

# 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> <b>C</b> C30000921
(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		
(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 8 / 2 0 1 0

through

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

5. (a) Date of Public Distribution(s)  1 0 /  0 8 /  2 0 1 0 (b) Communication Title Expansion

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) 1707 L Street NW Ste 750	
(c) City, State and ZIP Code Washington DC 20036	
(d) Name of Employer or Principal Place of Business Susan B. Anthony List	(e) Occupation Executive Director

9. Total Donations This Statement 134500.00

10. Total Disbursements/Obligations This Statement 134500.00

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 10/08/2010

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	<b>Transaction ID : F91.000001</b>	
	Emily Buchanan		
	(b) Address (number and street)		
	1707 L Street Ste NW Ste 750		
	(c) City, State and Zip Code		
	Washington	DC	20036
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
	Susan B. Anthony List	Executive Director	

**A.** Full Name of Donor

CitizenLink

Mailing Address of Donor  
 8655 Explorer Drive

City	State	Zip
Colorado Springs	CO	80920

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 4 / 2 0 1 0

Amount

60000.00

Transaction ID : F92.000001

**B.** Full Name of Donor

SBA List General Treasury

Mailing Address of Donor  
 1707 L Street NW, Ste 750

City	State	Zip
Washington	DC	20036

Date of Receipt

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

Amount

74500.00

Transaction ID : F92.000002

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

134500.00

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

134500.00

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Crossroads Media			Date of Disbursement or Obligation <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	8	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y																
1	0	/	0	8	/	2	0	1	0																
Mailing Address of Payee 66 Canal Center Plaza, #555			Amount <table border="1"> <tr> <td colspan="10">134500.00</td> </tr> </table>			134500.00																			
134500.00																									
City	State	Zip Code																							
Alexandria	VA	22314																							
Name of Employer		Occupation																							

Transaction ID : F93.000001

Purpose of Disbursement (including title(s) of communication(s))  
Expansion TV advertisement

Name of Federal Candidate Joe Donnelly	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN	District: 02	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000002					

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) .....	<table border="1"> <tr> <td>134500.00</td> </tr> </table>	134500.00
134500.00		
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	<table border="1"> <tr> <td>134500.00</td> </tr> </table>	134500.00
134500.00		