

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		3. FEC Identification Number C C00000000
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1800 N Kent St Ste 1070		
(c) City, State and ZIP Code Arlington VA 22209		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only Name of Employer		Occupation

10030342833

4. TYPE OF REPORT (check appropriate boxes):																			
(a) <input type="checkbox"/> April 15 Quarterly Report	<input checked="" type="checkbox"/> 24-Hour Notice <input type="checkbox"/> 48-Hour Notice																		
<input type="checkbox"/> July 15 Quarterly Report																			
<input type="checkbox"/> October Quarterly Report																			
<input type="checkbox"/> January 31 Year-End Report																			
(b) Is this Report an amendment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																			
5. COVERING PERIOD: FROM <table style="display: inline-table; border: none; text-align: center;"> <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></tr> <tr><td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td></tr> </table> 2010		M	M	/	D	D	/	Y	Y	Y	0	6		0	4		2	0	1
M	M	/	D	D	/	Y	Y	Y											
0	6		0	4		2	0	1											
THROUGH																			
<table style="display: inline-table; border: none; text-align: center;"> <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></tr> <tr><td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td></tr> </table> 2010		M	M	/	D	D	/	Y	Y	Y	0	6		0	4		2	0	1
M	M	/	D	D	/	Y	Y	Y											
0	6		0	4		2	0	1											
6. TOTAL CONTRIBUTIONS00																		
7. TOTAL INDEPENDENT EXPENDITURES.....	40000.00																		

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation 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		06/04/2010

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 800-424-9630, Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Susan B. Anthony List

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

Date
M M / D D / Y Y Y Y
06 / 04 / 2010

Mailing Address
1600 Amphitheatre Parkway

Amount
40000.00

City State Zip Code
Mountain View CA 94043

Purpose of Expenditure
Web advertising

Category/
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

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

Disbursement For: 2010 Primary General
 Other (specify) _____

10030342834

(a) SUBTOTAL of Itemized Independent Expenditures	40000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	40000.00
(carry total from last page forward to Line 7)	

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 # 455</i>	Date of Receipt or Postmarked <i>6/4/10</i>

P
 PREPARER *6/4/10*
 (3/2005) DATE PREPARED

10030342835