL Zip Code 32862-2227</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BCBEE518857844900B23</p> <p>Date of Disbursement 05 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 56.43</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) League Of Conservation Voters, Inc.</p> <p>Mailing Address 1920 L St NW Ste 800</p> <p>City Washington State DC Zip Code 20036-5004</p> <p>Purpose of Disbursement INKIND: Press Endorsement (via drawdown)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B28A665FD2BC74FB8A79</p> <p>Date of Disbursement 05 / 13 / 2010</p> <p>Amount of Each Disbursement this Period -29.09</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) League Of Conservation Voters, Inc.</p> <p>Mailing Address 1920 L St NW Ste 800</p> <p>City Washington State DC Zip Code 20036-5004</p> <p>Purpose of Disbursement INKIND: Fundraising Event (via drawdown)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BEB0BA494F3964C3DBA2</p> <p>Date of Disbursement 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period -414.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**-386.66**

**TOTAL** This Period (last page this line number only) ..... ▶

.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<b>A.</b> Full Name (Last, First, Middle Initial) League Of Conservation Voters, Inc. Mailing Address 1920 L St NW Ste 800 City Washington State DC Zip Code 20036-5004 Purpose of Disbursement INKIND: Fundraising Event (via drawdown) Candidate Name	Transaction ID: B8DE643A3948C4A0A9A4 Date of Disbursement 05 / 23 / 2010
	Amount of Each Disbursement this Period -163.69
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) Suntrust Bank Mailing Address PO Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement Bank Fee Candidate Name	Transaction ID: B9CA26761BFAC4BA9AF1 Date of Disbursement 05 / 31 / 2010
	Amount of Each Disbursement this Period 29.09
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) League Of Conservation Voters, Inc. Mailing Address 1920 L St NW Ste 800 City Washington State DC Zip Code 20036-5004 Purpose of Disbursement Salary (via drawdown) Candidate Name	Transaction ID: BACB0D97BF4F249008BA Date of Disbursement 05 / 31 / 2010
	Amount of Each Disbursement this Period -1750.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-1884.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Suntrust Bank</p> <p>Mailing Address PO Box 622227</p> <p>City Orlando State FL Zip Code 32862-2227</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B56F63512039F4406BA0</p> <p>Date of Disbursement 05 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 365.51</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) League Of Conservation Voters, Inc.</p> <p>Mailing Address 1920 L St NW Ste 800</p> <p>City Washington State DC Zip Code 20036-5004</p> <p>Purpose of Disbursement Salary (via drawdown)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B372975C0DC9743DEBE2</p> <p>Date of Disbursement 05 / 31 / 2010</p> <p>Amount of Each Disbursement this Period -1750.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Suntrust Bank</p> <p>Mailing Address PO Box 622227</p> <p>City Orlando State FL Zip Code 32862-2227</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B5DF95F3840524EE1B18</p> <p>Date of Disbursement 05 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 202.83</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**-1181.66**

**TOTAL** This Period (last page this line number only) ..... ▶

**-3316.18**

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Schauer for Congress</p> <p>Mailing Address PO Box 100</p> <p>City Battle Creek State MI Zip Code 49016</p> <p>Purpose of Disbursement Earmark: Thomas Yarnall</p> <p>Candidate Name Rep. Mark H. Schauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010</p>	<p><b>Transaction ID:</b> B6DA0ECF0EC6C4A818A8</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 5.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Donna Edwards For Congress</p> <p>Mailing Address PO Box 441153</p> <p>City Fort Washington State MD Zip Code 20749</p> <p>Purpose of Disbursement Earmark: Thomas Yarnall</p> <p>Candidate Name Rep. Donna Edwards</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0</p>	<p><b>Transaction ID:</b> B2C7A7393B47740E291C</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 5.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kosmas for Congress</p> <p>Mailing Address PO Box 1547</p> <p>City New Smyrna Beach State FL Zip Code 32170</p> <p>Purpose of Disbursement Earmark: Thomas Yarnall</p> <p>Candidate Name Suzanne Kosmas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 24</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0</p>	<p><b>Transaction ID:</b> B5066C83D279B462AAA1</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 5.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

15.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lentz for Congress</p> <p>Mailing Address PO Box 1846</p> <p>City Media State PA Zip Code 19063</p> <p>Purpose of Disbursement Contribution to Committee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BAC754C150BE64B1EB29</p> <p>Date of Disbursement 05 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dina Titus for Congress</p> <p>Mailing Address 3711 E Sunset Rd Ste C5 Suite C5</p> <p>City Las Vegas State NV Zip Code 89120</p> <p>Purpose of Disbursement Earmark: Marc Lavine</p> <p>Candidate Name Dina Titus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0</p>	<p><b>Transaction ID:</b> BDED3766EADCA42CE840</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Hodes for Senate</p> <p>Mailing Address 379 Elm Street</p> <p>City Manchester State NH Zip Code 03101</p> <p>Purpose of Disbursement ERMK: Robert Ukeiley</p> <p>Candidate Name Rep. Paul W. Hodes</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0</p>	<p><b>Transaction ID:</b> B27B5119BC53E4A4088E</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Bera for Congress <hr/> Mailing Address PO Box 582496 <hr/> City Elk Grove State CA Zip Code 95758 <hr/> Purpose of Disbursement ERMK: Barry Cheney Candidate Name Amerish Bera <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0	Transaction ID: B1CFA50744DBB4FB089C Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 25.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0
<b>B.</b> Full Name (Last, First, Middle Initial) Bill Halter for Senate <hr/> Mailing Address PO Box 94226 <hr/> City North Little Rock State AR Zip Code 72190 <hr/> Purpose of Disbursement ERMK: Sheri Caroll Candidate Name Bill Halter <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0	Transaction ID: B7D621E030FEB4CC7A8D Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 11.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0
<b>C.</b> Full Name (Last, First, Middle Initial) Lobiondo For Congress <hr/> Mailing Address PO Box 775 <hr/> City Vineland State NJ Zip Code 08362 <hr/> Purpose of Disbursement Earmark: Thomas Yarnall Candidate Name Rep. Frank A. LoBiondo <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0	Transaction ID: B5927F6CE68694E848D9 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 5.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	41.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bill Halter for Senate</p> <p>Mailing Address PO Box 94226</p> <p>City North Little Rock State AR Zip Code 72190</p> <p>Purpose of Disbursement ERMK: Barry Cheney</p> <p>Candidate Name Bill Halter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0</p>	<p><b>Transaction ID:</b> BFFA642EBB66F4422ABA</p> <p>Date of Disbursement 05 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Dan Seals for Congress</p> <p>Mailing Address P.O. Box 584</p> <p>City Wilmette State IL Zip Code 60091</p> <p>Purpose of Disbursement Earmark: Thomas Yarnall</p> <p>Candidate Name Daniel Seals</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0</p>	<p><b>Transaction ID:</b> BC21858D4EB5841F1BE7</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 5.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) SPRATT FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO BOX 830</p> <p>City YORK State SC Zip Code 29745</p> <p>Purpose of Disbursement Contribution to Committee</p> <p>Candidate Name Rep. JOHN MCKEE JR HON SPRATT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Other0</p>	<p><b>Transaction ID:</b> B97F0BDE64A8241CDA2F</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1025.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Martin Heinrich for Congress <hr/> Mailing Address 2118 Central Ave SE # 71 <hr/> City Albuquerque State NM Zip Code 87106 <hr/> Purpose of Disbursement Contribution to Committee Candidate Name Martin Heinrich <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA597F9D0E70D4A9F950 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends For Harry Reid <hr/> Mailing Address PO Box 19163 <hr/> City Las Vegas State NV Zip Code 89132 <hr/> Purpose of Disbursement Contribution to Committee Candidate Name Sen. Harry Reid <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8373A99D3ECA424BBBD Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1100.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Alexi for Illinois <hr/> Mailing Address P.O. Box 7254 <hr/> City Chicago State IL Zip Code 60680 <hr/> Purpose of Disbursement ERMK: Barry Cheney Candidate Name Alexander Giannoulas <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0	Transaction ID: B4064A07DDEE146D289F Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 20.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1620.00

**TOTAL** This Period (last page this line number only) ..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Ben Chandler for Congress <hr/> Mailing Address P. O. Box 12678 <hr/> City Lexington State KY Zip Code 40508 <hr/> Purpose of Disbursement INKIND:Press Release Endorsement (via drawdown) Candidate Name Ben Chandler <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF1264934DFAE4678911 Date of Disbursement 05 / 04 / 2010
	Amount of Each Disbursement this Period 29.09
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Jim Himes for Congress <hr/> Mailing Address 857 Post Road #312 <hr/> City Fairfield State CT Zip Code 06824 <hr/> Purpose of Disbursement Contribution To Committee Candidate Name Rep. James A. Himes <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8EA919A950464707817 Date of Disbursement 05 / 05 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Peters For Congress <hr/> Mailing Address P.O. Box 226 <hr/> City Bloomfield Hills State MI Zip Code 48303 <hr/> Purpose of Disbursement Earmark: Thomas Yarnall Candidate Name Gary Peters <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010	Transaction ID: B9C38BCBE3B7841A18DA Date of Disbursement 05 / 04 / 2010
	Amount of Each Disbursement this Period 5.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	534.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dina Titus for Congress</p> <p>Mailing Address 3711 E Sunset Rd Ste C5 Suite C5</p> <p>City Las Vegas State NV Zip Code 89120</p> <p>Purpose of Disbursement Contribution To Committee</p> <p>Candidate Name Dina Titus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District: 03</p>	<p><b>Transaction ID:</b> B34B65987A09A4556B5F</p> <p>Date of Disbursement 05 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Larson for Congress</p> <p>Mailing Address 29 Ruff Cr</p> <p>City Glastonbury State CT Zip Code 06033</p> <p>Purpose of Disbursement Contribution to Committee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B1D606E43931E4A06AA3</p> <p>Date of Disbursement 05 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ben Chandler for Congress</p> <p>Mailing Address P. O. Box 12678</p> <p>City Lexington State KY Zip Code 40508</p> <p>Purpose of Disbursement Earmark: Thomas Yarnall</p> <p>Candidate Name Ben Chandler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KY District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0</p>	<p><b>Transaction ID:</b> B9C9B57FC09E0436D861</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 5.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1505.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Barbara Boxer <hr/> Mailing Address PO Box 411176 <hr/> City Los Angeles State CA Zip Code 90064 <hr/> Purpose of Disbursement Contribution to Committee Candidate Name Sen. Barbara Boxer <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B152B2055E929426BA31 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1360.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Donna Edwards For Congress <hr/> Mailing Address PO Box 441153 <hr/> City Fort Washington State MD Zip Code 20749 <hr/> Purpose of Disbursement Earmark: Marc Lavine Candidate Name Rep. Donna Edwards <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B3B7A16FD089243A0B1F Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 50.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Dina Titus for Congress <hr/> Mailing Address 3711 E Sunset Rd Ste C5 Suite C5 <hr/> City Las Vegas State NV Zip Code 89120 <hr/> Purpose of Disbursement Earmark: Thomas Yarnall Candidate Name Dina Titus <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: BD6F599314AAB420F844 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 5.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1415.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hodes for Senate</p> <p>Mailing Address 379 Elm Street</p> <p>City Manchester State NH Zip Code 03101</p> <p>Purpose of Disbursement ERMK: Barry Cheney</p> <p>Candidate Name Rep. Paul W. Hodes</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0</p>	<p><b>Transaction ID:</b> B9906CF0FB9E14541950</p> <p>Date of Disbursement 05 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) WYDEN FOR SENATE</p> <p>Mailing Address 232 NE 9TH AVENUE</p> <p>City PORTLAND State OR Zip Code 97232</p> <p>Purpose of Disbursement Contribution to Committee</p> <p>Candidate Name Sen. RONALD LEE WYDEN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BCCB256241D774B3CAEC</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John Adler for Congress</p> <p>Mailing Address 14 Knightswood Dr</p> <p>City Marlton State NJ Zip Code 08053</p> <p>Purpose of Disbursement Contribution to Committee</p> <p>Candidate Name Rep. John Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B51B2A442E47E40E4B6C</p> <p>Date of Disbursement 05 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**520.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bennet for Colorado</p> <p>Mailing Address 2300 15th Street Suite 425</p> <p>City Denver State CO Zip Code 80202</p> <p>Purpose of Disbursement INKIND: Fundraising Event (via drawdown)</p> <p>Candidate Name Michael F. Bennet</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B1F4F950E9D454935AF5</p> <p>Date of Disbursement 05 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 163.69</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kosmas for Congress</p> <p>Mailing Address PO Box 1547</p> <p>City New Smyrna Beach State FL Zip Code 32170</p> <p>Purpose of Disbursement ERMK: Barry Cheney</p> <p>Candidate Name Suzanne Kosmas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0</p>	<p><b>Transaction ID:</b> B736ADAF1842D417BB44</p> <p>Date of Disbursement 05 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bera for Congress</p> <p>Mailing Address PO Box 582496</p> <p>City Elk Grove State CA Zip Code 95758</p> <p>Purpose of Disbursement INKIND: Press Release (via drawdown)</p> <p>Candidate Name Amerish Bera</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BA34EFF6C6B09405980C</p> <p>Date of Disbursement 05 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 29.09</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

212.78

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Peters For Congress</p> <p>Mailing Address P.O. Box 226</p> <p>City Bloomfield Hills State MI Zip Code 48303</p> <p>Purpose of Disbursement ERMK: Barry Cheney</p> <p>Candidate Name Gary Peters</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010</p>	<p><b>Transaction ID:</b> BAEF53AAC2D4439FB0E</p> <p>Date of Disbursement 05 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Perriello for Congress</p> <p>Mailing Address PO Box 306</p> <p>City Ivy State VA Zip Code 22945</p> <p>Purpose of Disbursement Earmark: Marc Lavine</p> <p>Candidate Name Rep. Tom S.P. Perriello</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010</p>	<p><b>Transaction ID:</b> B755109A588BA4EAAA9F</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Barbara Boxer</p> <p>Mailing Address PO Box 411176</p> <p>City Los Angeles State CA Zip Code 90064</p> <p>Purpose of Disbursement INKIND: Fundraising Event (via drawdown)</p> <p>Candidate Name Sen. Barbara Boxer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B46B0940D244146839C0</p> <p>Date of Disbursement 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 414.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

484.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Schauer for Congress</p> <p>Mailing Address PO Box 100</p> <p>City Battle Creek State MI Zip Code 49016</p> <p>Purpose of Disbursement Earmark: Marc Lavine</p> <p>Candidate Name Rep. Mark H. Schauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010</p>	<p><b>Transaction ID:</b> B195A45BF94D64E20886</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bennet for Colorado</p> <p>Mailing Address 2300 15th Street Suite 425</p> <p>City Denver State CO Zip Code 80202</p> <p>Purpose of Disbursement Earmark: Thomas Yarnall</p> <p>Candidate Name Michael F. Bennet</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0</p>	<p><b>Transaction ID:</b> B5DFF79113DE2460DB07</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 5.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bill Halter for Senate</p> <p>Mailing Address PO Box 94226</p> <p>City North Little Rock State AR Zip Code 72190</p> <p>Purpose of Disbursement ERMK: Gene Karpinski</p> <p>Candidate Name Bill Halter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AR District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0</p>	<p><b>Transaction ID:</b> B5308C4BF7DCC4215A03</p> <p>Date of Disbursement 05 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>155.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hodes for Senate</p> <p>Mailing Address 379 Elm Street</p> <p>City Manchester State NH Zip Code 03101</p> <p>Purpose of Disbursement Earmark: Marc Lavine</p> <p>Candidate Name Rep. Paul W. Hodes</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NH District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0</p>	<p><b>Transaction ID:</b> BA94DB6B0178441F29D7</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 100.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Robin Carnahan for Senate</p> <p>Mailing Address PO Box 50378</p> <p>City Saint Louis State MO Zip Code 63105</p> <p>Purpose of Disbursement Earmark: Thomas Yarnall</p> <p>Candidate Name Robin Carnahan</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010</p>	<p><b>Transaction ID:</b> BBF7492D2C29945E28CF</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 5.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Markey for Congress</p> <p>Mailing Address PO Box 1333</p> <p>City Fort Collins State CO Zip Code 80522</p> <p>Purpose of Disbursement Contribution to Committee</p> <p>Candidate Name Rep. Betsy Markey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B78C840C9C34C436181B</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 500.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

605.00

**TOTAL** This Period (last page this line number only) ..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bill Halter for Senate</p> <p>Mailing Address PO Box 94226</p> <p>City North Little Rock State AR Zip Code 72190</p> <p>Purpose of Disbursement Earmark: Marc Lavine</p> <p>Candidate Name Bill Halter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0</p>	<p><b>Transaction ID:</b> BE5FF540477BF4DA4A3A</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Barbara Boxer</p> <p>Mailing Address PO Box 411176</p> <p>City Los Angeles State CA Zip Code 90064</p> <p>Purpose of Disbursement Contribution to Committee</p> <p>Candidate Name Sen. Barbara Boxer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BCBF6C81D042E43C1BFE</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 640.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Barbara Boxer</p> <p>Mailing Address PO Box 411176</p> <p>City Los Angeles State CA Zip Code 90064</p> <p>Purpose of Disbursement ERMK: William Meadows</p> <p>Candidate Name Sen. Barbara Boxer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0</p>	<p><b>Transaction ID:</b> B65E2689FB50B48D7843</p> <p>Date of Disbursement 05 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1240.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kosmas for Congress</p> <p>Mailing Address PO Box 1547</p> <p>City New Smyrna Beach State FL Zip Code 32170</p> <p>Purpose of Disbursement Contribution To Committee</p> <p>Candidate Name Suzanne Kosmas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BE09A6577BCA34B8EAE1</p> <p>Date of Disbursement 05 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Loebsack For Congress</p> <p>Mailing Address PO Box 2720</p> <p>City Cedar Rapids State IA Zip Code 52406</p> <p>Purpose of Disbursement Contribution to Committee</p> <p>Candidate Name Rep. Dave Loebsack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B29A785968B8F4C69A35</p> <p>Date of Disbursement 05 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Hodes for Senate</p> <p>Mailing Address 379 Elm Street</p> <p>City Manchester State NH Zip Code 03101</p> <p>Purpose of Disbursement Earmark: Thomas Yarnall</p> <p>Candidate Name Rep. Paul W. Hodes</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0</p>	<p><b>Transaction ID:</b> B4A237FCBA15B4A15B64</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 5.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	755.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Perriello for Congress <hr/> Mailing Address PO Box 306 <hr/> City Ivy State VA Zip Code 22945 <hr/> Purpose of Disbursement Earmark: Thomas Yarnall Candidate Name Rep. Tom S.P. Perriello <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010	Transaction ID: BDFD1A7B87E8645B18EE Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 5.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010
<b>B.</b> Full Name (Last, First, Middle Initial) Ben Chandler for Congress <hr/> Mailing Address P. O. Box 12678 <hr/> City Lexington State KY Zip Code 40508 <hr/> Purpose of Disbursement Earmark: Marc Lavine Candidate Name Ben Chandler <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0	Transaction ID: BC8E549C2E7AB4511AFC Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 50.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0
<b>C.</b> Full Name (Last, First, Middle Initial) Bill Halter for Senate <hr/> Mailing Address PO Box 94226 <hr/> City North Little Rock State AR Zip Code 72190 <hr/> Purpose of Disbursement ERMK: Louis Toler Candidate Name Bill Halter <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0	Transaction ID: BDC053C8A6AA6474789C Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 50.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	105.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Robin Carnahan for Senate</p> <p>Mailing Address PO Box 50378</p> <p>City Saint Louis State MO Zip Code 63105</p> <p>Purpose of Disbursement ERMK: Barry Cheney</p> <p>Candidate Name Robin Carnahan</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010</p>	<p><b>Transaction ID:</b> B1E8DD1EA749642B283F</p> <p>Date of Disbursement 05 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kratovil for Congress</p> <p>Mailing Address 222 Main Sail Drive P.O. Box 518</p> <p>City Stevensville State MD Zip Code 21666</p> <p>Purpose of Disbursement Contribution to Committee</p> <p>Candidate Name Frank Kratovil</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BE7183AE0D2E0497B83E</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bennet for Colorado</p> <p>Mailing Address 2300 15th Street Suite 425</p> <p>City Denver State CO Zip Code 80202</p> <p>Purpose of Disbursement Contribution to Committee</p> <p>Candidate Name Michael F. Bennet</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B2A425F220A2744F69E1</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

1320.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Perlmutter For Congress Mailing Address 3440 Youngfield St # 264 City Wheat Ridge State CO Zip Code 80033 Purpose of Disbursement Contribution to Committee Candidate Name Rep. Ed Perlmutter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8A4A5491C0724C85ADF Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00

<b>B.</b> Full Name (Last, First, Middle Initial) Frank Kratovil for Congress Mailing Address 222 Main Sail Drive PO Box 518 City Stevensville State MD Zip Code 21666 Purpose of Disbursement Earmark: Thomas Yarnall Candidate Name Frank Kratovil Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: BFBC6A8A55C044DF08A9 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 5.00

<b>C.</b> Full Name (Last, First, Middle Initial) Bill Halter for Senate Mailing Address PO Box 94226 City North Little Rock State AR Zip Code 72190 Purpose of Disbursement ERMK: Amerlia Ketzle Candidate Name Bill Halter Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B04136656E67746969C1 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 10.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	515.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Friends For Harry Reid <hr/> Mailing Address PO Box 19163 <hr/> City Las Vegas State NV Zip Code 89132 <hr/> Purpose of Disbursement Earmark: Thomas Yarnall Candidate Name Sen. Harry Reid <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0	Transaction ID: B7515B8F966AF437180B Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 5.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0
<b>B.</b> Full Name (Last, First, Middle Initial) John Bocchieri for Congress <hr/> Mailing Address PO Box 3016 <hr/> City Alliance State OH Zip Code 44601 <hr/> Purpose of Disbursement Earmark: Thomas Yarnall Candidate Name Rep. John Bocchieri <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0	Transaction ID: B1A453333131C498884E Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 5.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0
<b>C.</b> Full Name (Last, First, Middle Initial) GARAMENDI FOR CONGRESS <hr/> Mailing Address c/o California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426 <hr/> City Long Beach State CA Zip Code 90807 <hr/> Purpose of Disbursement Contribution to Committee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD3ADC2890CA14067A71 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

260.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

A.

Full Name (Last, First, Middle Initial)  
Committee to Elect Chris Murphy

Transaction ID: BD87BB69FC1264129A5D

Mailing Address PO Box 127

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	0

City Cheshire State CT Zip Code 06410

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Contribution To Committee

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Bill Halter for Senate

Transaction ID: BF7D2CBCE58014739A4F

Mailing Address PO Box 94226

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	0

City North Little Rock State AR Zip Code 72190

Amount of Each Disbursement this Period

5.00
------

Purpose of Disbursement  
Earmark: Thomas Yarnall

--

Candidate Name  
Bill Halter

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AR District:

Other0

SUBTOTAL of Disbursements This Page (optional) ..... ►

505.00
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TOTAL This Period (last page this line number only) ..... ►

13431.87
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ann Cordero</p> <p>Mailing Address 2814 Lilac Street</p> <p>City Longview State WA Zip Code 98632-3529</p> <p>Purpose of Disbursement Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B3F533E472EF84F4C9A5</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="225.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bruce Horner</p> <p>Mailing Address 2210 Longest Ave</p> <p>City Louisville State KY Zip Code 40204-2121</p> <p>Purpose of Disbursement Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B524B9C7E63B34683A76</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tobi Tyler</p> <p>Mailing Address P.O. Box 6825</p> <p>City Stateline State NV Zip Code 89449</p> <p>Purpose of Disbursement Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BAE2555F8FEE84FC5B27</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="405.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="880.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="880.00"/>



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

A.

Full Name (Last, First, Middle Initial)  
League Of Conservation Voters, Inc.

Transaction ID: B1462BC871D424198BCB

Date of Disbursement

Mailing Address 1920 L St NW Ste 800

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	0

City Washington State DC Zip Code 20036-5004

Amount of Each Disbursement this Period

12000.00
----------

Purpose of Disbursement  
Advance to drawdown acct.

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District: 0

SUBTOTAL of Disbursements This Page (optional) ..... ►

12000.00
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TOTAL This Period (last page this line number only) ..... ►

12000.00
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# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) League of Conservation Voters Action Fund	FEC IDENTIFICATION NUMBER <b>C</b> C00252940
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Nick Morelock

---

Mailing Address  
1920 L St Ste 800

---

City Washington	State DC	Zip Code 20036-5045
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---

Purpose of Expenditure Salary (via drawdown)	Category/ Type
---	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Robin Carnahan

---

Calendar Year-To-Date Per Election for Office Sought	1750.00
---	---------

Date  
M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Amount  
1750.00

Transaction ID: E81313B1ADD2E44B9B5A

Office Sought:  House State: MO  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
John Burton

---

Mailing Address  
1920 L St Ste 800

---

City Washington	State DC	Zip Code 20036-5045
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---

Purpose of Expenditure Salary (via drawdown)	Category/ Type
---	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Rep. Paul W. Hodes

---

Calendar Year-To-Date Per Election for Office Sought	1750.00
---	---------

Date  
M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Amount  
1750.00

Transaction ID: EE16650A8372542C29D3

Office Sought:  House State: NH  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	3500.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	3500.00

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Patrick Collins  
Signature

Date M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 0