

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 SUSAN B ANTHONY LIST INC		3. FEC Identification Number C C90011313
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1707 L STREET NW STE 750		
(c) City, State and ZIP Code WASHINGTON DC 20036		
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 24-Hour Notice 48-Hour Notice
- July 15 Quarterly Report
- October Quarterly Report
- January 31 Year-End Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM / /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES.....

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a 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
Emily Buchanan		08/19/2010

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)

SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee
Design4, Inc

Date

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Mailing Address
106 North Collins Rd

Amount

4376.00

City State Zip Code
Plant City FL 33563

Purpose of Expenditure
Ad design

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Google, Inc

Date

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Mailing Address
1600 Amphitheatre Parkway

Amount

5018.88

City State Zip Code
Mountain View CA 94043

Purpose of Expenditure
online ads

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

9394.88

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

9394.88