

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 STREET NW #800		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" 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 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

M	M
1	0

 /

D	D
2	1

 /

Y	Y	Y	Y
2	0	0	6

THROUGH

M	M
1	0

 /

D	D
2	4

 /

Y	Y	Y	Y
2	0	0	6

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

2300.00

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 McIntosh

10/24/2006

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

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Mailing Address
720 N. 38th St

Amount

125.00

City State Zip Code
Philadelphia PA 19104

Purpose of Expenditure
canvasser - payment for services

Category/
Type 001

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

Name of Federal Candidate Supported or Opposed by Expenditure:
Bob Casey

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 4812.13

Disbursement For: Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Mailing Address
2219 S. 15th St

Amount

125.00

City State Zip Code
Philadelphia PA 19145

Purpose of Expenditure
canvasser - payment for services

Category/
Type 001

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

Name of Federal Candidate Supported or Opposed by Expenditure:
Bob Casey

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 4937.13

Disbursement For: Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Mailing Address
420 S. 15th St. Apt 1-F

Amount

125.00

City State Zip Code
Philadelphia PA 19145

Purpose of Expenditure
canvasser - payment for services

Category/
Type 001

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

Name of Federal Candidate Supported or Opposed by Expenditure:
Bob Casey

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 5062.13

Disbursement For: Primary General
 Other (specify) _____

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

375.00

(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

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Mailing Address
3314 I St

Amount

75.00

City
Philadelphia

State
PA

Zip Code
19134

Purpose of Expenditure
canvasser - payment for services

Category/
Type 001

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

Name of Federal Candidate Supported or Opposed by Expenditure:
Bob Casey

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 5187.13

Disbursement For: Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Mailing Address
5718 N. Hope St

Amount

125.00

City
Philadelphia

State
PA

Zip Code
19120

Purpose of Expenditure
canvasser - payment for services

Category/
Type 001

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

Name of Federal Candidate Supported or Opposed by Expenditure:
Bob Casey

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 5262.13

Disbursement For: Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Mailing Address
77 Mill Race Place

Amount

125.00

City
Glen Mills

State
PA

Zip Code
19342

Purpose of Expenditure
canvasser - payment for services

Category/
Type 001

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

Name of Federal Candidate Supported or Opposed by Expenditure:
Bob Casey

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 5387.13

Disbursement For: Primary General
 Other (specify) _____

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

325.00

(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

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Mailing Address

420 S. 15th St. Apt 1-F

Amount

125.00

City

Philadelphia

State

PA

Zip Code

19145

Purpose of Expenditure

canvasser - payment for services

Category/
Type

001

Office Sought:

House

State: PA

House

Senate

District: 07

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Joe Sestak

Calendar Year-To-Date Per Election
for Office Sought

4771.95

Disbursement For:

Primary

General

Other (specify)

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

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Mailing Address

720 N. 38th St

Amount

125.00

City

Philadelphia

State

PA

Zip Code

19104

Purpose of Expenditure

canvasser - payment for services

Category/
Type

001

Office Sought:

House

State: PA

House

Senate

District: 07

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Joe Sestak

Calendar Year-To-Date Per Election
for Office Sought

4896.95

Disbursement For:

Primary

General

Other (specify)

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

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Mailing Address

5718 N. Hope St

Amount

125.00

City

Philadelphia

State

PA

Zip Code

19120

Purpose of Expenditure

canvasser - payment for services

Category/
Type

001

Office Sought:

House

State: PA

House

Senate

District: 07

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Joe Sestak

Calendar Year-To-Date Per Election
for Office Sought

5021.95

Disbursement For:

Primary

General

Other (specify)

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

375.00

(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

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Mailing Address
2219 S. 15th St.

Amount

125.00

City State Zip Code
Philadelphia PA 19145

Purpose of Expenditure
canvasser - payment for services

Category/
Type 001

Office Sought: House State: PA
 Senate District: 07
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Joe Sestak

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 5146.95

Disbursement For: Primary General
 Other (specify)

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

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Mailing Address
3314 I St.

Amount

75.00

City State Zip Code
Philadelphia PA 19134

Purpose of Expenditure
canvasser - payment for services

Category/
Type 001

Office Sought: House State: PA
 Senate District: 07
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Joe Sestak

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 5271.95

Disbursement For: Primary General
 Other (specify)

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

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Mailing Address
77 Mill Race Place

Amount

125.00

City State Zip Code
Glen Mills PA 19342

Purpose of Expenditure
canvasser - payment for services

Category/
Type 001

Office Sought: House State: PA
 Senate District: 07
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Joe Sestak

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 5346.95

Disbursement For: Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

325.00

(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

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Mailing Address

418 Bryn Mawr NE

Amount

150.00

City

Albuquerque

State

NM

Zip Code

87106

Purpose of Expenditure

canvasser - payment for services

Category/
Type

001

Office Sought:

House

State: NM

House

Senate

District: 01

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Patricia Madrid

Calendar Year-To-Date Per Election
for Office Sought

108075.43

Disbursement For:

Primary

General

Other (specify)

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

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Mailing Address

2281 Wilbur SW

Amount

200.00

City

Albuquerque

State

NM

Zip Code

87105

Purpose of Expenditure

canvasser - payment for services

Category/
Type

001

Office Sought:

House

State: NM

House

Senate

District: 01

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Patricia Madrid

Calendar Year-To-Date Per Election
for Office Sought

108225.43

Disbursement For:

Primary

General

Other (specify)

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

Date

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 6

Mailing Address

425 Quincy St. NE #B

Amount

50.00

City

Albuquerque

State

NM

Zip Code

87108

Purpose of Expenditure

canvasser - payment for services

Category/
Type

001

Office Sought:

House

State: NM

House

Senate

District: 01

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Patricia Madrid

Calendar Year-To-Date Per Election
for Office Sought

108425.43

Disbursement For:

Primary

General

Other (specify)

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

400.00

(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

Date

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 6

Mailing Address
4304 Altura Messa Ln NE

Amount

50.00

City State Zip Code
Albuquerque NM 87110

Purpose of Expenditure
canvasser - payment for services

Category/
Type 001

Office Sought: House State: NM
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Patricia Madrid

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 108475.43

Disbursement For: Primary General
 Other (specify)

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

Date

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 6

Mailing Address
2137 Eton Ave SE

Amount

50.00

City State Zip Code
Albuquerque NM 87106

Purpose of Expenditure
canvasser - payment for services

Category/
Type 001

Office Sought: House State: NM
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Patricia Madrid

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 108525.43

Disbursement For: Primary General
 Other (specify)

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

Date

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Mailing Address
3012 San Rafael SE

Amount

50.00

City State Zip Code
Albuquerque NM 87106

Purpose of Expenditure
canvasser - payment for services

Category/
Type 001

Office Sought: House State: NM
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Patricia Madrid

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 108575.43

Disbursement For: Primary General
 Other (specify)

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

150.00

(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

Date

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Mailing Address
3016 10th Ave

Amount

200.00

City State Zip Code
Billings MT 59101

Purpose of Expenditure
canvasser - payment for services

Category/
Type 001

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

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

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 136543.35

Disbursement For: Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Mailing Address
3016 10th Ave

Amount

150.00

City State Zip Code
Billings MT 59101

Purpose of Expenditure
canvasser - payment for services

Category/
Type 001

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

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

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 136743.35

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

350.00

(b) SUBTOTAL of Unitemized Independent Expenditures

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

2300.00