REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): SUSAN B. ANTHONY LIST, INC.

ADDRESS (number and street) [X] Check if different than previously reported
P.O. BOX 30770

CITY, STATE and ZIP CODE
Bethesda, MD 20824

2. FEC IDENTIFICATION NUMBER: 41-1728013

3. [ ] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

APR 15 2 59 PM '94

4. TYPE OF REPORT

(a) [X] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[ ] October 15 Quarterly Report
[ ] January 31 Year End Report
[ ] July 31 Mid Year Report (Non-election Year Only)
[ ] Termination Report

Monthly Report Due On:
[ ] February 20 [ ] June 20 [ ] October 20
[ ] March 20 [ ] July 20 [ ] November 20
[ ] April 20 [ ] August 20 [ ] December 20
[ ] May 20 [ ] September 20 [ ] January 31

[ ] Twelfth day report preceding _____ _____ (Type of Election) election on _____. _____ in the State of _____

[ ] Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? [ ] YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 01/01/94 through 03/31/94		
6. (a) Cash on Hand January 1, 1994		$ 765.15
(b) Cash on Hand at Beginning of Reporting Period	$ 765.15	
(c) Total Receipts (from Line 19)	$ 1372.70	$ 1372.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 2137.85	$ 2137.85
7. Total Disbursements (from Line 30)	$ 1633.34	$ 1633.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 504.51	$ 504.51
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 1559.20	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Allyson Eberhardt

Signature of Treasurer: Allyson Eberhardt

Date: 4/15/94

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

FEC FORM 3X
(revised 9/93)

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