

# 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 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

/  /

THROUGH

/  /

6. TOTAL CONTRIBUTIONS .....  0.00

7. TOTAL INDEPENDENT EXPENDITURES .....  0.00

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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Frank Cannon	<i>Frank Cannon</i>	02/29/2012

*[Electronically Filed]*

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**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Fastsigns Dearborn		Date MM / DD / YYYY 02 / 29 / 2012
Mailing Address 1312 N Telegraph Rd		Amount 95.84 <b>Transaction ID : F57.4504</b>
City Dearborn	State MI	
Zip Code 48128	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Purpose of Expenditure Sign		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 242445.84		

Full Name (Last, First, Middle Initial) of Payee John L Productions		Date MM / DD / YYYY 02 / 29 / 2012
Mailing Address 143 Laurelwood Dr		Amount 21250.00 <b>Transaction ID : F57.4492</b>
City Pike Road	State AL	
Zip Code 36064	Category/Type 002	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure Bus Rental		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 221250.00		

Full Name (Last, First, Middle Initial) of Payee Kaile Mattice		Date MM / DD / YYYY 02 / 29 / 2012
Mailing Address 15833 Cindy Court		Amount 2600.00 <b>Transaction ID : F57.4493</b>
City Canyon Country	State CA	
Zip Code 91387	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure Subcontractor		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 223850.00		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	23945.84
(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**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee MH Media		Date MM / DD / YYYY 02 / 29 / 2012
Mailing Address 7801 Norfolk Ave Ste T3		Amount 200000.00 <b>Transaction ID : F57.4491</b>
City Bethesda	State MD	
Zip Code 20814	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Purpose of Expenditure Trust Rick Ad		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 200000.00		

Full Name (Last, First, Middle Initial) of Payee Mark Roepke		Date MM / DD / YYYY 02 / 29 / 2012
Mailing Address 5550 Columbia Pike #742		Amount 18500.00 <b>Transaction ID : F57.4501</b>
City Arlington	State VA	
Zip Code 22204	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Purpose of Expenditure Advance		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 242350.00		

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

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	218500.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> Independent Expenditures .....	▶	242445.84
(carry total from last page forward to Line 7)		