REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED
FEC MAIL ROOM
2001 MAR 14 P 4:01

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

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: 52-1733698

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
☐ 18-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 11/28/00 THROUGH 12/31/00 — PAGE 1 OF 12

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
Public Media Center, 466 Green St., San Francisco, CA 94133	Consulting/Creative	11/30/00	5196.75	X		A. Gore - President
Teresa Purcell, 1920 L St. N.W., Washington DC 20036	Can Pendtel/Tax Taxi	11/29/00	1002.96 30.19		X X	MT-S C. BURNS

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: Anne C. Saen

SIGNATURE (multi-page filers: sign page 1 only) DATE: Anne C. Saen

Subscribed and sworn to before me this 14th day of MARCH, 2001

My Commission Expires 4-14-2004

Constance R Smith (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
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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 (4/96)

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, INC.

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
52-1733698

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 12

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
Federal Express	Travel	11/20/00	687.28		X	S. Gorton WA-S
			170.97		X	J. Northup KY-3
			46.80		X	J. Rogan CA-27
			450.20		X	L. Burns MT-S
			12.22	X		J. Malloney CT-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 _____, 19____

My Commission Expires _____

_____ (Notary Public)

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Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

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, INC

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
52-1733698

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 3 OF 12

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
Federal Express	Travel	11/30/00	285.98	X		Al Gore President
			20.45		X	S. Abraham MI-S
			54.20		X	M. Rogers MI-8
			33.80		X	G. Allen VA-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 _____, 19____

My Commission Expires _____

_____ (Notary Public)

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FEC FORM 5 (4/96)

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, INC.

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 this filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only — NAME OF EMPLOYER | OCCUPATION

3. Identification number
52-1733698

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 12

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
U.S. Newswire Nat'l Press Bldg - Ste 1272 Washington, DC 20045	Press clips	11/3/00	155.00		X	J. Rogan CA-27
			342.76	X		Al Gore - Presidential

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 _____ 19____

My Commission Expires _____

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FEC FORM 5 (4/96)

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, INC.

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
52-1733698

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 5 OF 12

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
Poli-Temps 1244 19th St. N.W. Washington, DC 20036	Temp Employee	11/30/00	896.87	X		G. Maloney CT-5
			896.06	X		J. Saxton NJ-3
			896.07	X		L. Chafee RI-S
			896.07	X		J. Hoeffel PA-13

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 (no 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 _____, 19____

My Commission Expires _____

_____ (Notary Public)

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FEC FORM 5 (4/96)

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, INC

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: 52-1733698

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 6 OF 12

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
Bli Temps 444 19th St. N.W. Washington, DC 20036	Temp Employee	11/30/00	222.00		X	B. McCollum FL-5
			402.00		X	L. Rudbeck MN-4
			180.00		X	S. Abraham MT-S
			222.00		X	B. Grams 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 _____, 19____

My Commission Expires _____

_____ (Notary Public)

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Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

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, INC

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
52-1733698

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 7 OF 12

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	Travel	12/1/00	213.20	X		Al Gore - Presidential
			3737.70		X	S. Gordon - WA-S
			298.50		X	G. Allen, VA-S
			97.13		X	J. Rogan - CA-27

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 _____ 19____

My Commission Expires _____

_____ (Notary Public)

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FEC FORM 5 (4/96)

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, INC

Address (number and street) ☐ check if different than previously reported: 1920 L STREET, NW. #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: 52-1733698

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 8 OF 12

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
Campaign Team, 44 Exchange St., Portland, ME 04101	Push Calling	12/5/00	2754.22		X	M. Rogers MI-8
AT+T Wireless, P.O. Box 8220, Aurora, IL 60572	cellphone	12/6/00	262.99		X	E. Allen VA-5

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.

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FEC FORM 5 (4/96)

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

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

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
52-1133698

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 9 OF 12

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
Green Margolis 1010 Wisconsin Ave. Washington, DC 20007	courier phone Fax travel meals consultant fees	12/22/00	3116.27		X	S. Abraham MI-S
			2440.64		X	G. Allen VA-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 _____ 19____

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.

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be sorted for sale or use by any person for the purpose 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 (4/96)

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, INC

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
52-1733698

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 10 OF 12

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
Mammen, Pritchard & Assoc 1245 Independence Ave Washington, DC 20003	Design/Production Consultant fees mailing	12/5/00	1626.00		X	M. Rogers MI-S
			1626.00	X		Al Gore - President
			1626.00		X	S. Abraham MI-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

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FEC FORM 5 (4/96)

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, INC.

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
52-1733698

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
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☐ 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 11 OF 12

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
Grassroots Solutions 1954 University Ave St. Paul, MN 55104	Phone calls	12/15/00	83.89		X	L. Runbeck MN-4
Teresa Purcell 1920 L St. N.W. Washington, DC 20036	Long Dolma phone calls	12/8/00	339.61		X	C. Burns MT-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

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of _____, 19____

My Commission Expires _____

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

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Address (number and street) ☐ check if different than previously reported
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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
52-1733698

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
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☐ 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 12 OF 12

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
Beth Johnson P.O. Box 780561 Dallas, TX 75378	car mileage / hotel / phone calls / postage	10/6/00	540.12	.	X	A. Northup KY-3

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

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

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FEC FORM 5 (4/96)

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 3-14-01
☐	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	

JMD
PREPARER

3-14-01
DATE PREPARED

(6/2000)