

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 / /
through / /

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

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)

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

A. Full Name (Last, First, Middle Initial) of Payee
Crossroads Media LLC

Mailing Address of Payee
66 Canal Center Plaza #555

City	State	Zip Code
Alexandria	VA	22314

Name of Employer	Occupation
Ad Placement	

Date of Disbursement or Obligation

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

Amount

9735.40

Communication Date

M	M	/	D	D	/	Y	Y	Y	Y
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Transaction ID : F93.000001

Purpose of Disbursement (including title(s) of communication(s))
Day

Name of Federal Candidate Al Franken	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: _____	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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SUBTOTAL of Disbursement/Obligation This Page (optional)	9735.40
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	9735.40