

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
League of Conservation Voters Political Action Committee / Earth Fund

Full Name, Mailing Address, and ZIP Code Mr. James R Arnold 2425 Ellertown Road La Jolla CA 92037-	Name of Employer University of California, San Diego Occupation Professor	Date (month, day, year) 12/17/1997	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mrs. Constance Roosevelt One Platteport Street Brooklyn NY 11201-	Name of Employer Occupation Homemaker	Date (month, day, year) 12/17/1997	Amount of Each Receipt this Period 5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code Mr. Theodora J Roosevelt One Platteport Street Brooklyn NY 11201-	Name of Employer Lehman Brothers, Inc. Occupation Managing Director	Date (month, day, year) 12/17/1997	Amount of Each Receipt this Period 5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code Mr. Darby M Nelson 1018 Vera St. Champlin MN 55316-	Name of Employer MN State Comm. College Occupation Teacher	Date (month, day, year) 12/18/1997	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450.00		
Full Name, Mailing Address, and ZIP Code Dr. Liane B Russell 130 Tabor Road Oak Ridge TN 37830-	Name of Employer Oak Ridge National Lab Occupation Research Geneticist	Date (month, day, year) 12/18/1997	Amount of Each Receipt this Period 2000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code Dr. Florence M Brown 20 Chestnut Street Brookline MA 02146-	Name of Employer Joelln Diabetes Center Occupation Physician	Date (month, day, year) 12/19/1997	Amount of Each Receipt this Period 4875.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 4875.00		
Full Name, Mailing Address, and ZIP Code Mrs. Louise L Ottinger 160 Central Park South New York NY 10019-	Name of Employer Retired Occupation	Date (month, day, year) 12/19/1997	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)