LEAGUE OF CONSERVATION VOTERS

MEMORANDUM VIA FAX

TO: FEC

FROM: Anne (Hilyth)

DATE: 10/19/04

SUBJECT: FEC - Form 9

FAX NUMBER: (202) 219-0174

NUMBER OF PAGES: 6

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 16 2004 through 10 20 2004

5. (a) Date of Public Distribution(s) 10 20 2004 (b) Communication Title "Record" "Truck"

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 27,500,000

10. Total Disbursements/Obligations This Statement 501,947.62

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 Heleyth Paul

SIGNATURE Heleyth Paul DATE 10/19/04

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

FE3/NE06.PDF FEC FORM 9 (REV. 03/2003)

SCHEDULE 9-A
Donation(s) Received

PAGE 2 OF 5

A. Full Name of Donor: Fred Eaychaner
Mailing Address of Donor: 1645 W. Fullerton Ave.
City: Chicago State: IL Zip: 60614
Date of Receipt: 10 18 2004
Amount: 200,000.00

B. Full Name of Donor: John Hunting
Mailing Address of Donor: 60 Monroe Center NW #6A
City: Grand Rapids State: MI Zip: 49503
Date of Receipt: 10 15 2004
Amount: 75,000.00

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) ..... ▶ 275,000.00

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

FBSA4008.PDF

FBC FORM 9 (REV. 02/2003)

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

A. Full Name (Last, First, Middle Initial) of Payee: AKP Message and Media
Mailing Address of Payee: 730 N. Franklin Suite 404
City: Chicago State: IL Zip Code: 60610
Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 18 2004
Amount: 12,000.00
Communication Date: 10 20 2004

Purpose of Disbursement (including title(s) of communication(s)): Production Cost "Touch"

Name of Federal Candidate: Phil Crane
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 08
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: AKP Message and Media
Mailing Address of Payee: 730 N. Franklin Suite 404
City: Chicago State: IL Zip Code: 60610
Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 18 2004
Amount: 189,947.62
Communication Date: 10 20 2004

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

Name of Federal Candidate: Phil Crane
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 08
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) ▶ 201947.62

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

FB3AN928.PDF

FEC FORM 4 (REV. 02/2003)

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

A. Full Name (Last, First, Middle Initial) of Payee: Abar Hutton Media LLC

Mailing Address of Payee: 6190 Grovedale Court Suite #200

City: Alexandria State: VA Zip Code: 22310

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 18 2004

Amount: 300,000.00

Date Obligation Date: 10 26 2004

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

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) ▶

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) ▶ 300,000.00

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

FE3A4035.PDF

FEC FORM 3 (REV. 02/2003)

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 5 OF 5

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

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.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked Delivery Confirmation ™ Label ☐
☐ USPS Express Mail	Postmarked
☐ 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
☐ Received from Electronic Filing Office	Date of Receipt
☒ Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A PREPARER	N/A DATE PREPARED

(5/2004)