

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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C90011313</div>			
(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				
<table style="width: 100%; border: none;"> <tr> <td style="width: 5%; border: none;">Individual filers only</td> <td style="border: none; width: 65%;">Name of Employer</td> <td style="border: none; width: 30%;">Occupation</td> </tr> </table>			Individual filers only	Name of Employer	Occupation
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

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

THROUGH

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

20000.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in 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

08/23/2010

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

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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
Google, Inc

Date

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Mailing Address

1600 Amphitheatre Parkway

Amount

20000.00

City

Mountain View

State

VA

Zip Code

94043

Purpose of Expenditure

Advertisements

Category/
Type

Office Sought:

☐

House

State: CA

Senate

☒

Senate

District: _____

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Barbara Boxer

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

20000.00

(b) SUBTOTAL of Unitemized Independent Expenditures

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

20000.00