LEAGUE OF CONSERVATION VOTERS

MEMORANDUM VIA FAX

TO: File

FROM: Anne Saer

DATE: 11/2/04

SUBJECT: Rec's Form 9

FAX NUMBER:

NUMBER OF PAGES:

MESSAGE:

1920 L Street, NW • Suite 800 • Washington, DC 20036
202-785-8683 • Fax: 202-835-0491 • E-Mail: Rebecca_Lon@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 28 2004 through 10 28 2004

5. (a) Date of Public Distribution(s) 10 28 2004 (b) Communication Title "IN the own words"

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.107 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 CFO

(d) Name of Employer or Principal Place of Business (e) Occupation

League of Conservation Voters, Inc.

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 30,190.00

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 Herlyth Paul

SIGNATURE [signature] DATE 11/2/04

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

FE3AN038.PDF

FEC FORM 9 (REV. 10/2003)

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

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee: MSA Media Buying
Mailing Address of Payee: 1029 North Royal Street #350
City: Alexandria, State: VA, Zip Code: 22314
Name of Employer: Occupation:
Date of Disbursement or Obligation: 10 28 2004
Amount: 30,190.00
Communication Date: 10 29 2004
Purpose of Disbursement (including title(s) of communication(s)): Media Buy "In his own words"
Name of Federal Candidate: Greg Walcher
Office Sought: [X] House [ ] Senate [ ] President
State: CO District: 03
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) ▶
TOTAL This Period (last page this line number only) ▶
(carry total from last page to line 10)

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

PAGE OF

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

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☐ No Postmark	
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N/A PREPARER	N/A DATE PREPARED

(5/2004)