

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) <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. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
 THROUGH
 M M / D D / Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS 0.00

7. TOTAL INDEPENDENT EXPENDITURES 5091.69

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
Frank Cannon	<i>Frank Cannon</i>	10/12/2012

[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 Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 829.85 Transaction ID : F57.6534
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		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 551065.23		

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 829.85 Transaction ID : F57.6535
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MITT / RYAN, PAUL D. ROMNEY		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 551895.08		

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 191.50 Transaction ID : F57.6536
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: STEVE MR. KING		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 444.11		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1851.20
(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**

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

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 319.17 Transaction ID : F57.6537
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: IN <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD E MOURDOCK		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 509.16		

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 319.17 Transaction ID : F57.6538
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD A BERG		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 814.16		

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 31.92 Transaction ID : F57.6539
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NE <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: DEBRA S FISCHER		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 355.92		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	670.26
(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**

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

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 31.92 Transaction ID : F57.6540
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: ANN L WAGNER		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 50.92		

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 31.92 Transaction ID : F57.6541
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: JACKIE WALORSKI (SWIHART)		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 50.92		

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 31.92 Transaction ID : F57.6542
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: UT <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MIA LOVE		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 50.92		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.76
(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**

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

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 31.92 Transaction ID : F57.6543
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: WENDY LONG		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 50.92		

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 31.92 Transaction ID : F57.6544
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: KAREN HARRINGTON		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 50.92		

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 31.92 Transaction ID : F57.6545
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: PETER HOEKSTRA		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 779.60		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.76
(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**

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

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 31.92 Transaction ID : F57.6546
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT T. SCHILLING		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 50.92		

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 31.92 Transaction ID : F57.6547
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: ANN MARIE BUERKLE		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 50.92		

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 31.92 Transaction ID : F57.6548
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MICHELE BACHMANN		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 50.92		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.76
(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**

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

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 31.92 Transaction ID : F57.6549
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: VICKY HARTZLER		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 50.92		

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 31.92 Transaction ID : F57.6550
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: RENEE JACISIN ELLMERS		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 50.92		

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 31.92 Transaction ID : F57.6551
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: SD <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: KRISTI LYNN NOEM		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 50.92		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.76
(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**

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

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 31.92 Transaction ID : F57.6552
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: CATHY MCMORRIS RODGERS		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 50.92		

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 31.92 Transaction ID : F57.6553
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: JAIME HERRERA BEUTLER		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 50.92		

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 31.92 Transaction ID : F57.6554
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 27 <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: ILEANA ROS-LEHTINEN		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 50.92		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.76
(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**

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

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 31.92 Transaction ID : F57.6555
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: DIANE L MRS. BLACK		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 50.92		

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 31.92 Transaction ID : F57.6556
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: WY <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: CYNTHIA MARIE LUMMIS		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 50.92		

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 31.92 Transaction ID : F57.6557
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: CANDICE S. MILLER		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 50.92		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.76
(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**

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

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 31.92 Transaction ID : F57.6558
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MARTHA ROBY		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 50.92		

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 31.92 Transaction ID : F57.6559
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: VIRGINIA FOXX		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 50.92		

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 106 North Collins Street		Amount 31.92 Transaction ID : F57.6560
City Plant City	State FL	
Zip Code 33563	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MARSHA MRS. BLACKBURN		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 50.92		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.76
(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**

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

Full Name (Last, First, Middle Initial) of Payee The Printing Express		Date 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 493.97 Transaction ID : F57.6507
City Harrisonburg	State VA	
Purpose of Expenditure Printing	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <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 549741.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee The Printing Express		Date 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 493.97 Transaction ID : F57.6508
City Harrisonburg	State VA	
Purpose of Expenditure Printing	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MITT / RYAN, PAUL D. ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 550235.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee The Printing Express		Date 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 113.99 Transaction ID : F57.6509
City Harrisonburg	State VA	
Purpose of Expenditure Printing	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVE MR. KING		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 252.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1101.93
(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**

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

Full Name (Last, First, Middle Initial) of Payee The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 189.99 Transaction ID : F57.6510
City Harrisonburg	State VA	
Zip Code 22801	Purpose of Expenditure Printing	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD E MOURDOCK		Office Sought: <input type="checkbox"/> House State: IN <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 189.99		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 189.99 Transaction ID : F57.6511
City Harrisonburg	State VA	
Zip Code 22801	Purpose of Expenditure Printing	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD A BERG		Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 494.99		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 19.00 Transaction ID : F57.6512
City Harrisonburg	State VA	
Zip Code 22801	Purpose of Expenditure Printing	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: DEBRA S FISCHER		Office Sought: <input type="checkbox"/> House State: NE <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 324.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	398.98
(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**

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

Full Name (Last, First, Middle Initial) of Payee The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 19.00 Transaction ID : F57.6513
City Harrisonburg	State VA	
Zip Code 22801	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Purpose of Expenditure Printing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: ANN L WAGNER		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 19.00		

Full Name (Last, First, Middle Initial) of Payee The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 19.00 Transaction ID : F57.6514
City Harrisonburg	State VA	
Zip Code 22801	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Purpose of Expenditure Printing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: JACKIE WALORSKI (SWIHART)		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 19.00		

Full Name (Last, First, Middle Initial) of Payee The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 19.00 Transaction ID : F57.6515
City Harrisonburg	State VA	
Zip Code 22801	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: UT <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Purpose of Expenditure Printing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MIA LOVE		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 19.00		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	57.00
(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**

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

Full Name (Last, First, Middle Initial) of Payee The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 19.00 Transaction ID : F57.6516
City Harrisonburg	State VA	
Zip Code 22801		
Purpose of Expenditure Printing	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: WENDY LONG		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 19.00		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 The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 19.00 Transaction ID : F57.6517
City Harrisonburg	State VA	
Zip Code 22801		
Purpose of Expenditure Printing	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KAREN HARRINGTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 19.00		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 The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 19.00 Transaction ID : F57.6518
City Harrisonburg	State VA	
Zip Code 22801		
Purpose of Expenditure Printing	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PETER HOEKSTRA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 747.68		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	57.00
(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**

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

Full Name (Last, First, Middle Initial) of Payee The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 19.00 Transaction ID : F57.6519
City Harrisonburg	State VA	
Zip Code 22801	Purpose of Expenditure Printing	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT T. SCHILLING		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 19.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		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 The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 19.00 Transaction ID : F57.6520
City Harrisonburg	State VA	
Zip Code 22801	Purpose of Expenditure Printing	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: ANN MARIE BUERKLE		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 19.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		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 The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 19.00 Transaction ID : F57.6521
City Harrisonburg	State VA	
Zip Code 22801	Purpose of Expenditure Printing	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: MICHELE BACHMANN		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 19.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	57.00
(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**

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

Full Name (Last, First, Middle Initial) of Payee The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 19.00 Transaction ID : F57.6523
City Harrisonburg	State VA	
Zip Code 22801	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Purpose of Expenditure Printing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: VICKY HARTZLER		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 19.00		

Full Name (Last, First, Middle Initial) of Payee The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 19.00 Transaction ID : F57.6523
City Harrisonburg	State VA	
Zip Code 22801	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Purpose of Expenditure Printing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: RENEE JACISIN ELLMERS		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 19.00		

Full Name (Last, First, Middle Initial) of Payee The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 19.00 Transaction ID : F57.6524
City Harrisonburg	State VA	
Zip Code 22801	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: SD <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Purpose of Expenditure Printing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: KRISTI LYNN NOEM		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 19.00		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	57.00
(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**

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

Full Name (Last, First, Middle Initial) of Payee The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 19.00 Transaction ID : F57.6525
City Harrisonburg	State VA	
Zip Code 22801	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Purpose of Expenditure Printing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: CATHY MCMORRIS RODGERS		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 19.00		

Full Name (Last, First, Middle Initial) of Payee The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 19.00 Transaction ID : F57.6526
City Harrisonburg	State VA	
Zip Code 22801	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Purpose of Expenditure Printing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: JAIME HERRERA BEUTLER		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 19.00		

Full Name (Last, First, Middle Initial) of Payee The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 19.00 Transaction ID : F57.6527
City Harrisonburg	State VA	
Zip Code 22801	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 27 <input type="checkbox"/> President
Purpose of Expenditure Printing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: ILEANA ROS-LEHTINEN		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 19.00		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	57.00
(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**

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

Full Name (Last, First, Middle Initial) of Payee The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 19.00 Transaction ID : F57.6528
City Harrisonburg	State VA	
Zip Code 22801	Purpose of Expenditure Printing	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: DIANE L MRS. BLACK		Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 19.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		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 The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 19.00 Transaction ID : F57.6529
City Harrisonburg	State VA	
Zip Code 22801	Purpose of Expenditure Printing	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: CYNTHIA MARIE LUMMIS		Office Sought: <input checked="" type="checkbox"/> House State: WY <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 19.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		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 The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 19.00 Transaction ID : F57.6530
City Harrisonburg	State VA	
Zip Code 22801	Purpose of Expenditure Printing	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: CANDICE S. MILLER		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 19.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	57.00
(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**

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

Full Name (Last, First, Middle Initial) of Payee The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 19.00 Transaction ID : F57.6531
City Harrisonburg	State VA	
Zip Code 22801	Purpose of Expenditure Printing	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: MARTHA ROBY		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 19.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		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 The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 19.00 Transaction ID : F57.6532
City Harrisonburg	State VA	
Zip Code 22801	Purpose of Expenditure Printing	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: VIRGINIA FOXX		Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 19.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		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 The Printing Express		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 21 Warehouse Rd		Amount 19.00 Transaction ID : F57.6533
City Harrisonburg	State VA	
Zip Code 22801	Purpose of Expenditure Printing	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: MARSHA MRS. BLACKBURN		Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 19.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	57.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	5091.69