

**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 <b>SUSAN B ANTHONY LIST INC</b>		3. FEC Identification Number <b>C</b> <b>C90011313</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1707 L STREET NW STE 550		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	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
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THROUGH

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
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6. TOTAL CONTRIBUTIONS .....

0.00

7. TOTAL INDEPENDENT EXPENDITURES .....

11284.08

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

08/27/2012

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 EXPENDITURES**PAGE 2 OF 15  
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 / 20 / 2012	
Mailing Address P.O. BOX 619612 MD 2400		Amount 36.97	
City DFW AIRPORT	State TX	Zip Code 75261-9612	Transaction ID : F57.5317
Purpose of Expenditure Flight	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 156.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Avis		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 4501 Abbott Dr Terminal 3		Amount 132.34	
City Omaha	State NE	Zip Code 68110	Transaction ID : F57.5670
Purpose of Expenditure Rental Car	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8979.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Brand Imaging Group		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 5358 Mt View Rd,		Amount 966.28	
City Antioch	State TN	Zip Code 37013	Transaction ID : F57.5321
Purpose of Expenditure Bus wrap	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1294.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		1135.59	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 3 OF 15  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Emily Buchanan		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 1707 L Street NW Ste 550		Amount 22.50	
City Washington	State DC	Zip Code 20036	
Purpose of Expenditure Meals		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4937.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Billy Cody		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 1707 L Street NW Ste 550		Amount 38.50	
City Washington	State DC	Zip Code 20036	
Purpose of Expenditure Meals		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5168.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 106 North Collins Street		Amount 325.00	
City Plant City	State FL	Zip Code 33563	
Purpose of Expenditure Bus wrap		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7766.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		386.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 4 OF 15  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Carlyle Gregory		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 140 Little Falls Street Suite 104		Amount 26.25	
City Falls Church	State VA	Zip Code 22046	
Purpose of Expenditure Meals		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4811.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Anne Gray Herring		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 140 Little Falls Street Suite 104		Amount 26.25	
City Falls Church	State VA	Zip Code 22046	
Purpose of Expenditure Meals		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4837.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Holiday Inn		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 200 Pearl Street		Amount 303.90	
City LaCrosse	State WI	Zip Code 24602	
Purpose of Expenditure Hotel		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8070.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		356.40	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 5 OF 15  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Holiday Inn		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 200 Pearl Street		Amount 303.90	
City LaCrosse	State WI	Zip Code 24602	Transaction ID : F57.5414
Purpose of Expenditure Hotel	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 179597.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Holiday Inn		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 200 Pearl Street		Amount 243.12	
City LaCrosse	State WI	Zip Code 24602	Transaction ID : F57.5415
Purpose of Expenditure Hotel	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8617.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Holiday Inn		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 200 Pearl Street		Amount 243.12	
City LaCrosse	State WI	Zip Code 24602	Transaction ID : F57.5416
Purpose of Expenditure Hotel	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 179841.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	790.14
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 6 OF 15  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Holiday Inn Express		Date MM / DD / YYYY 08 / 21 / 2012	
Mailing Address 722 John Nolen Drive		Amount 103.05	
City Madison	State WI	Zip Code 53713	Transaction ID : F57.5419
Purpose of Expenditure Hotel	Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 184242.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Holiday Inn Express		Date MM / DD / YYYY 08 / 21 / 2012	
Mailing Address 722 John Nolen Drive		Amount 103.05	
City Madison	State WI	Zip Code 53713	Transaction ID : F57.5420
Purpose of Expenditure Hotel	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9082.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Holiday Inn Express and Suites		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 4723 Southern Hills Drive		Amount 13.10	
City Sioux City	State IA	Zip Code 51106	Transaction ID : F57.5325
Purpose of Expenditure Hotel	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4772.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	219.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 7 OF 15  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Holiday Inn Express and Suites		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 4723 Southern Hills Drive		Amount 13.10	
City Sioux City	State IA	Zip Code 51106	Transaction ID : F57.5326
Purpose of Expenditure Hotel	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4785.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee John L Productions		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 143 Laurelwood Dr		Amount 1625.00	
City Pike Road	State AL	Zip Code 36064	Transaction ID : F57.5471
Purpose of Expenditure Bus Rental	Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 162365.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee John L Productions		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 143 Laurelwood Dr		Amount 1625.00	
City Pike Road	State AL	Zip Code 36064	Transaction ID : F57.5478
Purpose of Expenditure Bus rental	Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7441.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

3263.10

(b) SUBTOTAL of Unitemized Independent Expenditures..... ➤

(c) TOTAL Independent Expenditures ..... ➤  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 8 OF 15  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Kwik Trip		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 506 Cass Street		Amount 14.02	
City LaCrosse	State WI	Zip Code 54601	Transaction ID : F57.5417
Purpose of Expenditure Gas	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: <input checked="" type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 182315.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

  

Full Name (Last, First, Middle Initial) of Payee Kwik Trip		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 506 Cass Street		Amount 14.03	
City LaCrosse	State WI	Zip Code 54601	Transaction ID : F57.5444
Purpose of Expenditure Gas	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8631.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

  

Full Name (Last, First, Middle Initial) of Payee Greg Letiecq		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 9702 Dublin Drive		Amount 38.50	
City Manassas	State VA	Zip Code 20109	Transaction ID : F57.5329
Purpose of Expenditure Meals	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4876.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	66.55
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures ..... ▶ (carry total from last page forward to Line 7)	



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 9 OF 15  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Kaile Mattice			Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 15833 Cindy Court			Amount 42.00	
City Canyon Country	State CA	Zip Code 91387	Transaction ID : F57.5337	
Purpose of Expenditure Meals		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5129.85			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Marilyn Musgrave			Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 1707 L Street NW Ste 550			Amount 38.50	
City Washington	State DC	Zip Code 20036	Transaction ID : F57.5334	
Purpose of Expenditure Meals		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5007.35			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Steven Musgrave			Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 1707 L Street NW Ste 550			Amount 38.50	
City Washington	State DC	Zip Code 20036	Transaction ID : F57.5335	
Purpose of Expenditure Meals		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5045.85			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	119.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	0.00
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)	119.00

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 10 OF 15  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Nova Digital Films		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 9702 Dublin Drive		Amount 1147.50	
City Manassa	State VA	Zip Code 22204	Transaction ID : F57.5324
Purpose of Expenditure Video Production	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4759.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee Mallory Quigley		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 1707 L Street NW Ste 550		Amount 31.50	
City Washington	State DC	Zip Code 20036	Transaction ID : F57.5333
Purpose of Expenditure Meals	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4968.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee Mark Roepke		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 5550 Columbia Pike #742		Amount 1800.00	
City Arlington	State VA	Zip Code 22204	Transaction ID : F57.5322
Purpose of Expenditure Bus tour management	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3094.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2979.00
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures ..... ▶ (carry total from last page forward to Line 7)	

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 11 OF 15  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Mark Roepke		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 5550 Columbia Pike #742		Amount 517.35	
City Arlington	State VA	Zip Code 22204	
Purpose of Expenditure Travel expenses		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3611.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Mark Roepke		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 5550 Columbia Pike #742		Amount 42.00	
City Arlington	State VA	Zip Code 22204	
Purpose of Expenditure Meals		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5087.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Mark Roepke		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 5550 Columbia Pike #742		Amount 200.00	
City Arlington	State VA	Zip Code 22204	
Purpose of Expenditure Meals		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5416.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		759.35	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 12 OF 15  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Mark Roepke		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 5550 Columbia Pike #742		Amount 400.00	
City Arlington	State VA	Zip Code 22204	
Purpose of Expenditure Mileage		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5816.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Mark Roepke		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 5550 Columbia Pike #742		Amount 216.03	
City Arlington	State VA	Zip Code 22204	
Purpose of Expenditure Mileage		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 182531.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Mark Roepke		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 5550 Columbia Pike #742		Amount 216.04	
City Arlington	State VA	Zip Code 22204	
Purpose of Expenditure Mileage		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8847.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		832.07	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 13 OF 15  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Laura Schaefer		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 1707 L Street NW Ste 550		Amount 38.50	
City Washington	State DC	Zip Code 20036	
Purpose of Expenditure Meals		Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4914.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Jill Stanek		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 11664 Sundance Trail		Amount 48.13	
City Mokena	State IL	Zip Code 60448	
Purpose of Expenditure Meals		Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5216.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee United Airlines		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 6000 N Terminal Pkwy		Amount 40.76	
City Atlanta	State GA	Zip Code 30337	
Purpose of Expenditure Flight		Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 40.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		127.39	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 14 OF 15  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee US AIRWAYS		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 111 W RIO SALADO PKWY		Amount 23.08	
City TEMPE	State AZ	Zip Code 85281	Transaction ID : F57.5314
Purpose of Expenditure Flight	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 63.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

  

Full Name (Last, First, Middle Initial) of Payee US AIRWAYS		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 111 W RIO SALADO PKWY		Amount 28.85	
City TEMPE	State AZ	Zip Code 85281	Transaction ID : F57.5315
Purpose of Expenditure Flight	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 92.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

  

Full Name (Last, First, Middle Initial) of Payee US AIRWAYS		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 111 W RIO SALADO PKWY		Amount 26.64	
City TEMPE	State AZ	Zip Code 85281	Transaction ID : F57.5316
Purpose of Expenditure Flight	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 119.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

78.57

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

(c) TOTAL Independent Expenditures ..... ▶  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 15 OF 15  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee US AIRWAYS		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 111 W RIO SALADO PKWY		Amount 57.24	
City TEMPE	State AZ	Zip Code 85281	Transaction ID : F57.5318
Purpose of Expenditure Flight	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 213.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee US AIRWAYS		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 111 W RIO SALADO PKWY		Amount 57.24	
City TEMPE	State AZ	Zip Code 85281	Transaction ID : F57.5319
Purpose of Expenditure Flight	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 270.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee US AIRWAYS		Date MM / DD / YYYY 08 / 20 / 2012	
Mailing Address 111 W RIO SALADO PKWY		Amount 57.24	
City TEMPE	State AZ	Zip Code 85281	Transaction ID : F57.5320
Purpose of Expenditure Flight	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 328.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		171.72	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)		11284.08	