

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	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 9 / 1 2 / 2 0 1 0

THROUGH

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

6. TOTAL CONTRIBUTIONS 9803.90

7. TOTAL INDEPENDENT EXPENDITURES..... 9803.90

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

09/12/2010

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-A
ITEMIZED RECEIPTS

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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)

Susan B. Anthony List General Treasury

Mailing Address

1707 L Street NW
Ste 750

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Date of Receipt

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

Transaction ID: F56.000001

Amount of Each Receipt this Period

9803.90

Name of Employer

Occupation

SUBTOTAL of Receipts This Page (optional)

9803.90

TOTAL This Period (last page carry total to Line 6)

9803.90

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee
Nashua Telegraph

Date

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

Mailing Address
17 Executive Dr.

Amount

4281.20

City	State	Zip Code
Hudson	NH	03051

Purpose of Expenditure
Newspaper AdCategory/
Type

Office Sought:

☐

House

State: NH

Senate

☒

Senate

District: _____

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Kelly AyotteCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☒

Primary

☐

General

☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Union Leader

Date

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

Mailing Address
100 William Lobe Dr

Amount

5522.70

City	State	Zip Code
Manchester	NH	03109

Purpose of Expenditure
Newspaper adCategory/
Type

Office Sought:

☐

House

State: NH

Senate

☒

Senate

District: _____

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Kelly AyotteCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☒

Primary

☐

General

☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

9803.90

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

9803.90