

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		2. FEC Identification Number C C30000921
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1800 NORTH KENT ST STE 1070		
(c) City, State and ZIP Code ARLINGTON VA 22209		
(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
1 0 / 0 6 / 2 0 0 8

through

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8 (b) Communication Title Immoral

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: Non-Qualified Corp

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 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 President

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 10/16/2008

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)

11. Person(s) Sharing/Exercising Control

A.	(a) Name	Transaction ID : F91.000001	
	Emily Buchanan		
	(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	(e) Occupation	
	Susan B. Anthony List	Executive Director	

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Crossroads Media <hr/> Mailing Address of Payee 66 Canal Plaza Center #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>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;">1 0 / 0 6 / 2 0 0 8</td> </tr> </table> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20223.00</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;">1 0 / 1 5 / 2 0 0 8</td> </tr> </table> Transaction ID : F93.000001	M M / D D / Y Y Y Y	1 0 / 0 6 / 2 0 0 8	M M / D D / Y Y Y Y	1 0 / 1 5 / 2 0 0 8
City	State	Zip Code											
Alexandria	VA	22314											
Name of Employer	Occupation												
M M / D D / Y Y Y Y													
1 0 / 0 6 / 2 0 0 8													
M M / D D / Y Y Y Y													
1 0 / 1 5 / 2 0 0 8													

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

Name of Federal Candidate Jason Altmire	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA	District: 04	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000003	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. Full Name (Last, First, Middle Initial) of Payee Bright Media <hr/> Mailing Address of Payee 2109 Huidekoper Place 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>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;">1 0 / 0 9 / 2 0 0 8</td> </tr> </table> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3000.00</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;">1 0 / 1 5 / 2 0 0 8</td> </tr> </table> Transaction ID : F93.000002	M M / D D / Y Y Y Y	1 0 / 0 9 / 2 0 0 8	M M / D D / Y Y Y Y	1 0 / 1 5 / 2 0 0 8
City	State	Zip Code											
Washington	DC	20007											
Name of Employer	Occupation												
M M / D D / Y Y Y Y													
1 0 / 0 9 / 2 0 0 8													
M M / D D / Y Y Y Y													
1 0 / 1 5 / 2 0 0 8													

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

Name of Federal Candidate Jason Altmire	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA	District: 04	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000004	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) _____

SUBTOTAL of Disbursement/Obligation This Page (optional)	<div style="border: 1px solid black; padding: 2px;">23223.00</div>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px;">23223.00</div>