

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

905.52

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

08/23/2012

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 4
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee AMERICAN AIRLINES		Date MM / DD / YYYY 08 / 21 / 2012	
Mailing Address P.O. BOX 619612 MD 2400		Amount 37.27	
City DFW AIRPORT	State TX	Zip Code 75261-9612	Transaction ID : F57.5546
Purpose of Expenditure Flight	Category/ Type 002	Office Sought: ☒ House ☒ Senate ☐ President	State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 8683.89		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Country Springs Hotel		Date MM / DD / YYYY 08 / 21 / 2012	
Mailing Address 2810 Golf Road		Amount 200.00	
City Waukesha	State WI	Zip Code 53187-2269	Transaction ID : F57.5559
Purpose of Expenditure Event	Category/ Type	Office Sought: ☒ House ☒ Senate ☐ President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 9306.62		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Country Springs Hotel		Date MM / DD / YYYY 08 / 23 / 2012	
Mailing Address 2810 Golf Road		Amount 200.00	
City Waukesha	State WI	Zip Code 53187-2269	Transaction ID : F57.5558
Purpose of Expenditure Event	Category/ Type	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 184729.36		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	437.27
(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 4
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Dave's on Silvernail		Date MM / DD / YYYY 08 / 21 / 2012	
Mailing Address 1808 Silver Nail		Amount 15.70	
City Pewaukee	State WI	Zip Code 53072	Transaction ID : F57.5550
Purpose of Expenditure Gas	Category/ Type 002	Office Sought: ☐ House State: _____ ☐ Senate District: 00 ☒ President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 184014.66		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Dave's on Silvernail		Date MM / DD / YYYY 08 / 21 / 2012	
Mailing Address 1808 Silver Nail		Amount 15.70	
City Pewaukee	State WI	Zip Code 53072	Transaction ID : F57.5551
Purpose of Expenditure Gas	Category/ Type 002	Office Sought: ☐ House State: WI ☒ Senate District: 00 ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 9106.62		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Pick'n Save		Date MM / DD / YYYY 08 / 21 / 2012	
Mailing Address 2160 Silvernail Road		Amount 29.82	
City Pewaukee	State WI	Zip Code 53072	Transaction ID : F57.5548
Purpose of Expenditure Meals	Category/ Type 002	Office Sought: ☐ House State: _____ ☐ Senate District: 00 ☒ President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 183998.96		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	61.22
(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 4 OF 4
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Pick'n Save		Date MM / DD / YYYY 08 / 21 / 2012	
Mailing Address 2160 Silvernail Road		Amount 29.82 Transaction ID : F57.5549	
City Pewaukee	State WI		
Purpose of Expenditure Meals	Category/ Type 002	Office Sought: ☐ House State: WI ☒ Senate District: 00 ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 9090.92		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee The Printing Express		Date MM / DD / YYYY 08 / 21 / 2012	
Mailing Address 21 Warehouse Rd		Amount 377.21 Transaction ID : F57.5547	
City Harrisonburg	State VA		
Purpose of Expenditure Palm cards	Category/ Type 004	Office Sought: ☐ House State: WI ☒ Senate District: 00 ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 9061.10		Disbursement For: ☐ Primary ☒ General 2012 ☐ 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.....		407.03	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)		905.52	