

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 8 / 2 0 0 8

through

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 8

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

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 8

(b) Communication Title Mother & Daughter

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, IncPresident

(e) Occupation

President

9. Total Donations This Statement

.00

10.Total Disbursements/Obligations This Statement

27360.00

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 Electronically Filed by Emily Buchanan

DATE 09/24/2008

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	

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

PAGE 3 / 3

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 / 2 3 / 2 0 0 8			
Mailing Address of Payee PO Box 731				Amount 3000.00			
City East Orleans		State MA		Zip Code 02643		Communication Date M M / D D / Y Y Y Y	
Name of Employer Ad Production		Occupation		Transaction ID : F93.000001			
Purpose of Disbursement (including title(s) of communication(s)) Mother & Daughter							
Name of Federal Candidate Mark Udall		Office Sought: ☒ House ☐ Senate ☐ President		State: <u>CO</u> District: _____		Disbursement/Obligation For: 2008 ☐ Primary ☒ General ☐ Other (specify) _____	
F94.000002		Name of Federal Candidate		Office Sought: ☐ House ☐ Senate ☐ President		State: _____ District: _____	
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 Crossroads Media LLC				Date of Disbursement or Obligation M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 8			
Mailing Address of Payee 66 Canal Plaza Ste 555				Amount 24360.00			
City Alexandria		State VA		Zip Code 22314		Communication Date M M / D D / Y Y Y Y	
Name of Employer Ad Placement		Occupation		Transaction ID : F93.000002			
Purpose of Disbursement (including title(s) of communication(s)) Mother & Daughter							
Name of Federal Candidate Mark Udall		Office Sought: ☒ House ☐ Senate ☐ President		State: <u>CO</u> District: _____		Disbursement/Obligation For: 2008 ☐ Primary ☒ General ☐ Other (specify) _____	
F94.000004		Name of Federal Candidate		Office Sought: ☐ House ☐ Senate ☐ President		State: _____ District: _____	
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)		 27360.00
TOTAL This Period (last page this line number only) (carry total from last page to line 10)		 27360.00