

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 C00000000
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1800 North 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) <input type="checkbox"/> April 15 Quarterly Report	<input checked="" type="checkbox"/> 24-Hour Notice <input type="checkbox"/> 48-Hour Notice																																								
<input type="checkbox"/> July 15 Quarterly Report																																									
<input type="checkbox"/> October Quarterly Report																																									
<input type="checkbox"/> January 31 Year-End Report																																									
(b) Is this Report an amendment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																									
5. COVERING PERIOD: FROM <table style="display: inline-table; border: none; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>6</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> THROUGH <table style="display: inline-table; border: none; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>6</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	5		2	0	1	0	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y																																
0	6		0	5		2	0	1	0																																
M	M	/	D	D	/	Y	Y	Y	Y																																
0	6		0	5		2	0	1	0																																
6. TOTAL CONTRIBUTIONS	500.00																																								
7. TOTAL INDEPENDENT EXPENDITURES.....	24000.00																																								

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
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

10030343149

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF FILER (In Full)
Susan B. Anthony List Inc

A. Full Name (Last, First, Middle Initial) <u>Mary Grace Sundy</u>			Date of Receipt	
Mailing Address 45 Fordyce Manor Ct			M M / D D / Y Y Y Y 06 / 02 / 2010	
City	State	Zip Code	Transaction ID: F56.000001	
St. Louis	MO	63367	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			500.00	
Name of Employer n/a			Occupation Homemaker	

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SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page carry total to Line 6)	500.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Susan B. Anthony List Inc

Full Name (Last, First, Middle Initial) of Payee
ccAdvertising

Date

M M / D D / Y Y Y Y
06 / 04 / 2010

Mailing Address
13800 Coppermine Rd

Amount

24000.00

City State Zip Code
Herndon VA 20171

Purpose of Expenditure
Phone calls

Category/
Type

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

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
 Other (specify) _____

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(a) SUBTOTAL of Itemized Independent Expenditures	24000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	24000.00
(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 # 461* Date of Receipt or Postmarked
6/5/10

[Signature]

PREPARER
 (3/2005)

6/7/10
 DATE PREPARED

10030343152