

**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  
 2000 DEC -6 P 4:18

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS, INC** 2000

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  12-Day Report preceding the election.  
 July 15 Quarterly Report  30-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election: \_\_\_\_\_ Date of Election: \_\_\_\_\_ State: \_\_\_\_\_  
 Date of Election: \_\_\_\_\_ State: \_\_\_\_\_

5. COVERING PERIOD: FROM **12/19/00** THROUGH **11/27/00** PAGE **1** OF **17**

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)

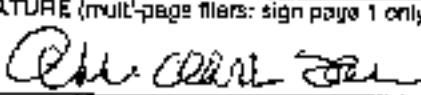
Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Grant La Roche 1920 L St. N.W. #800 Washington DC 20036	Travel Rental Car Hotel	11/20/00	2429.35	X		J. Maloney CT-5
Treacy Trapp 1920 L St. N.W. Washington DC 20036	Dunkin BWS Food	11/20/00	97.42	X		G. Blumenthal 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) \$ **136,182.68**

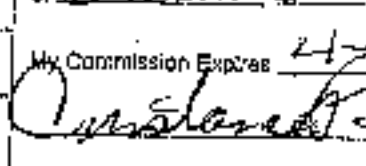
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior contact of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent, or authorized committee, nor did they involve the financing, dissemination, 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. Saier** 12/6/00

SIGNATURE (multi-page filers: sign page 1 only) DATE  


Subscribed and sworn to before me this **6th** day  
 of **December**, 2000

My Commission Expires **4-11-2007**

  
 Notary Public

**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 filer's only  Is the filer a qualified nonprofit corporation?  Yes  No

Individual filer's only  NAME OF EMPLOYER OCCUPATION

3. Identification number  
**SD-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  30-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM THROUGH PAGE **2** OF **17**

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		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Jennifer Loy 1920 L St. N.W. Washington DC 20036	Dining / Food Supplies	11/16/00	249.28		X	S. Abraham MD-5
Amison Clements 1920 L St. N.W. Washington DC 20036	Dining Supplies Travel	11/16/00	2084.88 997.26 164.65	X	X	S. Abraham MD-5

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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SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, 1E \_\_\_\_\_  
 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  
 555 E Street, N.W.  
 Washington, D.C. 20463  
 Toll Free 800-424-9550 Local 202-215-3422

Any information reported herein may not be copied 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 contributors 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  
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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**

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 July 15 Quarterly Report  30-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM THROUGH PAGE **3** OF **17**

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		Name and Office Sought (Dist/Sec, State) of Federal Candidate
				Support	Oppose	
AT&T Wireless P.O. Box 8220 Aurora, IL 60572	Phone	11/16/00	171.03	X		S. Abraham MI-S
			176.77	X		S. Maloney CT-S
			185.01	X		E. Miller VA-S
The Terrance Group 201 N. Union St. #410 Alexandria, VA 22314	Voter Survey	11/16/00	9007.00	X		L. Chafee RI-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 replication 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  
 565 E Street, N.W.  
 Washington, D.C. 20498  
 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. #80**

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  12-Day Report preceding the election.  
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 October 15 Quarterly Report  
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 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election: \_\_\_\_\_ Date of Election: \_\_\_\_\_ State: \_\_\_\_\_

Date of Election: \_\_\_\_\_ State: \_\_\_\_\_

5. COVERING PERIOD: FROM \_\_\_\_\_ THROUGH \_\_\_\_\_

PAGE **4** OF **17**

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		Name and Office Sought (District, State) of Federal Candidate
				Script	Display	
Greer, Margolis, Mitchell 1010 Wisconsin Ave Washington DC 20007	Printing/Design	11/16/00	12,475		X	R. Grimes MA-5
Greenberg Quinlan Research 10 G Street, #600 Washington DC 20002	Survey	11/16/00	10,000 10,000 10,500 10,500	X	X	J. Hoffel PA-13 A. Northup KY-3 S. KUKERDOLU CA-26 J. Rojan 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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For further information, contact:  
 Federal Election Commission  
 999 E Street, N.W.  
 Washington, D.C. 20463  
 Toll Free 800-424-9535 Local 202-219-3420

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**FEC FORM 5 (4/96)**

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1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS, INC**  
 Address (number and street)  check if different than previously reported  
**1900 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  12-Day Report preceding the election.  
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 October 15 Quarterly Report  
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 July 31 Mid-Year Report  
 (b) Is this Report an amendment? Yes  No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM THROUGH PAGE 5 OF 17

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		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Terron's & Joyce Adams 4000 Montgomery St. #900 San Francisco, Ca. 94104	mailing	11/16/00	2000	X		Rumbeck MD-4
	Postage	11/16/00	5942.87	X		J. Rogan CA-27
Beth Johnson 1900 L St. N.W. #800 Washington DC 20036	Office Supplies	11/16/00	1091.50	X		A. Northup KY-3
	Postage	11/16/00	44.47	X		A. Northup KY-3

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ \_\_\_\_\_  
 B. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

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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 \_\_\_\_\_, 2000  
 My Commission Expires \_\_\_\_\_  
 \_\_\_\_\_ (Notary Public)

NOTE: Submission of false, inaccurate or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 4572.

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**  
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**LEAGUE OF CONSERVATION VOTERS, INC**

Address (number and street)  check if different than previously reported  
**1900 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

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 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM THROUGH PAGE 6 OF 17

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Filer 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		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
LGD Insight	Survey	11/16/00	8825.00		X	M. Rogers MI-8
Burnside Assoc 1311 S. Tremain Ave Los Angeles, Ca 90019	Printing	11/16/00	5978.92	X		S. Kuykendall CA-36

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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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

My Commission Expires \_\_\_\_\_

(Notary Public)

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**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**  
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 July 31 Mid-Year Report

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Type of Election	Date of Election	State

5. COVERING PERIOD: FROM **10/15/00** THROUGH **11/27/00** PAGE **7** OF **17**

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		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
<b>Campaign Team</b>	<b>media</b>	<b>10/18</b>	<b>31,706</b>		<b>X</b>	<b>M. Rogers MI-8</b>
<b>American Express</b>		<b>10/16</b>	<b>2499.61</b>	<b>X</b>		<b>B. McClellum FL-5</b>

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

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 999 E Street, N.W.  
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(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM \_\_\_\_\_ THROUGH \_\_\_\_\_ PAGE **8** OF **17**

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		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Heather Kashner 1920 L St. N.W. Washington DC 20036	Salary	11/16/00	127.81		X	Abraham MS-5
			127.81		X	Allen VA-5
			127.81	X		CHAFFEE RI-5
			127.81		X	FURUS - MI-5
			127.81		X	GORDON - WA-5
			127.81		X	KUTHERSHALL CA-26
			127.81		X	NORTUP NY-3
			127.81		X	RODAN - CA-27
			127.81		X	ROBERTS, MI-2
			127.81		X	RUNBECK MN-4
			127.81	X		SIEFFEL - PA-13
			127.81	X		MALONEY - CT-5
127.81	X		SAXTON NJ-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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My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
 (Notary Public)

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For further information, contact:  
 Federal Election Commission  
 999 E Street, N.W.  
 Washington, D.C. 20483  
 Toll Free 800-424-9590 Local 202-215-3420

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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  
**1900 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 filer only: NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM THROUGH PAGE 9 OF 17

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

PSE 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		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
SHALINI MATANI 1900 L Street, N.W. #800 WASHINGTON, DC 20036	SALARY	4/16/00	391.38	X		G. Allen RA-S
			213.48	X		C. BURNS MT-S
			462.54	X		B. GOODEN WA-S
			195.69	X		MCCOLLUM FL-S
			231.27	X		KUYKENDALL CA-36
			462.54	X		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 reproduction 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.

Subscribed and sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_ 18\_\_\_\_

My Commission Expires \_\_\_\_\_

(Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

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

**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  
**1900 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  72-Day Report preceding the election.  
 July 15 Quarterly Report  90-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM THROUGH PAGE 10 OF 17

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		Name and Office Bought (District, State) of Federal Candidate
				Support	Oppose	
SHARLEN FAIRBAIRNS	Salary	11/16/00	71.61		X	S. ABRAHAM MI-5
			71.61		X	A. NORTHUP KY-3
			71.61		X	M. ROGERS MI-8
			782.06	X		A. GOODE PRESIDENT

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 do 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. 20468  
 Toll Free 800-424-9533 Local 202-219-2420

Any information reported herein may not be copied 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 this for 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  12-Day Report preceding the election.  
 July 15 Quarterly Report  30-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM \_\_\_\_\_ THROUGH \_\_\_\_\_ PAGE **11** OF **17**

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		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Betsy Layless 1920 L St. N.W. #800 WASHINGTON, DC 20036	Salary	11/16/00	75.45		X	ADCHAM MI-5
			75.45		X	G. ALLEN VA-5
			75.45	X		CHAFFET RI-5
			75.45		X	BURNS MI-5
			75.45		X	GORTON WA-5
			75.45		X	KUKIENOW CA-36
			75.45		X	NORTHUP KY-3
			75.45		X	ROGAN CA-37
			75.45		X	ROGERS MI-8
			75.45		X	RUMBLE MN-4
			75.45	X		TURTELL PA-13
75.45	X		MILANBY CT-5			
75.45	X		Saxton NJ-3			

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 do 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.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

My Commission Expires \_\_\_\_\_

\_\_\_\_\_(Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM \_\_\_\_\_

SIGNATURE (multi-page filers: sign page 1 only) \_\_\_\_\_ DATE \_\_\_\_\_

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 457g.

**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. #80**

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  12-Day Report preceding the election.  
 July 15 Quarterly Report  30-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election: \_\_\_\_\_ Date of Election: \_\_\_\_\_ State: \_\_\_\_\_

5. COVERING PERIOD: FROM \_\_\_\_\_ THROUGH \_\_\_\_\_ PAGE **12** OF **17**

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		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Erica White 1920 L St. N.W. #800 Washington DC 20036	Salary	11/16/00	254.00		X	S. Abraham MD-5
Ashley B. Fisher 1920 L St. N.W. #800 Washington DC 20036	Salary	11/16/00	254.00		X	S. Abraham MD-5
Melissa Clements 1920 L St. N.W. Washington DC 20036	Salary	11/16/00	1437.25		X	S. Abraham MD-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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM \_\_\_\_\_

SIGNATURE (multi-page filers: sign page 3 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  
 959 E Street, N.W.  
 Washington, D.C. 20463  
 Toll Free 800-424-9520 Local 202-218-3420

Any information reported herein may not be used 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. #80**

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  12-Day Report preceding the election  
 July 15 Quarterly Report  30-Day Report following the General Election  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election \_\_\_\_\_ Date of Election \_\_\_\_\_ State \_\_\_\_\_  
 Date of Election \_\_\_\_\_ State \_\_\_\_\_

5. COVERING PERIOD: FROM \_\_\_\_\_ THROUGH \_\_\_\_\_ PAGE **13** OF **17**

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		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Brenda Gonzalez 1920 L St. N.W. #800 Washington DC 20036	Printing	4/24/00	311.18		X	S. Abraham MD-S
Trey Tripp 1920 L St. N.W. #500 Washington DC 20036	Printing	4/16/00	1250		X	E. Allen VA-S
Grant LaRoche 1920 L St. N.W. #800 Washington DC 20036	Printing	4/16/00	1500	X		Maloney 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 publication 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, deceptive 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  
 669 E Street, N.W.  
 Washington, D.C. 20463  
 Toll Free 800-454-9530 Local 202-218-3486

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 contributors 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 this filer a qualified nonprofit corporation?  Yes  No

Individual filers only  NAME OF EMPLOYEE OCCUPATION

3. Identification number  
**SD-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  30-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM THROUGH PAGE 14 OF 17

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employee	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		Name and Office Sought (Dist./for, State) of Federal Candidate
				Support	Oppose	
Beth Johnson 1920 L St. N.W. #800 Washington DC 20036	Salary	11/16/00	2200		X	A. Northrup R-3
Teresa Purcell 1920 L St. N.W. #800 Washington DC 20036	Salary	11/16/00	2791.67		X	C. BURNS R-T-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.

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. 20465  
Toll Free 800-424-9530 Local 202-216-3420

Any information reported herein may not be pooled 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  
**1900 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  12-Day Report preceding the election.  
 July 15 Quarterly Report  30-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM THROUGH PAGE **15** OF **17**

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		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Teresa Purcell 1900 L St. N.W. Washington, DC 20036	Phone Travel Supplies	11/20/00	1,033.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C. SWENS 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

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  
888 E Street, N.W.  
Washington, D.C. 20463  
Toll Free 800-424-9530 Local 202-219-2420

Any information reported herein may not be copied 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)  Apr 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  30-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM THROUGH PAGE **10** OF **17**

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		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Judith Fendler 1920 L St. N.W. Washington DC 20036	Travel	11/20/00	58.41	X		J. Hoeffer PA-13
Matt Thompson 1920 L St. N.W. Washington DC 20036	Food Travel Tolls	11/20/00	336.36	X		J. Hoeffer 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 authorization 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 do 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)



**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  12-Day Report preceding the election.  
 July 15 Quarterly Report  30-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election \_\_\_\_\_ Date of Election \_\_\_\_\_ State \_\_\_\_\_  
 Date of Election \_\_\_\_\_ State \_\_\_\_\_

5. COVERING PERIOD: FROM \_\_\_\_\_ THROUGH \_\_\_\_\_ PAGE **17** OF **17**

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		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Meredith Forster 1520 L St. N.W. Washington DC 20036	Mileage Gas Parking	11/20/00	163.32		X	E. A. Men 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 do 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.

Subscribed and sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, 19\_\_\_\_  
 My Commission Expires \_\_\_\_\_  
 \_\_\_\_\_ (Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM \_\_\_\_\_

SIGNATURE (multi-page filers: sign page 1 only) \_\_\_\_\_ DATE \_\_\_\_\_

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

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 12/6/00
<input type="checkbox"/> First Class Mail	POSTMARKED
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<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
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PREPARER	DATE PREPARED