

**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

(b) Address (number and street) 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

2. FEC Identification Number

C C00000000

3. Is This Statement **New**
or
 Amended

4. Covering Period

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 1 0
through
M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 1 0

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

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 46807.14

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 01/12/2010

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

10030212748

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

| | | |
|-----------|--|------------------------------------|
| A. | (a) Name Ellen Malcolm | Transaction ID : F91.000001 |
| | (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 EMILY's List | (e) Occupation President |

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SCHEDULE 9-B
Disbursement(s) Made or Obligations

| | | | | | | | |
|---|--|-------------------|-----------------|---------|------------------------------------|-------|--|
| A. Full Name (Last, First, Middle Initial) of Payee Media Strategies | Date of Disbursement or Obligation M M / D D / Y Y Y Y 01 / 12 / 2010 | | | | | | |
| Mailing Address of Payee 11350 Random Hills Road Ste 670 | Amount 46807.14 | | | | | | |
| <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">City</td> <td style="width:33%; border: none;">State</td> <td style="width:33%; border: none;">Zip Code</td> </tr> <tr> <td style="border: none;">Fairfax</td> <td style="border: none;">VA</td> <td style="border: none;">22030</td> </tr> </table> | City | State | Zip Code | Fairfax | VA | 22030 | Communication Date M M / D D / Y Y Y Y 01 / 12 / 2010 |
| City | State | Zip Code | | | | | |
| Fairfax | VA | 22030 | | | | | |
| <table style="width:100%; border: none;"> <tr> <td style="width:60%; border: none;">Name of Employer</td> <td style="width:40%; border: none;">Occupation</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table> | Name of Employer | Occupation | | | Transaction ID : F93.000001 | | |
| Name of Employer | Occupation | | | | | | |
| | | | | | | | |

Purpose of Disbursement (including title(s) of communication(s))
 Radio Buy & Production-Private Eye

| | | | | | |
|---|-----------------------|--|------------------|------------------|--|
| Name of Federal Candidate Scott Brown | Office Sought: | <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | State: MA | District: | Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Special-General</u> |
| 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 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 Other (specify) _____ |

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| | |
|---|----------|
| SUBTOTAL of Disbursement/Obligation This Page (optional) | 46807.14 |
| TOTAL This Period (last page this line number only) (carry total from last page to line 10) | 46807.14 |

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>Web form # 397</i> | Date of Receipt or Postmarked <i>1/13/10</i> |

Jms
 PREPARER *1/13/10*
DATE PREPARED

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