LEAGUE OF CONSERVATION VOTERS

MEMORANDUM-NOTE

To: FC - FORM 9

From: Anne Sair (Herlyth)

Date: 7/20/2004

Re: Form 9

Total No. of Pages (including cover sheet): 7

Fax: (202) 219-0174

Message:

LEAGUE OF CONSERVATION VOTERS
1920 L Street, N.W., Suite 800, Washington, D.C. 20036
Phone: 202-785-8683 Fax: 202-835-0491

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, NW, #800

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

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number: C90005786

3. Is This Statement ☒ New or ☐ Amended

4. Covering Period ☐ ☐ ☐ through ☐ ☐ ☐

5. (a) Date of Public Distribution(s) ☐ ☐ ☐ (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 SAER

(b) Address (number and street): 1920 L STREET, NW, #800

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

(d) Name of Employer or Principal Place of Business

(e) Occupation: CFO

9. Total Donations This Statement: 1,919,000.—

10. Total Disbursements/Obligations This Statement: 543121

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 C. SAER

SIGNATURE: Anne C. Saer DATE: 7/20/04

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

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FEC FORM 9 (REV. 03/2003)

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
DEBRA J. CALLAHAN
(b) Address (number and street)
1920 L St NW #800
(c) City, State and ZIP Code
WASHINGTON DC 20036
(d) Name of Employer or Principal Place of Business
(e) Occupation
PRESIDENT
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
(d) Name of Employer or Principal Place of Business
(e) Occupation
SUP PROGRAM
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

SCHEDULE 9-A

Donation(s) Received

PAGE 1 OF 2

A. Full Name of Donor
MR. JOHN HARRIS
Mailing Address of Donor
2035 Twinbrook Rd
City State Zip
BERWYN PA 19312

Date of Receipt: 06 21 2004
Amount: 500,000.—

B. Full Name of Donor
MR JOHN HUNTING
Mailing Address of Donor
201 W. FULTON ST
City State Zip
GRAND RAPIDS, MI 49503

Date of Receipt: 06 14 2004
Amount: 200,000.—

C. Full Name of Donor
MR ARTHUR ORTENBERG &
Mailing Address of Donor
MS ELISABETH CLAIBORNE
650 FIFTH AVENUE
City State Zip
NEW YORK, NY 10019

Date of Receipt: 04 07 2004
Amount: 100,000.—

D. Full Name of Donor
MR. FRED STANBACK JR
Mailing Address of Donor
507 WEST INNES ST
City State Zip
SALISBURY NC 28144

Date of Receipt: 08 19 2004
Amount: 24,000.—

E. Full Name of Donor
Mailing Address of Donor
City State Zip

Date of Receipt
Amount

SUBTOTAL of Donations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 6)

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FEC FORM 8 (REV. 02/2003)

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor: MR John Harris Mailing Address of Donor: 2035 Twinbrook Road City State Zip: Berwyn PA 19312	Date of Receipt: 03 04 2004 Amount: 479 00
B. Full Name of Donor: MR John Harris Mailing Address of Donor: 2035 Twinbrook Road City State Zip: Berwyn PA 19312	Date of Receipt: 03 18 2004 Amount: 500.00
C. Full Name of Donor: MR. LARRY ROCKEFELLER Mailing Address of Donor: 40 WEST 25th ST City State Zip: NEW YORK NY 10011	Date of Receipt: 03 11 2004 Amount: 6,800.00
D. Full Name of Donor: MR ROBERT WILSON Mailing Address of Donor: 520 83rd Street City State Zip: BROOKLYN, NY 11209	Date of Receipt: 03 11 2004 Amount: 400.00
E. Full Name of Donor: MR. SCOTT NORTON Mailing Address of Donor: 12 MARLBOROUGH ST City State Zip: BOSTON, MA 02116	Date of Receipt: 03 13 2004 Amount: 9000

SUBTOTAL of Donations This Page (optional) ..... ▶	
TOTAL This Period (last page this line number only) ..... ▶ (carry total form last page to Line 9)	19,179.00

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FEC FORM 3 (REV. 10/2003)

SCHEDULE 5-B

Disbursement(s) Made or Obligation(s) PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee: Campaign Services Group

Mailing Address of Payee: 816 Camaron Street Suite 2.16

City: San Antonio State: TX Zip Code: 78212

Name of Employer: N/A Occupation:

Date of Disbursement or Obligation: 07 20 2004

Amount: 5,431.21

Communication Date: 07 20 2004

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

Name of Federal Candidate: John Schwartz

Office Sought: [X] House [ ] Senate [ ] President State: MI District: 07

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) ▶ 5431.21
(carry total from last page to Line 10)

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FEC Form 6 (REV. 02/2003)

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)