Image# 10931585348 10%/49#2010 20:05

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

| To be used by Ferson's (Other than Fontical Committees) including Quantied Nonprofit C | orporations | | |
|---|-----------------------------------|--|--|
| (a) Name of Individual, Organization or Corporation | | | |
| SUSAN B ANTHONY LIST INC | | | |
| (b) Address (number and street) | | | |
| Ste 750 (c) City, State and ZIP Code | | | |
| | 3. FEC Identification Number | | |
| Washington DC 20036 | C C90011313 | | |
| 2. Corporate filers only Is the filer a qualified nonprofit corporation? X Yes No | 030011010 | | |
| Individual filers only Name of Employer | Occupation | | |
| 4. TYPE OF REPORT (check appropriate boxes): | | | |
| (a) April 15 Quarterly Report | Notice | | |
| ☐ July 15 Quarterly Report | | | |
| ☐ October Quarterly Report | | | |
| | | | |
| ☐ January 31 Year-End Report | | | |
| (b) Is this Report an amendment? Yes \(\subseteq \text{No } \textbf{X} \) | | | |
| 5. COVERING PERIOD: FROM 10 / DD 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| THROUGH | | | |
| M ₁₀ / D ₁₉ / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| C. TOTAL CONTRIBUTIONS | 69368.16 | | |
| 6. TOTAL CONTRIBUTIONS | 00000110 | | |
| 7. TOTAL INDEPENDENT EXPENDITURES | 69368.16 | | |
| 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 regulation | | | |
| TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE | DATE | | |
| Jennifer Gross | 10/19/2010 | | |
| NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to | 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

PAGE 2/6

| I EIVIIZED RECEIP I 3 | | |
|---|--|---|
| Any information copied from such Reports an or for commercial purposes, other than using | d Statements may not be sold or used by any person the name and address of any political committee to so | for the purpose of soliciting contributions olicit contributions from such committee |
| NAME OF FILER (In Full) SUSAN B ANTHONY LIST INC | | |
| Full Name (Last, First, Middle Initial) SBA List General Treasury Fund Mailing Address 1707 L Street NW Ste 750 City | State Zip Code | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Washington FEC ID number of contributing federal political committee. | DC 20036 | Amount of Each Receipt this Period 69368.16 |
| Name of Employer | Occupati | ion |
| | | |

| SUBTOTAL of Receipts This Page (optional) | 69368.16 |
|---|----------|
| TOTAL This Period (last page carry total to Line 6) | 69368.16 |

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

| PAGE 3 / 6 |
|--------------------------|
| FOR LINE 7 FOR FORM 5 |

NAME OF FILER (In Full)

SUSAN B ANTHONY LIST INC

| Full Name (Last, First, Middle Initial) of Payee | | Date |
|---|---|--|
| James R. Foster & Associates, Inc. | | M M / D D / Y Y Y Y |
| Mailing Address | | 10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 5805 Club Oaks Plaza | | Amount |
| 01. | - 7'- OI- | 8169.30 |
| City State Dallas TX | e Zip Code 75248 | |
| | 73240 | |
| Purpose of Expenditure | Category/ | Office Sought: X House State: AZ |
| Mailing | Type | House Senate District: 01 |
| Name of Federal Candidate Supported or Opposed by Expen | diture: | President District. |
| ANN KIRKPATRICK | | Check One: Support X Oppose |
| | | Disbursement For: Primary X General |
| Calendar Year-To-Date Per Election | 8169.30 | 2010 — — |
| for Office Sought | 0100.00 | Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | | Date |
| James R. Foster & Associates, Inc. | | M M / D D / Y Y Y Y |
| Mailing Address | | 10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 5805 Club Oaks Plaza | | Amount |
| City State | 7in Codo | 2819.55 |
| City State Dallas TX | e Zip Code 75248 | |
| | 75240 | Office Country |
| Purpose of Expenditure | Category/ | Office Sought: X House State: AZ |
| Postage | Type | House Senate District: 01 |
| Name of Federal Candidate Supported or Opposed by Expen | diture: | President |
| ANN KIRKPATRICK | | Check One: Support X Oppose |
| | | Disbursement For: Primary X General |
| Calendar Year-To-Date Per Election for Office Sought | 10988.85 | 2010 Other (specify) |
| | | Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | | Date |
| James R. Foster & Associates, Inc. | | M M / D D / Y Y Y |
| Mailing Address | | 10 19 2010 |
| 5805 Club Oaks Plaza | | Amount |
| City State | e Zip Code | 10075.47 |
| Dallas TX | 75248 | |
| Purpose of Expenditure | Outros / | Office Sought: Y House Carry II |
| Mailing | Category/ Type | State: IL |
| - | | House Senate District: 17 |
| Name of Federal Candidate Supported or Opposed by Expen- PHILIP G HARE | aiture: | |
| THE GIVE | | Check One: Support X Oppose |
| Calendar Year-To-Date Per Election | | Disbursement For: Primary X General |
| for Office Sought | 21064.32 | Other (specify) |
| | · · · · · · · · · · · · · · · · · · · | |
| (a) CURTOTAL of Itamized Independent Expanditures | | 21064.32 |
| (a) SUBTOTAL of Itemized Independent Expenditures | | |
| (b) SURTOTAL of Unitermized Independent Expanditures | | |
| (b) SUBTOTALof Unitemized Independent Expenditures | | |
| (c) TOTAL Independent Expenditures | | |
| (carry total from last page forward to Line 7) | | |
| | | |

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

| PAGE | 4 / | 6 |
|------|-----|---|
|------|-----|---|

FOR LINE 7 FOR FORM 5

| NAME OF FILER (In Full) SUSAN B ANTHONY LIST INC | |
|---|---|
| Full Name (Last, First, Middle Initial) of Payee James R. Foster & Associates, Inc. | Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 5805 Club Oaks Plaza | Amount |
| City State Zip Code Dallas TX 75248 | 4833.56 |
| Purpose of Expenditure Postage Category/ Type | Office Sought: X House State: IL House Senate District: 17 |
| Name of Federal Candidate Supported or Opposed by Expenditure: PHILIP G HARE | Check One: District: 17 Check One: Support X Oppose |
| Calendar Year-To-Date Per Election for Office Sought 25897.88 | Disbursement For: 2010 Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee James R. Foster & Associates, Inc. | Date Date D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 5805 Club Oaks Plaza | Amount 8169.30 |
| City State Zip Code Dallas TX 75248 | |
| Purpose of Expenditure Mailing Category/ Type | Office Sought: X House State: GA House Senate District: 02 |
| Name of Federal Candidate Supported or Opposed by Expenditure: SANFORD D JR. BISHOP | Check One: Support X Oppose |
| Calendar Year-To-Date Per Election for Office Sought 34067.18 | Disbursement For: 2010 Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee James R. Foster & Associates, Inc. | Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 5805 Club Oaks Plaza | Amount |
| City State Zip Code Dallas TX 75248 | 3833.06 |
| Purpose of Expenditure Postage Category/ Type | Office Sought: X House State: GA House Senate District: 02 |
| Name of Federal Candidate Supported or Opposed by Expenditure: SANFORD D JR. BISHOP | Check One: Support X Oppose |
| Calendar Year-To-Date Per Election for Office Sought 37900.24 | Disbursement For: Primary X General Other (specify) |
| (a) SUBTOTAL of Itemized Independent Expenditures | 16835.92 |
| (b) SUBTOTALof Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |

Image# 10931585352 SCHEDULE 5-E

| PAGE | 5 / 6 |
|------|-------|
|------|-------|

| EMIZED INDEPENDENT EXPENDITURE | S | | FOR LINE 7 FOR FORM 5 |
|--|------------------|-------------------|---|
| ME OF FILER (In Full) | | | |
| SUSAN B ANTHONY LIST INC | | | |
| | | | |
| Full Name (Last, First, Middle Initial) of Payee | | | Date |
| James R. Foster & Associates, Inc. | | | 10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address | | | Amount |
| 5805 Club Oaks Plaza | | | |
| City | State | Zip Code | 10892.40 |
| Dallas | TX | 75248 | |
| Purpose of Expenditure | | Category/ | Office Sought: X House State: IN |
| Mailing | | Туре | House Senate |
| Name of Federal Candidate Supported or Opposed | by Expenditure | : | President District: 09 |
| BARON PAUL HILL | | | Check One: Support X Oppose |
| | | | Disbursement For: Primary X General |
| Calendar Year-To-Date Per Election | | 48792.64 | 2010 — — |
| for Office Sought | | 10702.01 | Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | | | Date |
| James R. Foster & Associates, Inc. | | | M M / D D / Y Y Y |
| Mailing Address | | | 10 19 2010 |
| 5805 Club Oaks Plaza | | | Amount |
| City | State | Zip Code | 5185.32 |
| Dallas | TX | 75248 | |
| Purpose of Expenditure | | Catagory | Office Sought: X House State IN |
| Postage | | Category/ Type | House State: IN Senate |
| Name of Federal Candidate Supported or Opposed | by Evpenditure | | President District: 09 |
| BARON PAUL HILL | by Expericiture. | • | |
| | | | |
| Calendar Year-To-Date Per Election | | 50077.00 | Disbursement For: Primary X General 2010 |
| for Office Sought | | 53977.96 | Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | | | Date |
| James R. Foster & Associates, Inc. | | | |
| Mailing Address | | | M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 5805 Club Oaks Plaza | | | Amount |
| Oit. | Ctoto | 7in Codo | 10347.78 |
| City Dallas | State TX | Zip Code 75248 | |
| Purpose of Expenditure | | 1 | Office Sought: V House Out NIM |
| Mailing | | Category/ | State: NW |
| | | Туре | House Senate District: 01 |
| Name of Federal Candidate Supported or Opposed MARTIN HEINRICH | by Expenditure: | : | President — |
| MANTIN HEINNICH | | | Check One: Support X Oppose |
| Calendar Year-To-Date Per Election | | | Disbursement For: Primary X General |
| for Office Sought | | 64325.74 | Other (specify) |
| | | | |
| (a) SUBTOTAL of Itemized Independent Expenditur | rec | | 26425.50 |
| (a) SOBTOTAL OF Itemized independent Experiation | | | |
| (b) SUBTOTALof Unitemized Independent Expendi | itures | | |
| ., . | | | |

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 6/6 FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

| SUSAN B | ANTHONY I | IST INC |
|---------|------------------|---------|

| Full Name (Last, First, Middle Initial) of Payee James R. Foster & Associates, Inc. | | Date |
|---|-------------------|---|
| Mailing Address 5805 Club Oaks Plaza | | Amount D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City State Dallas TX | Zip Code 75248 | 5042.42 |
| Purpose of Expenditure Postage | - Category | fice Sought: X House State: NM House Senate District: 01 |
| Name of Federal Candidate Supported or Opposed by Expenditure MARTIN HEINRICH | | President X Oppose |
| Calendar Year-To-Date Per Election for Office Sought | 60269.16 | bursement For: Primary X General Other (specify) |
| | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 5042.42 |
| (b) SUBTOTALof Unitemized Independent Expenditures | | 00000.10 |
| (c) TOTAL Independent Expenditures(carry total from last page forward to Line 7) | | 69368.16 |