

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines League of Conservation Voters Action Fund

ADDRESS (number and street) 1920 L St NW Suite 800 Check if different than previously reported. (ACC) Washington DC 20036

2. FEC IDENTIFICATION NUMBER C00252940 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2009 through 04 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Patrick Collins

Signature of Treasurer Electronically Filed by Patrick Collins Date 05 20 2009

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

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
League of Conservation Voters Action Fund

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		205856.19
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	269602.32									
(c) Total Receipts (from Line 19) .....	44599.52	116839.44								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	314201.84	322695.63								
7. Total Disbursements (from Line 31) .....	1839.30	10333.09								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	312362.54	312362.54								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
League of Conservation Voters Action Fund

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	37040.00	91430.00
(i) Itemized (use Schedule A) .....	2430.79	9795.75
(ii) Unitemized .....	39470.79	101225.75
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	5000.00	5000.00
(c) Other Political Committees (such as PACs) .....	44470.79	106225.75
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	9915.86
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	128.73	697.83
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	44599.52	116839.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	44599.52	116839.44

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1339.30	-2434.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1339.30	-2434.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	322.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	12250.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	195.36
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1839.30	10333.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1839.30	10333.09

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	44470.79	106225.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	44470.79	106225.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1339.30	-2434.27
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1339.30	-2434.27

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Crawford	Date of Receipt MM / DD / YYYY 04 / 07 / 2009
	Mailing Address P.O. Box 551127	<b>Transaction ID:</b> 90519.C57162
	City State Zip Code S Lake Tahoe CA 96155	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Andrew Currie	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address PO Box 391	<b>Transaction ID:</b> 90519.C57135
	City State Zip Code Boulder CO 80306	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Conservation Havens, LLC	Occupation Entrepreneur	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joan Dible	Date of Receipt MM / DD / YYYY 04 / 28 / 2009
	Mailing Address 3278 Fareham Court	<b>Transaction ID:</b> 90519.C57138
	City State Zip Code Fremont CA 94536	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 17  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

**A.**

Full Name (Last, First, Middle Initial)  
Marianne Gabel

Mailing Address 49 Forest Avenue

City State Zip Code  
Delaware OH 43015

FEC ID number of contributing federal political committee. **C**

Name of Employer Self/Ohio Wesleyan Occupation Ohio Wesleyan

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2009

**Transaction ID:** 90519.C57415

Amount of Each Receipt this Period  
5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Mary Jane Hamaker

Mailing Address 1553 SW Upper Hall St.

City State Zip Code  
Portland OR 97201

FEC ID number of contributing federal political committee. **C**

Name of Employer Schnitzer Steel Industries, Inc Occupation President, Metals Recycling Bu

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 90519.C57145

Amount of Each Receipt this Period  
2500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Murray Kilgour

Mailing Address 6727 Woodcreek Road

City State Zip Code  
Charlevoix MI 49720

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 90519.C57144

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 17  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

**A.** Full Name (Last, First, Middle Initial)  
Lawrence Linden

Mailing Address 41 Riverside Drive

City State Zip Code  
New York NY 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Goldman Sachs Group Advisory Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2009

**Transaction ID:** 90519.C57416

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Lana Pollack

Mailing Address 119 Pere Marquette, Suite 2A

City State Zip Code  
Lansing MI 48912

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 02 / 2009

**Transaction ID:** 90519.C57164

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Marshall Postman

Mailing Address 4625 Sommerville Way

City State Zip Code  
Reno NV 89509

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NORTHERN NEVADA ALLERGY CLINIC Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** 90519.C57417

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6500.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 17  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

**A.** Full Name (Last, First, Middle Initial)  
Jon Spar  
Mailing Address 1408 Lobo Ct. NE  
City Albuquerque State NM Zip Code 87106  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lovelace Hospital Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1160.00  
Date of Receipt 04 / 10 / 2009  
Transaction ID: 90519.C57322  
Amount of Each Receipt this Period 40.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Jon Spar  
Mailing Address 1408 Lobo Ct. NE  
City Albuquerque State NM Zip Code 87106  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lovelace Hospital Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1660.00  
Date of Receipt 04 / 28 / 2009  
Transaction ID: 90519.C57139  
Amount of Each Receipt this Period 500.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Clifford Terry  
Mailing Address 6731 Valley Creek Drive  
City Baltimore State MD Zip Code 21207  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: 90519.C57142  
Amount of Each Receipt this Period 1000.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1540.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 17  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

**A.** Full Name (Last, First, Middle Initial)  
Peter Wege

Mailing Address Po Box 6388

City State Zip Code  
Grand Rapids MI 49516

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Wege Foundation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2009

**Transaction ID:** 90519.C57418

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Marshall Weinberg

Mailing Address 215 East 68th Street, Apt. 18W

City State Zip Code  
New York NY 10065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

**Transaction ID:** 90519.C57140

Amount of Each Receipt this Period  
5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10000.00**

**TOTAL** This Period (last page this line number only) ..... ► **37040.00**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 17	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) National Education Association PAC		Date of Receipt	
	Mailing Address 1201 16th Street, NW		M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> 90519.C57157
	Washington	DC	20036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		5000.00	
	Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	5000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 17	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

A.

Full Name (Last, First, Middle Initial)  
Adams National Bank

Mailing Address 1501 K St NW

City	State	Zip Code
Washington	DC	20005-1401

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For:

Primary     General

Other (specify) ▼

Aggregate Year-to-Date ▼

647.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	0	9

Transaction ID: 90520.C57424

Amount of Each Receipt this Period

128.73

Interest Received

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	128.73
<b>TOTAL</b> This Period (last page this line number only) .....	▶	128.73

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

<b>A.</b> Full Name (Last, First, Middle Initial) League of Conservation Voters Mailing Address 1920 L St NW Ste 800 City Washington State DC Zip Code 20036-5045 Purpose of Disbursement Adv. pymt for use of corp resources Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90415.E27195 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 ADV. PYMT FOR USE OF CORP RESOURCES

<b>B.</b> Full Name (Last, First, Middle Initial) Suntrust Bank Mailing Address PO Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90519.E27248 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 4.95 BANK FEE

<b>C.</b> Full Name (Last, First, Middle Initial) Suntrust Bank Mailing Address PO Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90519.E27250 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 0.29 BANK FEE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1005.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

A.	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: 90519.E27251 Date of Disbursement 04 / 10 / 2009
	Mailing Address PO Box 622227	
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement Bank Fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BANK FEE

B.	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: 90519.E27252 Date of Disbursement 04 / 10 / 2009
	Mailing Address PO Box 622227	
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period 56.49
	Purpose of Disbursement Bank Fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BANK FEE

C.	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: 90519.E27253 Date of Disbursement 04 / 10 / 2009
	Mailing Address PO Box 622227	
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period 128.82
	Purpose of Disbursement Bank Fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BANK FEE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	235.31
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

A.	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: 90519.E27256 Date of Disbursement 04 / 20 / 2009
	Mailing Address PO Box 622227	Amount of Each Disbursement this Period 2.50
	City Orlando State FL Zip Code 32862-2227	
	Purpose of Disbursement Bank Fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BANK FEE

B.	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: 90519.E27255 Date of Disbursement 04 / 20 / 2009
	Mailing Address PO Box 622227	Amount of Each Disbursement this Period 2.50
	City Orlando State FL Zip Code 32862-2227	
	Purpose of Disbursement Bank Fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BANK FEE

C.	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: 90519.E27254 Date of Disbursement 04 / 20 / 2009
	Mailing Address PO Box 622227	Amount of Each Disbursement this Period 64.50
	City Orlando State FL Zip Code 32862-2227	
	Purpose of Disbursement Bank Fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BANK FEE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	69.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1310.05

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

A.	Full Name (Last, First, Middle Initial) Bennet for Colorado	Transaction ID: 90429.E27225 Date of Disbursement 04 / 29 / 2009
	Mailing Address 426 C St NE	Amount of Each Disbursement this Period 250.00
	City Washington State DC Zip Code 20002-5839	
	Purpose of Disbursement 5/12/09 EVENT; CO-US SENATE	
	Candidate Name MICHAEL F BENNET	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CO District: 00	5/12/09 EVENT; CO-US SENATE

B.	Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn	Transaction ID: 90429.E27219 Date of Disbursement 04 / 28 / 2009
	Mailing Address PO Box 12567	Amount of Each Disbursement this Period -250.00
	City Columbia State SC Zip Code 29211-2567	
	Purpose of Disbursement VOIDED CHECK ORG RPT M0409	
	Candidate Name JAMES E CLYBURN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: SC District: 06	VOIDED CHECK ORG RPT M0409

C.	Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn	Transaction ID: 90429.E27227 Date of Disbursement 04 / 29 / 2009
	Mailing Address PO Box 12567	Amount of Each Disbursement this Period 250.00
	City Columbia State SC Zip Code 29211-2567	
	Purpose of Disbursement 3/31/09 EVENT; SC-06 US HOUSE	
	Candidate Name JAMES E CLYBURN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: SC District: 06	3/31/09 EVENT; SC-06 US HOUSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
League of Conservation Voters Action Fund

A.

Full Name (Last, First, Middle Initial)  
Kratovil for Congress

Transaction ID: 90429.E27226

Date of Disbursement

Mailing Address 222 Main Sail Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	9

City State Zip Code  
Stevensville MD 21666-2542

Amount of Each Disbursement this Period

250.00
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Purpose of Disbursement  
6/24/09 EVENT; MD-01 US HOUSE

Category/  
Type

Candidate Name  
FRANK KRATOVIL

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

6/24/09 EVENT; MD-01 US HOUSE

State: MD District: 01

SUBTOTAL of Disbursements This Page (optional) ..... ►

250.00
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TOTAL This Period (last page this line number only) ..... ►

500.00
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