

**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<br><b>League of Conservation Voters, Inc.</b>                           |                                                                                                          | 3. FEC Identification Number<br><b>C</b> <b>C90005786</b> |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>1920 L St NW Suite 800 |                                                                                                          |                                                           |
| (c) City, State and ZIP Code<br>Washington DC 20036-                                                                           |                                                                                                          |                                                           |
| 2. <b>Corporate filers only</b>                                                                                                | Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                           |
| <b>Individual filers only</b>                                                                                                  | 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

**07** / **11** / **2012**  
 THROUGH  
**07** / **26** / **2012**

6. TOTAL CONTRIBUTIONS .....

0.00

7. TOTAL INDEPENDENT EXPENDITURES .....

10880.08

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

*[Electronically Filed]*

Patrick Collins

Patrick Collins

07/27/2012

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**PAGE 2 OF 4  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

League of Conservation Voters, Inc.

|                                                                                           |             |                                                                                                                                                       |                                                                                                                                                          |
|-------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) of Payee<br>Carson Pfingston                      |             | Date<br>MM / DD / YYYY<br>07 / 12 / 2012                                                                                                              |                                                                                                                                                          |
| Mailing Address<br>825N 18th Street                                                       |             | Amount<br>2592.33                                                                                                                                     |                                                                                                                                                          |
| City<br>Billings                                                                          | State<br>MT | Zip Code<br>59101-0330                                                                                                                                |                                                                                                                                                          |
| Purpose of Expenditure<br>Salary                                                          |             | Category/<br>Type                                                                                                                                     | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MT District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Jon Tester              |             | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                |                                                                                                                                                          |
| Calendar Year-To-Date Per Election for Office Sought<br>496194.04                         |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2012 <input type="checkbox"/> Other (specify) _____ |                                                                                                                                                          |
| Full Name (Last, First, Middle Initial) of Payee<br>League of Conservation Voters, Inc.   |             | Date<br>MM / DD / YYYY<br>07 / 19 / 2012                                                                                                              |                                                                                                                                                          |
| Mailing Address<br>1920 L Street, NW Ste 800                                              |             | Amount<br>17.13                                                                                                                                       |                                                                                                                                                          |
| City<br>Washington                                                                        | State<br>DC | Zip Code<br>20036                                                                                                                                     |                                                                                                                                                          |
| Purpose of Expenditure<br>Staff Time for Press Release                                    |             | Category/<br>Type                                                                                                                                     | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MT District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Rep. Denny R. Rehberg   |             | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose                                                                |                                                                                                                                                          |
| Calendar Year-To-Date Per Election for Office Sought<br>496211.17                         |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2012 <input type="checkbox"/> Other (specify) _____ |                                                                                                                                                          |
| Full Name (Last, First, Middle Initial) of Payee<br>CenturyLink                           |             | Date<br>MM / DD / YYYY<br>07 / 24 / 2012                                                                                                              |                                                                                                                                                          |
| Mailing Address<br>P.O. Box 29040                                                         |             | Amount<br>470.62                                                                                                                                      |                                                                                                                                                          |
| City<br>Phoenix                                                                           | State<br>AZ | Zip Code<br>85038                                                                                                                                     |                                                                                                                                                          |
| Purpose of Expenditure<br>Phone and Internet                                              |             | Category/<br>Type                                                                                                                                     | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MT District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Jon Tester              |             | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                |                                                                                                                                                          |
| Calendar Year-To-Date Per Election for Office Sought<br>496681.79                         |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2012 <input type="checkbox"/> Other (specify) _____ |                                                                                                                                                          |
| (a) SUBTOTAL of Itemized Independent Expenditures.....                                    |             | 3080.08                                                                                                                                               |                                                                                                                                                          |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                  |             |                                                                                                                                                       |                                                                                                                                                          |
| (c) TOTAL Independent Expenditures.....<br>(carry total from last page forward to Line 7) |             |                                                                                                                                                       |                                                                                                                                                          |

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 3 OF 4  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

League of Conservation Voters, Inc.

|                                                                                                   |             |                                                                                                                                                       |                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) of Payee<br>Summit Property Management, LLC               |             | Date<br>MM / DD / YYYY<br>07 / 26 / 2012                                                                                                              |                                                                                                                                                          |
| Mailing Address<br>500 N. Higgins, #208                                                           |             | Amount<br>1600.00                                                                                                                                     |                                                                                                                                                          |
| City<br>Missoula                                                                                  | State<br>MT | Zip Code<br>59807                                                                                                                                     |                                                                                                                                                          |
| Purpose of Expenditure<br>Missoula Office Rent                                                    |             | Category/<br>Type                                                                                                                                     | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MT District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Jon Tester                      |             | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                |                                                                                                                                                          |
| Calendar Year-To-Date Per Election for Office Sought<br>504481.79                                 |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2012 <input type="checkbox"/> Other (specify) _____ |                                                                                                                                                          |
| Full Name (Last, First, Middle Initial) of Payee<br>Hilltop Public Solutions                      |             | Date<br>MM / DD / YYYY<br>07 / 26 / 2012                                                                                                              |                                                                                                                                                          |
| Mailing Address<br>1000 Potomac Street NW #500                                                    |             | Amount<br>4000.00                                                                                                                                     |                                                                                                                                                          |
| City<br>Washington                                                                                | State<br>DC | Zip Code<br>20007                                                                                                                                     |                                                                                                                                                          |
| Purpose of Expenditure<br>Management Consulting                                                   |             | Category/<br>Type                                                                                                                                     | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MT District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Jon Tester                      |             | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                |                                                                                                                                                          |
| Calendar Year-To-Date Per Election for Office Sought<br>504481.79                                 |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2012 <input type="checkbox"/> Other (specify) _____ |                                                                                                                                                          |
| Full Name (Last, First, Middle Initial) of Payee<br>ERCS, LLC                                     |             | Date<br>MM / DD / YYYY<br>07 / 26 / 2012                                                                                                              |                                                                                                                                                          |
| Mailing Address<br>P.O. Box 21254                                                                 |             | Amount<br>1300.00                                                                                                                                     |                                                                                                                                                          |
| City<br>Billings                                                                                  | State<br>MT | Zip Code<br>59104                                                                                                                                     |                                                                                                                                                          |
| Purpose of Expenditure<br>Billings Office Rent                                                    |             | Category/<br>Type                                                                                                                                     | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MT District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Jon Tester                      |             | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                |                                                                                                                                                          |
| Calendar Year-To-Date Per Election for Office Sought<br>504481.79                                 |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2012 <input type="checkbox"/> Other (specify) _____ |                                                                                                                                                          |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....                                     |             | 6900.00                                                                                                                                               |                                                                                                                                                          |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....                                   |             |                                                                                                                                                       |                                                                                                                                                          |
| (c) <b>TOTAL</b> Independent Expenditures .....<br>(carry total from last page forward to Line 7) |             |                                                                                                                                                       |                                                                                                                                                          |

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 4 OF 4  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

League of Conservation Voters, Inc.

|                                                                              |                   |                                                                                                                                                             |  |
|------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br>Carson Pfingston         |                   | Date<br>MM / DD / YYYY<br>07 / 26 / 2012                                                                                                                    |  |
| Mailing Address<br>825N 18th Street                                          |                   | Amount<br>900.00<br><b>Transaction ID : AA229D1C548DA48209FF</b>                                                                                            |  |
| City<br>Billings                                                             | State<br>MT       |                                                                                                                                                             |  |
| Purpose of Expenditure<br>Monthly Travel Stipend                             | Category/<br>Type | Office Sought: <input type="checkbox"/> House State: MT<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President |  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Jon Tester |                   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                      |  |
| Calendar Year-To-Date Per Election<br>for Office Sought 504481.79            |                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____            |  |

  

|                                                                |                   |                                                                                                                                                     |  |
|----------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee               |                   | Date<br>MM / DD / YYYY                                                                                                                              |  |
| Mailing Address                                                |                   | Amount                                                                                                                                              |  |
| City                                                           | State             |                                                                                                                                                     |  |
| Purpose of Expenditure                                         | Category/<br>Type | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><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<br>for Office Sought        |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____               |  |

  

|                                                                |                   |                                                                                                                                                     |  |
|----------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee               |                   | Date<br>MM / DD / YYYY                                                                                                                              |  |
| Mailing Address                                                |                   | Amount                                                                                                                                              |  |
| City                                                           | State             |                                                                                                                                                     |  |
| Purpose of Expenditure                                         | Category/<br>Type | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><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<br>for Office Sought        |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____               |  |

  

|                                                                |                   |                                                                                                                                                     |  |
|----------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee               |                   | Date<br>MM / DD / YYYY                                                                                                                              |  |
| Mailing Address                                                |                   | Amount                                                                                                                                              |  |
| City                                                           | State             |                                                                                                                                                     |  |
| Purpose of Expenditure                                         | Category/<br>Type | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><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<br>for Office Sought        |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____               |  |

  

|                                                                                                   |          |
|---------------------------------------------------------------------------------------------------|----------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....                                     | 900.00   |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....                                   |          |
| (c) <b>TOTAL</b> Independent Expenditures .....<br>(carry total from last page forward to Line 7) | 10880.08 |