

FEC FORM 5

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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) ☐ check if different than previously reported 1920 L STREET NW #800					
(c) City, State and ZIP Code WASHINGTON DC 20036					
2.	Corporate filers only Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No				
<table style="width: 100%; border: none;"> <tr> <td style="width: 5%; border: none;">Individual filers only</td> <td style="border: none; width: 65%;">Name of Employer</td> <td style="border: none; width: 30%;">Occupation</td> </tr> </table>			Individual filers only	Name of Employer	Occupation
Individual filers only	Name of Employer	Occupation			

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Report ☒ 48-Hour Report
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☒ No ☐

5. COVERING PERIOD: FROM

 /

 /

THROUGH

/

 /

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES.....

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a 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**

Barbara Gonzalez-McIntosh

12/20/2007

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 EXPENDITURESPAGE **2 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

LEAGUE OF CONSERVATION VOTERS INC

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

M+R Strategic Services

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	0	7

Amount

415.00

Mailing Address
2120 L St NW
6th Floor

City

Washington

State

DC

Zip Code

20037

Purpose of Expenditure

Email Fundraising

Category/
Type

003

Office Sought:

☒

House

State: MD

House

☐

Senate

☐

President

District: 04

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Donna Edwards

Calendar Year-To-Date Per Election
for Office Sought

415.00

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)

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

M+R Strategic Services

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	7

Amount

415.00

Mailing Address
2120 L St NW
6th Floor

City

Washington

State

DC

Zip Code

20037

Purpose of Expenditure

Email Fundraising

Category/
Type

003

Office Sought:

☒

House

State: MD

House

☐

Senate

☐

President

District: 04

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Donna Edwards

Calendar Year-To-Date Per Election
for Office Sought

830.00

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)

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

Winning Connections

Date

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

Amount

1766.70

Mailing Address
317 Pennsylvania Ave SE
2nd Floor

City

Washington

State

DC

Zip Code

20003

Purpose of Expenditure

Automated phone calls

Category/
Type

003

Office Sought:

☒

House

State: MD

House

☐

Senate

☐

President

District: 04

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Donna Edwards

Calendar Year-To-Date Per Election
for Office Sought

2596.70

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

2596.70

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

LEAGUE OF CONSERVATION VOTERS INC

Full Name (Last, First, Middle Initial) of Payee
Terris Barnes Walters

Date

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

Mailing Address
400 Montgomery St
Suite 700

Amount

11121.00

City	State	Zip Code
San Francisco	CA	94104

Purpose of Expenditure
Direct MailCategory/
Type 003
Office Sought: ☒ House State: MD
☐ Senate District: 04
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:
Donna EdwardsCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 13717.70Disbursement For: ☐ Primary ☐ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

11121.00

(b) SUBTOTAL of Unitemized Independent Expenditures

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

13717.70