

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 St NW Suite 800 | | |
| (c) City, State and ZIP Code Washington DC 20036- | | |
| 2. Corporate filers only | Is the filer a qualified nonprofit corporation? <input 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
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour 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 in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any 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 |
| Patrick Collins | <i>Patrick Collins</i> | 11/01/2012 |

[Electronically Filed]

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 League of Conservation Voters, Inc. | | Date MM / DD / YYYY 10 / 18 / 2012 |
| Mailing Address 1920 L Street, NW Ste 800 | | Amount 11.42 Transaction ID : AC014F999DE634533B70 |
| City Washington | State DC | |
| Zip Code 20036 | | |
| Purpose of Expenditure Staff Time for Press Releases | Category/ Type | Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Dan Lungren | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 401481.41 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) |

| | | |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Terris Barnes & Walters | | Date MM / DD / YYYY 10 / 31 / 2012 |
| Mailing Address 400 Montgomery Street Suite 7 | | Amount 38665.00 Transaction ID : AE2D5BE293E094B0A973 |
| City San Francisco | State CA | |
| Zip Code 94104-1219 | | |
| Purpose of Expenditure Persuasion Mail | Category/ Type | Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Dan Lungren | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 440146.41 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) |

| | | |
|--|-------------------|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date MM / DD / YYYY |
| Mailing Address | | Amount |
| City | State | |
| Zip Code | | |
| Purpose of Expenditure | Category/ Type | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |

| | | |
|---|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 38676.42 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | 38676.42 |
| (carry total from last page forward to Line 7) | | |