

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. (a) Name of Individual, Organization or Corporation SUSAN B ANTHONY LIST INC		3. FEC Identification Number C C90011313
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1707 L STREET NW STE 750		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer Occupation	

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report 24-Hour Notice 48-Hour Notice
- July 15 Quarterly Report
- October Quarterly Report
- January 31 Year-End Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M	M
1	0

 /

D	D
0	8

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	0

 /

D	D
0	8

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

10000.00

7. TOTAL INDEPENDENT EXPENDITURES.....

10000.00

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 regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Emily Buchanan

10/08/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report 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**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

A. Full Name (Last, First, Middle Initial)
Susan B. Anthony List General Treasury

Date of Receipt

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

Mailing Address
1707 L Street NW Ste 750

Transaction ID: F56.000001

City State Zip Code
Washington DC 20036

Amount of Each Receipt this Period

10000.00

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page carry total to Line 6)

10000.00

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee
Design4, Inc

Date

/ /

Mailing Address
106 North Collins St.

Amount

10000.00

City State Zip Code
Plant City FL 33563

Purpose of Expenditure
Radio Advertisement

Category/
Type

Office Sought: House State: AK
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Lisa Murkowski

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

10000.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

10000.00