

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 INC		3. FEC Identification Number C C90011313
(b) Address (number and street) ☐ check if different than previously reported 1707 L STREET NW STE 550		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
- ☒ 24-Hour Report
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M M	/	D D	/	Y Y Y Y Y Y Y Y

THROUGH

M M	/	D D	/	Y Y Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

6026.62

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any 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

[Electronically Filed]

Frank Cannon

Frank Cannon

10/29/2012

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 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 3
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 106 North Collins Street		Amount 5700.00	
City Plant City	State FL	Zip Code 33563	
Purpose of Expenditure Web Ad		Category/ Type 004	Office Sought: ☐ House ☒ Senate ☒ President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 607238.72		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 106 North Collins Street		Amount 300.00	
City Plant City	State FL	Zip Code 33563	
Purpose of Expenditure Web Ad		Category/ Type 004	Office Sought: ☐ House ☒ Senate ☒ President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MITT / RYAN, PAUL D. ROMNEY		Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 607538.72		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Wendy's		Date MM / DD / YYYY 10 / 28 / 2012	
Mailing Address 2206 Sunset Blvd.		Amount 13.31	
City Steubenville	State OH	Zip Code 43952	
Purpose of Expenditure Meals		Category/ Type 001	Office Sought: ☐ House ☒ Senate ☒ President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 601438.72		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		6013.31	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)			

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 3
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Wendy's		Date MM / DD / YYYY 10 / 28 / 2012	
Mailing Address 2206 Sunset Blvd.		Amount 13.31 Transaction ID : F57.6877	
City Steubenville	State OH		
Purpose of Expenditure Meals	Category/ Type 001	Office Sought: ☐ House State: OH ☒ Senate District: _____ ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 28821.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State		
Purpose of Expenditure	Category/ Type	Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: ☐ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State		
Purpose of Expenditure	Category/ Type	Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: ☐ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State		
Purpose of Expenditure	Category/ Type	Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: ☐ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	13.31
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	6026.62