

# 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>SANTA CLAUS FOR PRESIDENT</b>		OCT 22 PM 12:28 <b>FEC MAIL CENTER</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>PO BOX 5592</b>		
(c) City, State and ZIP Code <b>INCLINE VILLAGE, NV 89450</b>		3. FEC Identification Number <b>C 00528331</b>
2. <b>Corporate filers only</b> Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Individual filers only</b> Name of Employer <b>RETIRED</b>	Occupation <b>PRESIDENTIAL CANDIDATE</b>	

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

07	01	2012
THROUGH		
09	30	2012

6. TOTAL CONTRIBUTIONS .....	180.00
7. TOTAL INDEPENDENT EXPENDITURES .....	167.84

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>
<b>SANTA CLAUS</b>	<i>Santa Claus</i>	10-05-2012

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

12030923895

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)  
**SANTA CLAUS**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>CLAUS, SANTA</b>		Date of Receipt
Mailing Address <b>PO BOX 5592</b>		<b>09 25 2012</b>
City	State	Zip Code
<b>INCLINE VILLAGE NV 89450</b>		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>60.00</b>
Name of Employer <b>RETIRED</b>		Occupation <b>PRESIDENTIAL CANDIDATE</b>

<b>B. Full Name (Last, First, Middle Initial)</b> <b>CIGAL, LAURIE</b>		Date of Receipt
Mailing Address <b>5810 HARBOUR BLUFF TERRACE</b>		<b>09 10 2012</b>
City	State	Zip Code
<b>MIDLOTHIAN, VA 23112</b>		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer <b>BRINKS</b>		Occupation

<b>C. Full Name (Last, First, Middle Initial)</b> <b>DECESAR, JAMES</b>		Date of Receipt
Mailing Address <b>2390 EL CAMINO REAL</b>		<b>08 22 2012</b>
City	State	Zip Code
<b>PALO ALTO, CA 94306</b>		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>10.00</b>
Name of Employer <b>FUNDLY</b>		Occupation

<b>D. Full Name (Last, First, Middle Initial)</b> <b>CLAUS, SANTA</b>		Date of Receipt
Mailing Address <b>PO BOX 5592</b>		<b>08 18 2012</b>
City	State	Zip Code
<b>INCLINE VILLAGE, NV 89450</b>		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>10.00</b>
Name of Employer <b>RETIRED</b>		Occupation <b>PRESIDENTIAL CANDIDATE</b>

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	<b>180.00</b>
<b>TOTAL This Period (last page carry total to Line 6)</b> .....	<b>180.00</b>

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**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**SANTA CLAUS**

Full Name (Last, First, Middle Initial) of Payee <b>VOCUS/PRWEB</b>		Date <b>10 01 2012</b>	
Mailing Address <b>5160 INDUSTRIAL PLACE #103</b>		Amount <b>159.00</b>	
City <b>FERNDALE, WA 98248</b>	State	Zip Code	
Purpose of Expenditure <b>PRESS RELEASE</b>	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>SANTA CLAUS</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>159.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>WEPAY</b>		Date <b>09 28 2012</b>	
Mailing Address <b>380 PORTAGE AVENUE</b>		Amount <b>8.84</b>	
City <b>PALO ALTO, CA 94306</b>	State	Zip Code	
Purpose of Expenditure <b>DONATION PROCESSING FEES</b>	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>SANTA CLAUS</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>8.84</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

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

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<b>167.84</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<b>0.00</b>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	<b>167.84</b>

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)  
10/15/12

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*Amw*  
 PREPARER

10/22/12  
 DATE PREPARED

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