

# 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 <b>C</b> C00000000
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1800 N Kent St Ste 1070		
(c) City, State and ZIP Code Arlington VA 22209		
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

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5. COVERING PERIOD: FROM    <sup>M</sup>0<sup>M</sup>6 / <sup>D</sup>0<sup>D</sup>5 / <sup>Y</sup>2<sup>Y</sup>0<sup>Y</sup>1<sup>Y</sup>0

THROUGH

<sup>M</sup>0<sup>M</sup>6 / <sup>D</sup>0<sup>D</sup>5 / <sup>Y</sup>2<sup>Y</sup>0<sup>Y</sup>1<sup>Y</sup>0

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6. TOTAL CONTRIBUTIONS ..... .00

7. TOTAL INDEPENDENT EXPENDITURES..... 2840.71

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 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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Emily Buchanan		06/05/2010

**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

10030343145

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Susan B. Anthony List Inc.

Full Name (Last, First, Middle Initial) of Payee  
Conquest Communications

Date

M M / D D / Y Y Y Y  
06 / 05 / 2010

Mailing Address  
2812 Emerywood Pky Ste 103

Amount

2840.71

City State Zip Code  
Richmond VA 23294

Purpose of Expenditure  
Phone calls

Category/  
Type

Office Sought:  House State: AR  
 Senate District: 03  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Cecile Bledsoe

Check One:  Support  Oppose

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

Disbursement For:  Primary  General  
2010  
 Other (specify) Runoff

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(a) SUBTOTAL of Itemized Independent Expenditures .....	2840.71
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	2840.71
(carry total from last page forward to Line 7)	

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™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *Webform # 460* Date of Receipt or Postmarked  
*6/5/10*

*[Signature]* *6/7/10*  
 PREPARER DATE PREPARED

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