

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

2. FEC Identification Number

C C00000000

(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
0 4 / 0 6 / 2 0 1 0

through

M M / D D / Y Y Y
0 4 / 0 6 / 2 0 1 0

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y

0 4 / 0 6 / 2 0 1 0

(b) Communication Title

Betray

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

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 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

PAGE 2/2

A. Full Name (Last, First, Middle Initial) of Payee Bright Media					Date of Disbursement or Obligation M M / D D / Y Y Y 0 4 / 0 6 / 2 0 1 0	
Mailing Address of Payee 2109 Huidekoper Pl. NW					Amount 2000.00	
City Washington	State DC	Zip Code 22209		Communication Date M M / D D / Y Y Y 0 4 / 0 6 / 2 0 1 0		
Name of Employer				Occupation		
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	Disbursement/Obligation For: 2010 X Primary General	
F94.000002		District:		Other (specify)		
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 LLC					Date of Disbursement or Obligation M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0	
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 0 4 / 0 6 / 2 0 1 0		
Name of Employer				Occupation		
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	Disbursement/Obligation For: 2010 X Primary General	
F94.000004		District:		Other (specify)		
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	

10030281908

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
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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 #410</i>	Date of Receipt or Postmarked <i>4/7/10</i>

EW

PREPARER

(3/2005)

4/8/10

DATE PREPARED

10030281909