LEAGUE OF CONSERVATION VOTERS

MEMORANDUM VIA FAX

TO: FEC

FROM: Anne S (Health)

DATE: 10/18/04

SUBJECT: FEC - Form 9

FAX NUMBER: (202) 219-3124

NUMBER OF PAGES:

MESSAGE:

1920 L Street, NW • Suite 800 • Washington, DC 20036
202-785-8683 • Fax: 202-835-0491 • E-Mail: Rebecca_Loh@lcv.org • http://www.lcv.org

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name
League of Conservation Voters, Inc.

(b) Address (number and street) (check if different than previously reported)
1920 L Street, N.W. Suite 800

(c) City, State and ZIP Code
Washington, D.C. 20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number
C 30000103

3. Is This Statement [X] New or [ ] Amended

4. Covering Period 10 15 2004 through 10 18 2004

5. (a) Date of Public Distribution(s) 10 18 2004 (b) Communication Title "Record for Bog ad"

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes [X] No [ ]

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes [X] No [ ]

8. Custodian of Records

(a) Name
Anne C. Saer

(b) Address (number and street)
1920 L Street, N.W. Suite 800

(c) City, State and ZIP Code
Washington, D.C. 20036

(d) Name of Employer or Principal Place of Business
League of Conservation Voters, Inc.

(e) Occupation
CFO

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement 29,12,16

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications 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 Heryth Paul

SIGNATURE [signature] DATE 10/18/04

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

FE3AN038/FGF

FEC FORM 9 (REV. 02/2002)

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee: McMahon Squier & Associates
Mailing Address of Payee: 1029 North Royal Street #350
City: Alexandria State: VA Zip Code: 22314
Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 15 2004
Amount: 291216
Communication Date: 10 18 2004

Purpose of Disbursement (including title(s) of communication(s)): Production Cost "Record / Big oil"

Name of Federal Candidate: George Bush
Office Sought: [ ] House [ ] Senate [X] President State: District:
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify)

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee:
Mailing Address of Payee:
City: State: Zip Code:
Name of Employer: Occupation:

Date of Disbursement or Obligation:
Amount:
Communication Date:

Purpose of Disbursement (including title(s) of communication(s)):

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 291216

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 10)

FE5A4038.PDF FECFORM-9 (REV. 02/2003)

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE OF

11. Person(s) Sharing/Exercising Control

A. (a) Name
Debra J. Callahan
(b) Address (number and street)
1920 L Street, N.W. Suite 800
(c) City, State and ZIP Code
Washington, D.C. 20036 President
(d) Name of Employer or Principal Place of Business (e) Occupation
League of Conservation Voters, Inc.

B. (a) Name
Mark Longabaugh
(b) Address (number and street)
1920 L Street, N.W. Suite 800
(c) City, State and ZIP Code
Washington, D.C. 20036 SVP Program
(d) Name of Employer or Principal Place of Business (e) Occupation
League of Conservation Voters, Inc.

C. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business (e) Occupation

D. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business (e) Occupation

E. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business (e) Occupation

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

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N/A PREPARER	N/A DATE PREPARED

(5/2004)