

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

California League of Conservation Voters

ADDRESS (number and street) 350 Frank H. Ogawa Plaza, Ste 1100

Check if different than previously reported. (ACC)

Oakland CA 94612

2. **FEC IDENTIFICATION NUMBER ▼** C C00012401 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT  **NEW (N)** OR  **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day **POST-Election** Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2012 through M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Hawk

Signature of Treasurer Michael Hawk *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2012

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**California League of Conservation Voters**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="681.27"/>	<input type="text" value="681.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="681.27"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="13303.00"/>	<input type="text" value="13303.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="13984.27"/>	<input type="text" value="13984.27"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10663.00"/>	<input type="text" value="10663.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3321.27"/>	<input type="text" value="3321.27"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="566.42"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**California League of Conservation Voters**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11863.00	11863.00
(ii) Unitemized .....	1440.00	1440.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13303.00	13303.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	13303.00	13303.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	13303.00	13303.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13303.00	13303.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	663.00	663.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	663.00	663.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10663.00	10663.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10663.00	10663.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	13303.00	13303.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13303.00	13303.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	663.00	663.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	663.00	663.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**California League of Conservation Voters**

**A. CA League of Conservation Voters**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 350 Frank H. Ogawa Plaza, Suite 10  
 City State Zip Code  
 Oakland CA 94612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 663.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : PAYA316**  
 Amount of Each Receipt this Period  
 168.00  
 Accounting services

**B. CA League of Conservation Voters**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 350 Frank H. Ogawa Plaza, Suite 10  
 City State Zip Code  
 Oakland CA 94612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 663.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : PAYA320**  
 Amount of Each Receipt this Period  
 266.00  
 Accounting services

**C. CA League of Conservation Voters**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 350 Frank H. Ogawa Plaza, Suite 10  
 City State Zip Code  
 Oakland CA 94612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 663.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : PAYA319**  
 Amount of Each Receipt this Period  
 229.00  
 Accounting services

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	663.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**California League of Conservation Voters**

Full Name (Last, First, Middle Initial) <b>A. William Downing</b>		Date of Receipt
Mailing Address PO Box 6688		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
Ketchum	ID	83340
FEC ID number of contributing federal political committee.		Transaction ID : <b>INCA310</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2200.00"/>
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Walter Girdlestone</b>		Date of Receipt
Mailing Address 2 Valmar Place		<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code
San Carlos	CA	94070
FEC ID number of contributing federal political committee.		Transaction ID : <b>INCA274</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Susan Hagemeister</b>		Date of Receipt
Mailing Address 7346 Baker Lane		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
Sebastopol	CA	95472
FEC ID number of contributing federal political committee.		Transaction ID : <b>INCA279</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>
Name of Employer	Occupation	
None	Homemaker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="6700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**California League of Conservation Voters**

Full Name (Last, First, Middle Initial) <b>A. Thomas Jones</b>		Date of Receipt
Mailing Address 828 Spruce Street		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
Berkeley	CA	94707
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : INCA278</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Same Name	Self-Employed Writer	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Maureen Murphy</b>		Date of Receipt
Mailing Address 1616 Vallejo Street		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
San Francisco	CA	94123
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : INCA281</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Same Name	Self-Employed Psychotherapist	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Suz Rubel</b>		Date of Receipt
Mailing Address 1129 Via De La Paz		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
Pacific Palisades	CA	90272
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : INCA311</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
None	Homemaker	<input type="text" value="3000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value="11863.00"/>



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**California League of Conservation Voters**

Full Name (Last, First, Middle Initial)

**A. CA League of Conservation Voters**

Mailing Address 350 Frank H. Ogawa Plaza, Suite 10

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Accounting services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2012

**Transaction ID : PAYB320**

Amount of Each Disbursement this Period

266.00

Full Name (Last, First, Middle Initial)

**B. CA League of Conservation Voters**

Mailing Address 350 Frank H. Ogawa Plaza, Suite 10

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Accounting services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2012

**Transaction ID : PAYB319**

Amount of Each Disbursement this Period

229.00

Full Name (Last, First, Middle Initial)

**C. ML Associates**

Mailing Address 1427 Lincoln Blvd., Ste. E

City State Zip Code  
Santa Monica CA 90401

Purpose of Disbursement  
Accounting services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2012

**Transaction ID : PAYBFT316**

Amount of Each Disbursement this Period

168.00

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

495.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**California League of Conservation Voters**

Full Name (Last, First, Middle Initial)

**A. ML Associates**

Mailing Address 1427 Lincoln Blvd., Ste. E

City Santa Monica State CA Zip Code 90401

Purpose of Disbursement  
Accounting services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2012

**Transaction ID : PAYBFT320**

Amount of Each Disbursement this Period

266.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. ML Associates**

Mailing Address 1427 Lincoln Blvd., Ste. E

City Santa Monica State CA Zip Code 90401

Purpose of Disbursement  
Accounting services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2012

**Transaction ID : PAYBFT319**

Amount of Each Disbursement this Period

229.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

495.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**California League of Conservation Voters**

Full Name (Last, First, Middle Initial)

**A. Bera for Congress**

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement  
Contribution

011

Candidate Name

**Amerish Bera**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	1	2

**Transaction ID : EXPB289**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Julia Brownley for Congress**

Mailing Address 5613 Foxwood Drive Unit C

City Oak Park State CA Zip Code 91377

Purpose of Disbursement  
Contribution

011

Candidate Name

**Julia Brownley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	2

**Transaction ID : EXPB315**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Lowenthal for Congress**

Mailing Address 4320 Atlantic Ave #125

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Contribution

011

Candidate Name

**Alan Lowenthal**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 47

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	2

**Transaction ID : EXPB314**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7	5	0	0	.	0	0
---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

7	5	0	0	.	0	0
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**California League of Conservation Voters**

Full Name (Last, First, Middle Initial)

### A. Mark Takano for Congress

Mailing Address PO Box 5214

City Riverside State CA Zip Code 92517

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Mark Takano**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 41

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : EXPB288

Amount of Each Disbursement this Period

2500.00
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Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2500.00
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10000.00
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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 15
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**California League of Conservation Voters**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ML Associates</b>	Nature of Debt (Purpose): Accounting services
Mailing Address 1427 Lincoln Blvd., Ste. E	
City State Zip Code Santa Monica CA 90401	

Outstanding Balance Beginning This Period 90.42	<b>Transaction ID : PAYD175</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 90.42

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ML Associates</b>	Nature of Debt (Purpose): Accounting Services
Mailing Address 1427 Lincoln Blvd., Ste. E	
City State Zip Code Santa Monica CA 90401	

Outstanding Balance Beginning This Period 266.00	<b>Transaction ID : PAYD272</b>	
Amount Incurred This Period -266.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ML Associates</b>	Nature of Debt (Purpose): Accounting Services
Mailing Address 1427 Lincoln Blvd., Ste. E	
City State Zip Code Santa Monica CA 90401	

Outstanding Balance Beginning This Period 229.00	<b>Transaction ID : PAYD273</b>	
Amount Incurred This Period -229.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	90.42
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 15
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**California League of Conservation Voters**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ML Associates</b>	Nature of Debt (Purpose): Accounting services
Mailing Address 1427 Lincoln Blvd., Ste. E	
City State Zip Code Santa Monica CA 90401	

Outstanding Balance Beginning This Period 168.00	<b>Transaction ID : PAYD262</b>	
Amount Incurred This Period -168.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ML Associates</b>	Nature of Debt (Purpose): Accounting services
Mailing Address 1427 Lincoln Blvd., Ste. E	
City State Zip Code Santa Monica CA 90401	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD321</b>	
Amount Incurred This Period 120.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 120.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ML Associates</b>	Nature of Debt (Purpose): Accounting services
Mailing Address 1427 Lincoln Blvd., Ste. E	
City State Zip Code Santa Monica CA 90401	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD322</b>	
Amount Incurred This Period 187.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 187.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	307.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 15
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**California League of Conservation Voters**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ML Associates</b>	Nature of Debt (Purpose): Accounting services
Mailing Address 1427 Lincoln Blvd., Ste. E	
City State Zip Code Santa Monica CA 90401	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : PAYD323</b>	
Amount Incurred This Period <input type="text" value="169.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="169.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
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1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="169.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="566.42"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="566.42"/>