7/27

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

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

(c) City, State and ZIP Code: WASHINGTON, DC 20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number: C90005786

3. Is This Statement ☒ New or ☐ Amended

4. Covering Period: 07 26 2004 through 07 30 2004

5. (a) Date of Public Distribution(s): 07 26 2004 (b) Communication Title: CLINIC

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 SAER

(b) Address (number and street): 1920 L STREET, NW, #800

(c) City, State and ZIP Code: WASHINGTON, DC 20036

(d) Name of Employer or Principal Place of Business

(e) Occupation: CFO

9. Total Donations This Statement: 50,000.—

10. Total Disbursements/Obligations This Statement: 15,327.61

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: ANNE C. SAER

SIGNATURE: Anne C. Saer DATE: 7/27/04

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

FEC/0004.PDF FEC Form 9 (REV 10/2003)

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

PAGE 1 OF 1

11. Person(s) Sharing/Exercising Control

A. (a) Name
DEBRA J. CALLAHAN
(b) Address (number and street)
1920 L ST. NW #800
(c) City, State and ZIP Code
WASHINGTON DC 20036 PRESIDENT
(d) Name of Employer or Principal Place of Business (e) Occupation
LEAGUE OF CONSERVATION VOTERS

B. (a) Name
MARK LONGABAUGH
(b) Address (number and street)
1920 L STREET, #800
(c) City, State and ZIP Code
WASHINGTON DC 20036 SVP PROGRAM
(d) Name of Employer or Principal Place of Business (e) Occupation
LEAGUE OF CONSERVATION VOTERS

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

SCHEDULE 9-A
Donation(s) Received

PAGE 1 OF 1

A. Full Name of Donor
LYNDE B. UIHLEIN
Mailing Address of Donor
205 E. WISCONSIN AVE
City State Zip
MILWAUKEE, WI 53202

Date of Receipt
07 27 2004
Amount
50 000

B. Full Name of Donor
Mailing Address of Donor
City State Zip

Date of Receipt
Amount

C. Full Name of Donor
Mailing Address of Donor
City State Zip

Date of Receipt
Amount

D. Full Name of Donor
Mailing Address of Donor
City State Zip

Date of Receipt
Amount

E. Full Name of Donor
Mailing Address of Donor
City State Zip

Date of Receipt
Amount

SUBTOTAL of Donations This Page (optional) ▶ 50 000

TOTAL This Period (last page this line number only) ▶ 50 000
(carry total from last page to Line 9)

FE3ANI06.PDF FEC FORM 3 (REV 02/2003)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s) PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee: CREATIVE STRATEGIES

Date of Disbursement or Obligation: 07 26 2004

Mailing Address of Payee:

City: Seattle State: WA Zip Code: 98109

Amount: 15,000 —

Name of Employer: N/A Occupation:

Communication Date: 07 26 2004

Purpose of Disbursement (including title(s) of communication(s)): CONSULTING SERVICES / PRODUCTION — "CLINIC"

Name of Federal Candidate: J. SCHWARZ Office Sought: [X] House [ ] Senate [ ] President State: MI District: 07 Disbursement/Obligation For: [X] 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)

B. Full Name (Last, First, Middle Initial) of Payee: Minuteman Press

Date of Disbursement or Obligation: 07 26 2004

Mailing Address of Payee: 2000 K Street NW

City: Washington State: DC Zip Code: 20006

Amount: 327.61

Name of Employer: N/A Occupation:

Communication Date: 07 26 2004

Purpose of Disbursement (including title(s) of communication(s)): Printing Letters / "CLINIC"

Name of Federal Candidate: J. Schwarz Office Sought: [X] House [ ] Senate [ ] President State: MI District: 07 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) ▶ 15327.61

TOTAL This Period (last page this line number only) ▶ 15327.61
(carry total from last page in Line 10)

RESANGSE.PDF

FEC FORM 8 (REV. 02/2003)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

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N/A PREPARER	N/A DATE PREPARED

(5/2004)