

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

1. (a) Name of Individual, Organization or Corporation League of Conservation Voters, Inc.		
(b) Address (number and street) ☐ check if different than previously reported 1920 L St NW Suite 800		
(c) City, State and ZIP Code Washington DC 20036-		3. FEC Identification Number C C90005786
2. Occupation and Name of Employer (for Individual Filers Only)		

Three digital displays are shown, each with a label above it: 'M M' for the first, 'D D' for the second, and 'Y Y Y Y' for the third. The first display shows '06', the second shows '04', and the third shows '2014'. Each display has a small orange square at the bottom center.

6. TOTAL CONTRIBUTIONS.....	0.00
-----------------------------	------

7. TOTAL INDEPENDENT EXPENDITURES	3000.00
---	---------

06/05/2014

FEC Schedule 5 (REV. 09/2013)

SCHEDULE 5-E **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

League of Conservation Voters, Inc.

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

Public Policy Polling

Date of Public Distribution/Dissemination

06 / 04 / 2014

Mailing Address 2912 Highwoods Blvd

Amount

3000.00

City

State

Zip Code

Raleigh

NC

27604-1064

Transaction ID : A78D31AFCEE4F4AB79CE

Purpose of Expenditure
PollingCategory/
Type

Office Sought:



House

State: ME



Senate

District: 02



President

Check One:



Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Emily Ann CainCalendar Year-To-Date Per Election
for Office Sought

131703.96

Disbursement For: 2014



Primary

☐ General☐ Other (specify) ▶

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

Date of Public Distribution/Dissemination

/ /

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:



House

State: _____



Senate

District: _____



President

Check One:



Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:



Primary

☐ General☐ Other (specify) ▶

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

Date of Public Distribution/Dissemination

/ /

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:



House

State: _____



Senate

District: _____



President

Check One:



Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:



Primary

☐ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

3000.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

3000.00

(carry total from last page forward to Line 7)