

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation League of Conservation Voters, Inc.		3. FEC Identification Number C C90005786
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1920 L St NW Suite 800		
(c) City, State and ZIP Code Washington DC 20036-		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M M	/	D D	/	Y Y Y Y
03	/	16	/	2012

THROUGH

M M	/	D D	/	Y Y Y Y
03	/	28	/	2012

6. TOTAL CONTRIBUTIONS **0.00**

7. TOTAL INDEPENDENT EXPENDITURES **56713.66**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Patrick Collins	<i>Patrick Collins</i>	03/29/2012

[Electronically Filed]

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

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

League of Conservation Voters, Inc.

Full Name (Last, First, Middle Initial) of Payee ERCS, LLC		Date MM / DD / YYYY 03 / 27 / 2012
Mailing Address P.O. Box 21254		Amount 1300.00
City Billings	State MT	
Zip Code 59104	Transaction ID : ACE7686F2A8CA46BAB22	
Purpose of Expenditure Billings Office Rent	Category/ Type	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 26769.90		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Summit Property Management, LLC		Date MM / DD / YYYY 03 / 27 / 2012
Mailing Address 500 N. Higgins, #208		Amount 1600.00
City Missoula	State MT	
Zip Code 59807	Transaction ID : A989A503BFE8A4CE3AE0	
Purpose of Expenditure Missoula Office Rent	Category/ Type	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 26769.90		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee CenturyLink		Date MM / DD / YYYY 03 / 27 / 2012
Mailing Address P.O. Box 29040		Amount 573.66
City Phoenix	State AZ	
Zip Code 85038	Transaction ID : A9E1DBFF21EDD44C6AC	
Purpose of Expenditure Phone and Internet	Category/ Type	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 26769.90		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	3473.66
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	
(carry total from last page forward to Line 7)		

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

League of Conservation Voters, Inc.

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

Date

03 / 27 / 2012

Mailing Address 825N 18th Street

Amount

900.00

Transaction ID : A12BD0AEBE76340EDB5F

City State Zip Code
Billings MT 59101-0330

Purpose of Expenditure
Monthly Travel Stipend

Category/
Type

Office Sought: House State: MT
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Jon Tester

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 26769.90

Disbursement For: Primary General
2012 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Terra Strategies, LLC

Date

03 / 28 / 2012

Mailing Address 321 E. Walnut
Suite 340

Amount

52340.00

Transaction ID : A3D111A99D5264E0885D

City State Zip Code
Des Moines IA 50309

Purpose of Expenditure
Field Consulting Services

Category/
Type

Office Sought: House State: MT
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Jon Tester

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 79109.90

Disbursement For: Primary General
2012 Other (specify) _____

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

Date

____ / ____ / ____

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
Type

Office Sought: House State: _____
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures 53240.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures.....

(c) **TOTAL** Independent Expenditures 56713.66
(carry total from last page forward to Line 7)