

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 EMILY'S LIST NON-FEDERAL		2. FEC Identification Number C C30001523
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1120 CONNECTICUT AVE NW STE 1100		
(c) City, State and ZIP Code WASHINGTON DC 20036		
(d) Name of Employer or Principal Place of Business		(e) Occupation

3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period											
	<table border="0"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> <td></td> </tr> <tr> <td>0 1 / 1 3 / 2 0 1 0</td> <td>through</td> <td></td> </tr> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> <td></td> </tr> <tr> <td>0 1 / 1 3 / 2 0 1 0</td> <td></td> <td></td> </tr> </table>	M M / D D / Y Y Y Y			0 1 / 1 3 / 2 0 1 0	through		M M / D D / Y Y Y Y			0 1 / 1 3 / 2 0 1 0	
M M / D D / Y Y Y Y												
0 1 / 1 3 / 2 0 1 0	through											
M M / D D / Y Y Y Y												
0 1 / 1 3 / 2 0 1 0												

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y **(b) Communication Title** Private Eye

0 1 / 1 3 / 2 0 1 0

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
Caroline Fines

(b) Address (number and street)
1120 Connecticut Ave NW

(c) City, State and ZIP Code
Washington DC 20036

(d) Name of Employer or Principal Place of Business
EMILY's List

(e) Occupation
Director of Finance & Compliance

9. Total Donations This Statement _____ .00

10. Total Disbursements/Obligations This Statement _____ 27492.86

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Caroline Fines

SIGNATURE Electronically Filed by Caroline Fines DATE 01/14/2010

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

A. (a) Name	Transaction ID : F91.000001	
Ellen Malcolm		
(b) Address (number and street)		
1120 Connecticut Ave NW Ste 1100 Ste 1100		
(c) City, State and Zip Code		
Washington	DC	20036
(d) Name of Employer or Principal Place of Business	(e) Occupation	
EMILY's List	President	

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
Media Strategies

Mailing Address of Payee
11350 Random Hills Road Ste 670

City State Zip Code
Fairfax VA 22030

Name of Employer Occupation

Date of Disbursement or Obligation

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	0

Amount

27492.86

Communication Date

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	0

Transaction ID : F93.000001

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

Radio Buy-Private Eye

Name of Federal Candidate Office Sought: House State: MA Disbursement/Obligation For: 2010
 Scott Brown Senate District: Primary General
 F94.000002 President Other (specify) Special-General

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

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

SUBTOTAL of Disbursement/Obligation This Page (optional)

27492.86

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

27492.86
