

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

6. TOTAL CONTRIBUTIONS	0.00
7. TOTAL INDEPENDENT EXPENDITURES	58.78

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 EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Amtrak		Date MM / DD / YYYY 08 / 26 / 2012	
Mailing Address 50 Massachusetts Avenue, NE		Amount 9.40	
City Washington	State DC	Zip Code 20002	
Purpose of Expenditure Train		Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CHRISTIE VILSACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11876.52		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 Delta Air		Date MM / DD / YYYY 08 / 26 / 2012	
Mailing Address 1030 Delta Blvd		Amount 29.62	
City Atlanta	State GA	Zip Code 30320	
Purpose of Expenditure Flight		Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CHRISTIE VILSACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11847.36		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 / 26 / 2012	
Mailing Address 111 W RIO SALADO PKWY		Amount 19.76	
City TEMPE	State AZ	Zip Code 85281	
Purpose of Expenditure Flight		Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CHRISTIE VILSACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11867.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		58.78	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)		58.78	