

# 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>2. FEC Identification Number</b> <input type="text" value="C30000921"/>
(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		
(d) Name of Employer or Principal Place of Business		(e) Occupation

<b>3. Is This Statement</b> <input checked="" type="checkbox"/> <b>New</b> or <input type="checkbox"/> <b>Amended</b>	<b>4. Covering Period</b>														
	<table border="0"> <tr> <td><input type="text" value="05"/></td> <td>/</td> <td><input type="text" value="03"/></td> <td>/</td> <td><input type="text" value="2010"/></td> </tr> <tr> <td colspan="5" style="text-align: center;">through</td> </tr> <tr> <td><input type="text" value="05"/></td> <td>/</td> <td><input type="text" value="06"/></td> <td>/</td> <td><input type="text" value="2010"/></td> </tr> </table>	<input type="text" value="05"/>	/	<input type="text" value="03"/>	/	<input type="text" value="2010"/>	through					<input type="text" value="05"/>	/	<input type="text" value="06"/>	/
<input type="text" value="05"/>	/	<input type="text" value="03"/>	/	<input type="text" value="2010"/>											
through															
<input type="text" value="05"/>	/	<input type="text" value="06"/>	/	<input type="text" value="2010"/>											

**5. (a) Date of Public Distribution(s)**  /  /  **(b) Communication Title** Leader

**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: \_\_\_\_\_

**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 Emily Buchanan	
(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	(e) Occupation Executive Director

**9. Total Donations This Statement**

**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 05/06/2010

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

<b>A.</b>	(a) Name Emily Buchanan	<b>Transaction ID :</b> F91.000001
	(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 Susan B. Anthony List	(e) Occupation Executive Director
<b>B.</b>	(a) Name Marjorie Dannenfelser	<b>Transaction ID :</b> F91.000002
	(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 Susan B. Anthony List	(e) Occupation President

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Bright Media Inc <hr/> Mailing Address of Payee 2109 Hudekoper PI NW <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20007</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> </table>	City	State	Zip Code	Washington	DC	20007	Name of Employer	Occupation	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 5 / 0 6 / 2 0 1 0</td> </tr> </table> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1650.00</div> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 5 / 0 6 / 2 0 1 0</td> </tr> </table> <b>Transaction ID :</b> F93.000001	M M / D D / Y Y Y Y	0 5 / 0 6 / 2 0 1 0	M M / D D / Y Y Y Y	0 5 / 0 6 / 2 0 1 0
City	State	Zip Code											
Washington	DC	20007											
Name of Employer	Occupation												
M M / D D / Y Y Y Y													
0 5 / 0 6 / 2 0 1 0													
M M / D D / Y Y Y Y													
0 5 / 0 6 / 2 0 1 0													

Purpose of Disbursement (including title(s) of communication(s))  
 Ad Production

Name of Federal Candidate Sue Lowden	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____	Disbursement/Obligation For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000003				
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) _____
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) _____

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Crossroads Media <hr/> Mailing Address of Payee 66 Canal Center Plaza Ste 555 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22314</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> </table>	City	State	Zip Code	Alexandria	VA	22314	Name of Employer	Occupation	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 5 / 0 3 / 2 0 1 0</td> </tr> </table> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">43825.98</div> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 5 / 0 6 / 2 0 1 0</td> </tr> </table> <b>Transaction ID :</b> F93.000002	M M / D D / Y Y Y Y	0 5 / 0 3 / 2 0 1 0	M M / D D / Y Y Y Y	0 5 / 0 6 / 2 0 1 0
City	State	Zip Code											
Alexandria	VA	22314											
Name of Employer	Occupation												
M M / D D / Y Y Y Y													
0 5 / 0 3 / 2 0 1 0													
M M / D D / Y Y Y Y													
0 5 / 0 6 / 2 0 1 0													

Purpose of Disbursement (including title(s) of communication(s))  
 Ad Placement

Name of Federal Candidate Sue Lowden	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____	Disbursement/Obligation For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000004				
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) _____
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) _____

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	<div style="border: 1px solid black; padding: 2px;">45475.98</div>
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px;">45475.98</div>