Susan B. Anthony List, Inc.
1800 N. Kent Street
Arlington, VA 22209
Phone: 703-875-3370
Fax: 703-875-3375
www.sba-list.org

Susan B. Anthony List Fax Cover

28039812090

DATE: 8/8/2008

TO: FEC

FAX NUMBER: 202-219-0174

FROM: Emily Buchanan
C/o Susan B. Anthony List
Phone: 703-875-3370

NUMBER OF PAGES INCLUDING COVER: 5

COMMENTS:

Please find attached the FEC Form 9 for the Susan B. Anthony List, Inc radio advertisement entitled "Judges."

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name Susan B. Anthony List, Inc

(b) Address (number and street) ☐ check if different than previously reported
1800 North Kent St. Ste 1070

(c) City, State and ZIP Code
Arlington, VA 22209

2. FEC Identification Number C70004676

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement ✓ New or Amended

4. Covering Period 08 08 2008 through 08 09 2008

5. (a) Date of Public Distribution(s) 08 08 2008 **(b) Communication Title** Judges

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ✓ Other, specify: Non-Qualified Corporation

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name Emily Buchanan

(b) Address (number and street)
1800 North Kent Street, Ste 1070

(c) City, State and ZIP Code
Arlington, VA 22209

(d) Name of Employer or Principal Place of Business
Susan B. Anthony List, Inc

(e) Occupation
Executive Director

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement 19,548.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Emily Buchanan

SIGNATURE Emily Buchanan DATE 8-8-2008

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 FORM 9 (REV. 12/2007)

28039812091

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

11. Person(s) Sharing/Exercising Control

A. (a) Name: Marjorie Dannenfelser
(b) Address (number and street): 1800 North Kent St. Ste 1070
(c) City, State and ZIP Code: Arlington, VA 22209
(d) Name of Employer or Principal Place of Business: Susan B. Anthony List, Inc
(e) Occupation: President

B. (a) Name: Carlyle Gregory
(b) Address (number and street): 140 Little Falls St, Ste 104
(c) City, State and ZIP Code: Falls Church, VA 22046
(d) Name of Employer or Principal Place of Business: Carlyle Gregory Company
(e) Occupation: President

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

28039812092

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

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) ..... ▶

TOTAL This Period (last page this line number only) ..... ▶
(carry total from last page to Line 8)

28039812093

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: Bright Media, Inc
Mailing Address of Payee: 2109 Huidekoper Pl NW
City: Washington State: DC Zip Code: 20007
Name of Employer: Occupation:
Date of Disbursement or Obligation: 08 05 2008
Amount: 2,400.00
Communication Date: 08 08 2008
Purpose of Disbursement (including title(s) of communication(s)): "Judges" Ad Production
Name of Federal Candidate: Mary Landrieu
Office Sought: [ ] House [✓] Senate [ ] President State: LA 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)

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: Strategic Media Services, Inc
Mailing Address of Payee: 3299 K Street NW
City: Washington State: DC Zip Code: 20007
Name of Employer: Occupation:
Date of Disbursement or Obligation: 08 05 2008
Amount: 17,148.00
Communication Date: 08 08 2008
Purpose of Disbursement (including title(s) of communication(s)): "Judges" Ad Placement
Name of Federal Candidate: Mary Landrieu
Office Sought: [ ] House [✓] Senate [ ] President State: LA 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)

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) ▶ 19,548.00

TOTAL This Period (last page this line number only) ▶ 19,548.00
(carry total from last page to Line 10)

28039812094

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.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked Delivery Confirmation ™ Label ☐
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☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
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N/A PREPARER	N/A DATE PREPARED

(5/2004)

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