LEAGUE OF CONSERVATION VOTERS

MEMORANDUM VIA FAX

TO: FEC

FROM: Herlyn

DATE: 10/21/04

SUBJECT: Form 9's

FAX NUMBER: (202) 219-0174

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 ☒ New or ☐ Amended

4. Covering Period 10 21 2004 through 10 23 2004

5. (a) Date of Public Distribution(s) 10 23 2004 (b) Communication Title "Special Interest" "The Decide" "Protective Path"

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 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 21,500.00

10. Total Disbursements/Obligations This Statement 863,325.00

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 Herlyth Paul

SIGNATURE [signature] DATE 10/21/04

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

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PAGE OF

SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor: Richard Foos Mailing Address of Donor: 311 N. Rockingham Ave. City: Los Angeles State: CA Zip: 90049	Date of Receipt: 10 20 2004 Amount: 7500.00
B. Full Name of Donor: Richard Goldman Mailing Address of Donor: 1 Bush Street 9th Floor City: San Francisco State: CA Zip: 94104	Date of Receipt: 10 21 2004 Amount: 14000.00
C. Full Name of Donor: Mailing Address of Donor: City: State: Zip:	Date of Receipt: Amount:
D. Full Name of Donor: Mailing Address of Donor: City: State: Zip:	Date of Receipt: Amount:
E. Full Name of Donor: Mailing Address of Donor: City: State: Zip:	Date of Receipt: Amount:

SUBTOTAL of Donations This Page (optional) ▶ 21500.00

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 9)

FSC FORM 9 (REV 03/2003)

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

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee: MSA Media Buying
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 20 2004
Amount: 125,825.00
Communication Date: 10 23 2004

Purpose of Disbursement (including title(s) of communication(s)): Media Buy "Special Interests"

Name of Federal Candidate: Richard Burr
Office Sought: [ ] House [X] Senate [ ] President
State: NC 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: MSA Media Buying
Mailing Address of Payee: 1029 North Royal Street #350
City: Alexandria, State: VA Zip Code: 22314
Name of Employer: Media Buy Occupation: "You decide"

Date of Disbursement or Obligation: 10 20 2004
Amount: 132,500.00
Communication Date: 10 23 2004

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

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)

SUBTOTAL of Disbursements/Obligations This Page (optional) 258,325.00

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

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FE5AN056.PDF

PAGE OF

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: MSA Media Buying

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 20 2004

Amount: 605,000.00

Communication Date: 10 23 2004

Purpose of Disbursement (including title(s) of communication(s)): Media Buy "Polluter Pete"

Name of Federal Candidate: Pete Coors

Office Sought: [ ] House [X] Senate [ ] President State: CO 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) ▶ 605,000.00

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

FEC FORM 2 (REV. 03/2003)

FE3AN098.PDF

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

FEC FORM 3 (REV. 06/2004)

FE3AN038.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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☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
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N/A PREPARER	N/A DATE PREPARED

(5/2004)