

# 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

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

6. TOTAL CONTRIBUTIONS ..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES ..... 61.57

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>	08/26/2012

*[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 Delta Air		Date MM / DD / YYYY 08 / 24 / 2012
Mailing Address 1030 Delta Blvd		Amount 24.60 <b>Transaction ID : F57.5635</b>
City Atlanta	State GA	
Zip Code 30320	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> President
Purpose of Expenditure Flight		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: CHRISTIE VILSACK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 11648.43		

Full Name (Last, First, Middle Initial) of Payee Delta Air		Date MM / DD / YYYY 08 / 24 / 2012
Mailing Address 1030 Delta Blvd		Amount 36.97 <b>Transaction ID : F57.5636</b>
City Atlanta	State GA	
Zip Code 30320	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> President
Purpose of Expenditure Flight		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: CHRISTIE VILSACK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 11685.40		

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.....	▶	61.57
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> Independent Expenditures .....	▶	61.57
(carry total from last page forward to Line 7)		