

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 (12G)
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 07 01 2009 through 07 31 2009

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 08 11 2009

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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		205856.19
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	402756.79									
(c) Total Receipts (from Line 19)	8058.72	225755.44								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	410815.51	431611.63								
7. Total Disbursements (from Line 31)	1708.15	22504.27								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	409107.36	409107.36								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
League of Conservation Voters Action Fund

Report Covering the Period: From: To:

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)	6155.16	135700.40
(ii) Unitemized	1903.56	68691.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8058.72	204391.75
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	8058.72	214391.75
12. Transfers From Affiliated/Other Party Committees	0.00	9915.86
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	750.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	697.83
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))	8058.72	225755.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8058.72	225755.44

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.....	458.15	640.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	458.15	640.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	322.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1250.00	20096.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
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	0.00	1250.00
(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))	0.00	1250.00
29. Other Disbursements.....	0.00	195.36
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))..	1708.15	22504.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1708.15	22504.27

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)	8058.72	214391.75
34. Total Contribution Refunds (from Line 28(d))	0.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8058.72	213141.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	458.15	640.91
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	458.15	640.91

**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 6 / 14
	<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	

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

A.	Full Name (Last, First, Middle Initial) Willa Claudel	Date of Receipt MM / DD / YYYY 07 / 28 / 2009
	Mailing Address 1496 Trout Ct SE	Transaction ID: 90811.C59668
	City State Zip Code Salem OR 97317	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Receipt
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 ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) Wes Ernsberger	Date of Receipt MM / DD / YYYY 07 / 20 / 2009
	Mailing Address 3 Delaware Ave. #201	Transaction ID: 90811.C59605
	City State Zip Code Endicott NY 13760	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Information Requested	Occupation Information Requested Programmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Kellie McKeown	Date of Receipt MM / DD / YYYY 07 / 27 / 2009
	Mailing Address 2725 Sequoia Way	Transaction ID: 90811.C59646
	City State Zip Code Belmont CA 94002	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Receipt
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	

SUBTOTAL of Receipts This Page (optional)	75.00
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 7 / 14
(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)
Susan McMillan
 Mailing Address 4506 26TH St W Ste A
 City State Zip Code
 Bradenton FL 34207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
 Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.80
 Date of Receipt 07 / 13 / 2009
Transaction ID: 90811.C59572
 Amount of Each Receipt this Period 20.08
 Receipt

B. Full Name (Last, First, Middle Initial)
Susan McMillan
 Mailing Address 4506 26TH St W Ste A
 City State Zip Code
 Bradenton FL 34207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
 Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.88
 Date of Receipt 07 / 20 / 2009
Transaction ID: 90811.C59607
 Amount of Each Receipt this Period 20.08
 Receipt

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 ▼ 1780.00
 Date of Receipt 07 / 13 / 2009
Transaction ID: 90811.C59589
 Amount of Each Receipt this Period 40.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 80.16
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 / 14
(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)
Lynde Uihlein
Mailing Address 1122 N. Astor St.
City Milwaukee State WI Zip Code 53202
FEC ID number of contributing federal political committee. **C**

Date of Receipt MM / DD / YYYY
07 / 01 / 2009
Transaction ID: 90811.C59414
Amount of Each Receipt this Period 1000.00
Earmarked(Nondeposited)

Name of Employer Brico Fund Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

[MEMO ITEM]
Earmarked For BOXER, BARBARA, Senate, CA, 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**

Date of Receipt MM / DD / YYYY
07 / 09 / 2009
Transaction ID: 90811.C59687
Amount of Each Receipt this Period 5000.00
Receipt

Name of Employer Brico Fund Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

C. Full Name (Last, First, Middle Initial)
Fred Weitz
Mailing Address 1245 Browns Woods Drive
City West Des Moines State IA Zip Code 50265
FEC ID number of contributing federal political committee. **C**

Date of Receipt MM / DD / YYYY
07 / 21 / 2009
Transaction ID: 90811.C59690
Amount of Each Receipt this Period 1000.00
Receipt

Name of Employer Essex Meadows, Inc. Occupation Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) 6000.00

TOTAL This Period (last page this line number only) 6155.16

**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

A. Full Name (Last, First, Middle Initial) Getactive Mailing Address PO Box 671625 City Dallas State TX Zip Code 75267-1625 Purpose of Disbursement PAC PORTION OF WEB HOSTING 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) ▼	Transaction ID: 90721.E27730 Date of Disbursement 07 / 21 / 2009
	Amount of Each Disbursement this Period 29.25
	Category/ Type PAC PORTION OF WEB HOSTING
	Amount of Each Disbursement this Period 29.25

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 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) ▼	Transaction ID: 90811.E27762 Date of Disbursement 07 / 01 / 2009
	Amount of Each Disbursement this Period 4.95
	Category/ Type BANK FEE
	Amount of Each Disbursement this Period 4.95

C. 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 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) ▼	Transaction ID: 90811.E27763 Date of Disbursement 07 / 06 / 2009
	Amount of Each Disbursement this Period 0.29
	Category/ Type BANK FEE
	Amount of Each Disbursement this Period 0.29

SUBTOTAL of Disbursements This Page (optional) ▶	34.49
TOTAL This Period (last page this line number only) ▶	34.49

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 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>A. 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>Transaction ID: 90811.E27766 Date of Disbursement 07 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 250.07</p> <p>BANK FEE</p>
<p>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>Transaction ID: 90811.E27765 Date of Disbursement 07 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 65.51</p> <p>BANK FEE</p>
<p>C. 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>Transaction ID: 90811.E27764 Date of Disbursement 07 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 50.58</p> <p>BANK FEE</p>

SUBTOTAL of Disbursements This Page (optional)	366.16
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

A.	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: 90811.E27768 Date of Disbursement 07 / 20 / 2009
	Mailing Address PO Box 622227	
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period 2.50
	Purpose of Disbursement Bank Fee Candidate Name	Category/Type
	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) ▼
		BANK FEE

B.	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: 90811.E27767 Date of Disbursement 07 / 20 / 2009
	Mailing Address PO Box 622227	
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period 52.50
	Purpose of Disbursement Bank Fee Candidate Name	Category/Type
	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) ▼
		BANK FEE

C.	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: 90811.E27769 Date of Disbursement 07 / 20 / 2009
	Mailing Address PO Box 622227	
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period 2.50
	Purpose of Disbursement Bank Fee Candidate Name	Category/Type
	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) ▼
		BANK FEE

SUBTOTAL of Disbursements This Page (optional)	57.50
TOTAL This Period (last page this line number only)	458.15

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>A. Full Name (Last, First, Middle Initial) COMMITTEE FOR A LIVABLE FUTURE</p> <p>Mailing Address 830 NE Holladay Street Room 115</p> <p>City Portland State OR Zip Code 97232-</p> <p>Purpose of Disbursement</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: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ OTHER 2009</p>	<p>Transaction ID: 90721.E27729 Date of Disbursement 07 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p>B. Full Name (Last, First, Middle Initial) BOXER, BARBARA</p> <p>Mailing Address POST OFFICE BOX 641751</p> <p>City LOS ANGELES State CA Zip Code 90064</p> <p>Purpose of Disbursement EARMARK; LYNDE UIHLEIN</p> <p>Candidate Name BARBARA BOXER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90811.E27761 Date of Disbursement 07 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>[MEMO ITEM] Earmarked - Barbara Boxer - Transmitted by Original Check</p>
<p>C. Full Name (Last, First, Middle Initial) Driehaus for Congress</p> <p>Mailing Address 1018 Benz Ave</p> <p>City Cincinnati State OH Zip Code 45238-4406</p> <p>Purpose of Disbursement 07/30/09 EVENT; OH-01 US HOUSE</p> <p>Candidate Name STEVEN L DRIEHAUS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90811.E27750 Date of Disbursement 07 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>07/30/09 EVENT; OH-01 US HOUSE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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>A. Full Name (Last, First, Middle Initial) Committee to Elect Alan Grayson</p> <p>Mailing Address 8419 Oak Park Rd</p> <p>City Orlando State FL Zip Code 32819-3240</p> <p>Purpose of Disbursement FL-08 US HOUSE</p> <p>Candidate Name ALAN MARK GRAYSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90721.E27731 Date of Disbursement 07 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>FL-08 US HOUSE</p>
<p>B. Full Name (Last, First, Middle Initial) HEINRICH, MARTIN</p> <p>Mailing Address 2118 CENTRAL AVENUE SE #71 #71</p> <p>City ALBUQUERQUE State NM Zip Code 87106</p> <p>Purpose of Disbursement EARMARK: ANDY KERR</p> <p>Candidate Name MARTIN HEINRICH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90811.E27760 Date of Disbursement 07 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] Earmarked - Martin Heinrich - Transmitted by Original Check</p>
<p>C. Full Name (Last, First, Middle Initial) LANCE FOR CONGRESS</p> <p>Mailing Address PO Box 225</p> <p>City Colonia State NJ Zip Code 07067-0225</p> <p>Purpose of Disbursement 07/29/09 EVENT; NJ-07 US HOUSE</p> <p>Candidate Name LEONARD LANCE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90811.E27751 Date of Disbursement 07 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>07/29/09 EVENT; NJ-07 US HOUSE</p>

SUBTOTAL of Disbursements This Page (optional)	500.00
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)

PAGE 14 / 14

<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)
MIKE MCMAHON FOR CONGRESS

Mailing Address 66 Arnold Street

City Staten Island State NY Zip Code 10301-

Purpose of Disbursement
07/28/09 EVENT; NY -13 US HOUSE

Candidate Name
MICHAEL E. MCMAHON

Office Sought: House
 Senate
 President

State: NY District: 13

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 90811.E27749

Date of Disbursement

07 / 28 / 2009

Amount of Each Disbursement this Period

250.00

07/28/09 EVENT; NY -13 US HOUSE

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

1250.00