

# 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) ☐ check if different than previously reported

1800 N Kent St Ste 1070

(c) City, State and ZIP Code

Arlington

VA

22209

(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 4 / 0 6 / 2 0 1 0

through

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

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

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)

1800 N Kent St

(c) City, State and ZIP Code

Arlington

VA

22209

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 9. Total Donations This Statement

.00

### 10. Total Disbursements/Obligations This Statement

25113.50

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 BuchananDATE 04/07/2010

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


**SCHEDULE 9-B**  
**Disbursement(s) Made or Obligations**

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<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Bright Media Inc <hr/> <b>Mailing Address of Payee</b> 2109 Huidekoper Pl. NW <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 34%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20007</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 40%;">Name of Employer</td> <td>Occupation</td> </tr> </table>					City	State	Zip Code	Washington	DC	20007	Name of Employer	Occupation	<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0 <hr/> <b>Amount</b> 2000.00 <hr/> <b>Communication Date</b> M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0 <hr/> <b>Transaction ID : F93.000001</b>				
City	State	Zip Code															
Washington	DC	20007															
Name of Employer	Occupation																
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Ad Production																	
Name of Federal Candidate		Office Sought:	<input checked="" type="checkbox"/> House	State:	OH	Disbursement/Obligation For: 2010											
Steve Diehaus			Senate	District:	01	<input checked="" type="checkbox"/> Primary General											
F94.000002			President	Other (specify) _____													
Name of Federal Candidate		Office Sought:	House	State:		Disbursement/Obligation For:											
			Senate	District:		Primary General											
			President	Other (specify) _____													
Name of Federal Candidate		Office Sought:	House	State:		Disbursement/Obligation For:											
			Senate	District:		Primary General											
			President	Other (specify) _____													
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> Crossroads Media <hr/> <b>Mailing Address of Payee</b> 66 Canal Center Plz <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 34%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22314</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 40%;">Name of Employer</td> <td>Occupation</td> </tr> </table>					City	State	Zip Code	Alexandria	VA	22314	Name of Employer	Occupation	<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0 <hr/> <b>Amount</b> 23113.50 <hr/> <b>Communication Date</b> M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0 <hr/> <b>Transaction ID : F93.000002</b>				
City	State	Zip Code															
Alexandria	VA	22314															
Name of Employer	Occupation																
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media buy																	
Name of Federal Candidate		Office Sought:	<input checked="" type="checkbox"/> House	State:	OH	Disbursement/Obligation For: 2010											
Steve Driehaus			Senate	District:	01	<input checked="" type="checkbox"/> Primary General											
F94.000004			President	Other (specify) _____													
Name of Federal Candidate		Office Sought:	House	State:		Disbursement/Obligation For:											
			Senate	District:		Primary General											
			President	Other (specify) _____													
Name of Federal Candidate		Office Sought:	House	State:		Disbursement/Obligation For:											
			Senate	District:		Primary General											
			President	Other (specify) _____													
<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....						25113.50											
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)						25113.50											

10030281904

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 #409</i>	Date of Receipt or Postmarked <i>4/7/10</i>
 PREPARER	<i>4/8/10</i> DATE PREPARED