

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) [X] check if different than previously reported
1707 L Street NW Ste 750

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

2. FEC Identification Number
C C00000000

(d) Name of Employer or Principal Place of Business (e) Occupation

3. Is This Statement [X] New or [] Amended

4. Covering Period MM / DD / YYYY through MM / DD / YYYY
04 / 06 / 2010 through 04 / 06 / 2010

5. (a) Date of Public Distribution(s) MM / DD / YYYY (b) Communication Title Betray

6. The filer is a(n): (a) [] Individual (b) [] Unincorporated Organization (c) [] Qualified Nonprofit Corporation (11 CFR 114.10)
(d) [X] 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 [X]

8. Custodian of Records

(a) Name
Emily Buchanan

(b) Address (number and street)
1707 L Street NW

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

(d) Name of Employer or Principal Place of Business (e) Occupation
Susan B Anthony List, Inc. Executive Director

9. Total Donations This Statement .00

10. Total Disbursements/Obligations This Statement 23524.25

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 08/05/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

10030402716

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Emily Buchanan	Transaction ID : F91.000001
	(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, Inc.	(e) Occupation Executive Director

10030402717

SCHEDULE 9-B
Disbursement(s) Made or Obligations

10030402718

A. Full Name (Last, First, Middle Initial) of Payee Bright Media, Inc					Date of Disbursement or Obligation M M / D D / Y Y Y Y 04 06 2010					
Mailing Address of Payee 2109 Huldekooper Pl, NW					Amount 2000.00					
City Washington		State DC		Zip Code 20007		Communication Date M M / D D / Y Y Y Y 04 06 2010				
Name of Employer			Occupation			Transaction ID : F93.000001				
Purpose of Disbursement (including title(s) of communication(s)) Ad Production										
Name of Federal Candidate Brad Ellsworth			Office Sought: X Senate		House President		State: IN District:		Disbursement/Obligation For: 2010 X Primary General	
F94.000002										
Name of Federal Candidate			Office Sought:		House Senate President		State: District:		Disbursement/Obligation For: Primary General Other (specify) _____	
Name of Federal Candidate			Office Sought:		House Senate President		State: District:		Disbursement/Obligation For: Primary General Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee Crossroads Media, Inc.					Date of Disbursement or Obligation M M / D D / Y Y Y Y 04 06 2010					
Mailing Address of Payee 66 Canal Center Plaza					Amount 21524.25					
City Alexandria		State VA		Zip Code 22314		Communication Date M M / D D / Y Y Y Y 04 06 2010				
Name of Employer			Occupation			Transaction ID : F93.000002				
Purpose of Disbursement (including title(s) of communication(s)) Media Buy										
Name of Federal Candidate Brad Ellsworth			Office Sought: X Senate		House President		State: IN District:		Disbursement/Obligation For: 2010 X Primary General	
F94.000004										
Name of Federal Candidate			Office Sought:		House Senate President		State: District:		Disbursement/Obligation For: Primary General Other (specify) _____	
Name of Federal Candidate			Office Sought:		House Senate President		State: District:		Disbursement/Obligation For: Primary General Other (specify) _____	
SUBTOTAL of Disbursement/Obligation This Page (optional)					23524.25					
TOTAL This Period (last page this line number only) (carry total from last page to line 10)					23524.25					

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
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<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 # 480</i>	Date of Receipt or Postmarked <i>8/5/10</i>

EA
 PREPARER 8/5/10
 (3/2005) DATE PREPARED

10030402719