22037742845

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED FEC MAIL CONTROLS CENTER 2002 SEP 27 P 2:11

1. Name of individual, organization or corporation: LEAGUE OF CONSERVATION VOTERS

Address (number and street) ☐ check if different than previously reported: 1920 L STREET, N.W. #800

City, State and ZIP Code: WASHINGTON, DC 20036

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No

Individual filers only: NAME OF EMPLOYER | OCCUPATION

3. Identification number: 91-2084140

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
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election.

Type of Election	Date of Election	State

☐ 30-Day Report following the General Election.

Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 9/25/02 THROUGH 9/26/02 PAGE 1 OF 5

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Intelligent Meetings P.O. Box 1438 Mashpee, MA 02649	Conference Calls	9/25	19.76	X		P. Wellstone (MN-S)
Green + Associates 640 Running Water Circle Albuquerque, NM 87123	Consulting Fee	9/25	5000.00		X	H. Wilson (NM-1)

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. 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: Denise E. Ryan 9/27/02

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this 27 day of September 2002

My Commission Expires 11-14-06

Denise E. Ryan (Notary Public)

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, 800 Ninth St., N.W., Washington, D.C. 20463. Toll Free 800-424-9530 Local 202-694-1100

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5

Denise E. Ryan
Notary Public, District of Columbia
My Commission Expires 11-14-2006

Revised 1/2001

22037742846

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED
FEC MAIL
[illegible] CENTER
2002 SEP 27 P 2:11

1. Name of individual, organization or corporation
LEAGUE OF CONSERVATION VOTERS

Address (number and street) ☐ check if different than previously reported
1920 L STREET, N.W. #800

City, State and ZIP Code
WASHINGTON, DC 20036

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
91-2084140

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
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election.

Type of Election	Date of Election	State

☐ 30-Day Report following the General Election.

Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM THROUGH

PAGE 2 OF 5

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Andy Schultheiss 1920 L St. NW Washington DC 20036	Mileage	9/25	73.73		X	W. ALLARD (CO-S)
Campaign Products P.O. Box 13365 Denver, CO 80201	List Purchase	9/25	470.66		X	W. ALLARD (CO-S)

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. 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 (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day

of _____, 20_____

My Commission Expires _____

_____ (Notary Public)

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

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Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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FEC FORM 5
(Revised 1/2001)

22037742847

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED FEDERAL ELECTION COMMISSION CENTER

2004 SEP 27 P 2:11

1. Name of individual, organization or corporation: LEAGUE OF CONSERVATION VOTERS

Address (number and street) ☐ check if different than previously reported: 1920 L STREET, N.W. #800

City, State and ZIP Code: WASHINGTON, DC 20036

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No

Individual filers only — NAME OF EMPLOYER: OCCUPATION:

3. Identification number: 91-2084140

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report ☐ 12-Day Report preceding the election. Type of Election: Date of Election: State:

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year-End Report ☐ 30-Day Report following the General Election. Date of Election: State:

☐ July 31 Mid-Year Report

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM THROUGH

PAGE 3 OF 5

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Terrence E. Barnes, 4000 Mississippi St., San Francisco, CA 94107	Lit. purchase + postage fee	9/26	14,241	X		P. Wellstone (MN-S)
Connie Doyle, 1920 L St. N.W., Washington DC 20036	mileage	9/25	182.50		X	W. Allard (CO-S)

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. 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 (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission Expires _____

_____ (Notary Public)

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Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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FEC FORM 5

(Revised 1/2001)

FE1A4021.PDF

22037742848

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation: LEAGUE OF CONSERVATION VOTERS

Address (number and street) ☐ check if different than previously reported: 1920 L STREET, N.W. #800

City, State and ZIP Code: WASHINGTON, DC 20036

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No

Individual filers only: NAME OF EMPLOYER | OCCUPATION

3. Identification number: 91-2084140

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
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election. Type of Election | Date of Election | State
☐ 30-Day Report following the General Election. Date of Election | State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM THROUGH

PAGE 4 OF 5

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
American Express	Office Supplies	9/25	63.62		x	W. Allard (Co-S)
↓	↓	↓	34.52		x	J. Sununu (NH-S)
Laguens Hamburgh 4301 Connecticut Ave Washington, DC 20008	Video Production	9/26/00	34,712.05		x	W. ALLARD (Co-S)

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. 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 (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day

of _____, 20____

My Commission Expires _____

_____ (Notary Public)

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Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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FEC FORM 5

(Revised 1/2001)

FEC/A9001.PDF

22037742849

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

RECEIVED FEC MAIL PROCESSING CENTER 2001 SEP 27 P 2:11

1. Name of individual, organization or corporation: LEAGUE OF CONSERVATION VOTERS

Address (number and street) ☐ check if different from previously reported: 1920 L STREET, N.W. #800

City, State and ZIP Code: WASHINGTON, DC 20036

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No

Individual filers only — NAME OF EMPLOYER | OCCUPATION

3. Identification number: 91-2084140

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report ☐ 12-Day Report preceding the election.
☐ July 15 Quarterly Report — Type of Election | Date of Election | State
☐ October 15 Quarterly Report
☐ January 31 Year-End Report ☐ 30 Day Report following the General Election. — Date of Election | State
☐ July 31 Mid-Year Report

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM THROUGH

PAGE 5 OF 5

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Seminar Meeting House P.O. Box 1757 St. Paul, MN 55101	Rent	9/25	277.53	X		P. Wellstone (MN-S)
AT&T Wireless P.O. Box 8220 Aurora, IL 60572	Phone	9/26	166.40	X		P. Wellstone (MN-S)

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. 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 (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission Expires _____

_____ (Notary Public)

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FEC FORM 5
(Revised 1/2001)
FE1AN051.PDF

22037742850

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 9-27-02
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	
	PREPARER	9-27-02 DATE PREPARED

(6/2000)