League of Conservation Voters and LCV Education Fund
1920 L Street N.W.
Suite 800
Washington, DC 20036
Phone 202-785-8683 Fax 202-835-0491

Facsimile Cover Sheet

MEMORANDUM-NOTE

Date: 7/28/04

To: FEC

From: LCV

Fax: 202-219-0174

Total number of pages (including cover sheet): 4

Message:

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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

(b) Address (number and street) ☐ check if different than previously reported: 1920 L STREET, N.W. #800

(c) City, State and ZIP Code: WASHINGTON, DC 20036

2. FEC Identification Number: C 90005786

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement: ☒ New or ☐ Amended

4. Covering Period: 07 28 2004 through 07 22 2004

5. (a) Date of Public Distribution(s): 07 28 2004 (b) Communication Title

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes ☒ No ☐

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

8. Custodian of Records

(a) Name: ANNE SAVOR

(b) Address (number and street): 1920 L STREET, N.W. #800

(c) City, State and ZIP Code: WASHINGTON DC 20036

(d) Name of Employer or Principal Place of Business: LEAGUE OF CONSERVATION VOTERS, CFO

(e) Occupation

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement: 43,000

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: ANNE SAVOR

SIGNATURE: [signature] DATE: 7/28/04

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

FEC FORM 9 (REV. 02/03)

FE9A400.PDF

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

PAGE 1 OF 1

11. Person(s) Sharing/Exercising Control

A. (a) Name
DEBORAH J. CALLAHAN
(b) Address (number and street)
1920 L ST. NW #800
(c) City, State and ZIP Code
WASHINGTON DC 20036 PRESIDENT
(d) Name of Employer or Principal Place of Business (e) Occupation
LEAGUE OF CONSERVATION VOTERS

B. (a) Name
MARK LONGABAUGH
(b) Address (number and street)
1920 L STREET, #800
(c) City, State and ZIP Code
WASHINGTON DC 20036 SVP PROGRAM
(d) Name of Employer or Principal Place of Business (e) Occupation
LEAGUE OF CONSERVATION VOTERS

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

FEC FORM 8 (REV. 02/2004)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 1 OF 1

A. Full Name (Last, First, Middle Initial) of Payee: ABAR HUTON MEDIA

Mailing Address of Payee: 6190 GROVEDALE CT #200

City: ALEXANDRIA State: VA Zip Code: 22310

Name of Employer: ____ Occupation: ____

Date of Disbursement or Obligation: 07 28 2004

Amount: 43,000.—

Communication Date: 07 28 2004

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

Name of Federal Candidate: J. SCHWARZ — Office Sought: [X] House [ ] Senate [ ] President — State: MT — District: 01 — Disbursement/Obligation For: [X] 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) ▶

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) ▶ ____

TOTAL This Period (last page this line number only) ▶ 43,000.—
(carry total from last page to Line 10)

FEC FORM 5 (REV. 06/2003)

FE5AN035.PDF

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)