

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, Inc		3. FEC Identification Number C C00000000
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1800 N 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 ^M 0 ^M 5 / ^D 2 ^D 9 / ^Y 2 ^Y 0 ^Y 1 ^Y 0	
THROUGH	
^M 0 ^M 5 / ^D 2 ^D 9 / ^Y 2 ^Y 0 ^Y 1 ^Y 0	
6. TOTAL CONTRIBUTIONS	20000.00
7. TOTAL INDEPENDENT EXPENDITURES.....	39078.13

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	_____	05/29/2010

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

10030342231

**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, Inc

A. Full Name (Last, First, Middle Initial) Steve Taylor			Date of Receipt
Mailing Address 515 Santa Paula Drive			M M / D D / Y Y Y Y 05 / 17 / 2010
City	State	Zip Code	Transaction ID: F56.000001
Salinas	CA	93901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20000.00
Name of Employer	Occupation		
Veritas	Partner		

10030342232

SUBTOTAL of Receipts This Page (optional)	20000.00
TOTAL This Period (last page carry total to Line 6)	20000.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Susan B. Anthony, Inc

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

ccAdvertising

Date

05 / 29 / 2010

Mailing Address

13800 Coppermine Drive

Amount

39078.13

City

Herndon

State

VA

Zip Code

20171

Purpose of Expenditure

Phone calls

Category/
Type

Office Sought:

House

State: CA

Senate

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:
2010

Primary

General

Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

39078.13

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

39078.13

(carry total from last page forward to Line 7)

1003034233

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 # 447* Date of Receipt or Postmarked
5/29/10

[Signature]
 PREPARER

6/1/10
 DATE PREPARED

10030342234