

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/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

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30000921

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 8

through

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

(b) Communication Title Day

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 Corp

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Marjorie Dannenfelser

(b) Address (number and street)

1800 N Kent St

(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

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

11735.40

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 Electronically Filed by Emily Buchanan

DATE 09/17/2008

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

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

PAGE 2 / 3

11. Person(s) Sharing/Exercising Control

A.	(a) Name	Transaction ID : F91.000001	
	Emily Buchanan		
	(b) Address (number and street)		
	1800 N Kent St Ste 1070		
	Ste 1070		
	(c) City, State and Zip Code		
	Arlington	VA	22209
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
	Susan B Anthony List, Inc	Executive Director	

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Carrick Bend Consulting	Date of Disbursement or Obligation M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 8						
Mailing Address of Payee PO Box 731	Amount 2000.00						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> <tr> <td>East Orleans</td> <td>MA</td> <td>02643</td> </tr> </table>	City	State	Zip Code	East Orleans	MA	02643	Communication Date M M / D D / Y Y Y Y
City	State	Zip Code					
East Orleans	MA	02643					
Name of Employer Ad Production	Occupation 						
Purpose of Disbursement (including title(s) of communication(s)) Day							
Name of Federal Candidate Al Franken	Office Sought: ☐ House ☒ Senate ☐ President State: MN District:						
Disbursement/Obligation For: 2008 ☐ Primary ☒ General ☐ Other (specify)							
F94.000002							
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 Cross Roads Media LLC	Date of Disbursement or Obligation M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 8						
Mailing Address of Payee 66 Canal Plaza Place #555	Amount 9735.40						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	Alexandria	VA	22314	Communication Date M M / D D / Y Y Y Y
City	State	Zip Code					
Alexandria	VA	22314					
Name of Employer Ad Placement	Occupation 						
Purpose of Disbursement (including title(s) of communication(s)) Day							
Name of Federal Candidate Al Franken	Office Sought: ☐ House ☒ Senate ☐ President State: MN District:						
Disbursement/Obligation For: 2008 ☐ Primary ☒ General ☐ Other (specify)							
F94.000004							
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 Disbursement/Obligation This Page (optional)

11735.40

TOTAL This Period (last page this line number only)
(carry total from last page to line 10)

11735.40