

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 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) ☐ 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 ^M05 / ^D26 / ^Y2010
THROUGH
^M05 / ^D26 / ^Y2010

6. TOTAL CONTRIBUTIONS00

7. TOTAL INDEPENDENT EXPENDITURES..... 41720.50

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

10030342236

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 05 / D 26 / Y 2010

Mailing Address
1600 Amphitheatre Parkway

Amount

40000.00

City State Zip Code
Mountain View CA 94043

Purpose of Expenditure
Web advertising

Category/
Type

Office Sought: ☐ House State: CA
☒ Senate
☐ President District: _____

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: ☒ Primary ☐ General
☐ Other (specify) _____

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

Date

M 05 / D 26 / Y 2010

Mailing Address
2800 Shirlington Rd

Amount

280.50

City State Zip Code
Arlington VA 22206

Purpose of Expenditure
Web advertising

Category/
Type

Office Sought: ☐ House State: CA
☒ Senate
☐ President District: _____

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: ☒ Primary ☐ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Design4, Inc

Date

M 05 / D 26 / Y 2010

Mailing Address
106 North Collins St

Amount

1440.00

City State Zip Code
Plant City FL 33563

Purpose of Expenditure
Web ads

Category/
Type

Office Sought: ☐ House State: CA
☒ Senate
☐ President District: _____

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: ☒ Primary ☐ General
☐ Other (specify) _____


(a) SUBTOTAL of Itemized Independent Expenditures 41720.50

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures 41720.50
(carry total from last page forward to Line 7)

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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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>Web form # 448</i>	Date of Receipt or Postmarked <i>5/29/10</i>
 PREPARER (3/2005)	<i>6/1/10</i> DATE PREPARED

10030342238