

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 ENVIRONMENT AMERICA INC		3. FEC Identification Number C C90010513
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 218 D STREET SE SECOND FLOOR		
(c) City, State and ZIP Code WASHINGTON DC 20003		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	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

 M M / D D / Y Y Y Y Y Y
 ____ / ____ / _____

THROUGH

 M M / D D / Y Y Y Y Y Y
 ____ / ____ / _____

6. TOTAL CONTRIBUTIONS **0.00**

7. TOTAL INDEPENDENT EXPENDITURES **30053.44**

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
Marjorie Alt	<i>Marjorie Alt</i>	08/09/2012

[Electronically Filed]

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**

NAME OF FILER (In Full)
ENVIRONMENT AMERICA INC

Full Name (Last, First, Middle Initial) of Payee Ivan Frishberg		Date MM / DD / YYYY 08 / 06 / 2012
Mailing Address 620 D Street SE		Amount 9.24 Transaction ID : F57.4185
City Washington	State DC	
Zip Code 20003	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NM <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure staff time editing NM e-mail		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MARTIN HEINRICH		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 99397.58		

Full Name (Last, First, Middle Initial) of Payee Ivan Frishberg		Date MM / DD / YYYY 08 / 06 / 2012
Mailing Address 620 D Street SE		Amount 9.24 Transaction ID : F57.4186
City Washington	State DC	
Zip Code 20003	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NM <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure staff time on NM voter outreach calling quality control		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MARTIN HEINRICH		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 99406.82		

Full Name (Last, First, Middle Initial) of Payee Winning Connections		Date MM / DD / YYYY 08 / 08 / 2012
Mailing Address 317 Pennsylvania Ave. SE		Amount 693.62 Transaction ID : F57.4188
City Washington	State DC	
Zip Code 20003	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NM <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure cost for voter outreach calling services		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MARTIN HEINRICH		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 100100.44		

(a) SUBTOTAL of Itemized Independent Expenditures.....	712.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ENVIRONMENT AMERICA INC

Full Name (Last, First, Middle Initial) of Payee Work for Progress		Date MM / DD / YYYY 08 / 08 / 2012
Mailing Address 1543 Wazee Street Suite 310		Amount 29341.34 Transaction ID : F57.4189
City Denver	State CO	
Zip Code 80202		
Purpose of Expenditure lump payment for canvassing and distributing materials from 8/13/12-8/26/12	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NM <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARTIN HEINRICH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 129441.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

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

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

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	29341.34
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	30053.44
(carry total from last page forward to Line 7)		