

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) Address (number and street) ☐ check if different than previously reported

1800 North Kent Street Suite 1070

(c) City, State and ZIP Code

Arlington

VA

22209

2. FEC Identification Number

C C00000000

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
05 / 19 / 2008

through

M M / D D / Y Y Y Y
05 / 19 / 2008

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y

(b) Communication Title Truth

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)?

Yes ☐No ☒

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

Marjorie Dannenfelser

(b) Address (number and street)

1800 North Kent Street Suite 1070

(c) City, State and ZIP Code

Arlington

VA

22209

(d) Name of Employer or Principal Place of Business

Susan B. Anthony List, Inc

(e) Occupation

President

9. Total Donations This Statement

41120.00

10. Total Disbursements/Obligations This Statement

32840.00

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications 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

Emily Buchanan

SIGNATURE

DATE 05/20/2008

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)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name Emily Buchanan	Transction ID : F91.000001	
	(b) Address (number and street) 1800 North Kent Street Suite 1070		
	(c) City, State and Zip Code Arlington VA 22209		
	(d) Name of Employer or Principal Place of Business Susan B. Anthony List, Inc		(e) Occupation Executive Director

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SCHEDULE 9-A
Donation(s) Received

PAGE 3/4

A. Full Name of Donor

Wellspring Committee, Inc

Mailing Address of Donor
9502 Nelson Ln

City

Manassas

State

VA

Zip

20110

Date of Receipt

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
05 / 16 / 2008

Amount

41120.00

Transaction ID : F92.000001

SUBTOTAL of Donations This Page (optional).....

41120.00

TOTAL This Period (last page this line number only).....
(carry total from last page to Line 9)

41120.00

SCHEDULE 9-B
Disbursement(s) Made or Obligations

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A. Full Name (Last, First, Middle Initial) of Payee SRH Media			Date of Disbursement or Obligation M M / D D / Y Y Y Y 05 / 19 / 2008	
Mailing Address of Payee 2204 Countryside Drive			Amount 32840.00	
City Silver Spring	State MD	Zip Code 20905	Communication Date M M / D D / Y Y Y Y 05 / 19 / 2008	
Name of Employer		Occupation	Transaction ID : F93.000001	

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

Truth Radio Ad

Name of Federal Candidate	Office Sought:	House Senate President	State: District:	Disbursement/Obligation For:	
				Primary	General
				Other (specify) _____	
				Other (specify) _____	
				Other (specify) _____	

SUBTOTAL of Disbursement/Obligation This Page (optional)

32840.00


TOTAL This Period (last page this line number only)
(carry total from last page to line 10)

32840.00

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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
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<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>Webform #210</i>	Date of Receipt or Postmarked <i>5/20/08</i>

 PREPARER (3/2005)	<i>5/21/08</i> DATE PREPARED
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