

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 **5649.23**

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>	08/27/2012

[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 Amtrak		Date 08 / 26 / 2012
Mailing Address 50 Massachusetts Avenue, NE		Amount 9.40 Transaction ID : F57.5781
City Washington	State DC	
Zip Code 20002	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Purpose of Expenditure Train		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		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 13775.98		

Full Name (Last, First, Middle Initial) of Payee Delta Air		Date 08 / 26 / 2012
Mailing Address 1030 Delta Blvd		Amount 29.62 Transaction ID : F57.5757
City Atlanta	State GA	
Zip Code 30320	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <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: TIMOTHY MICHAEL KAINE		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 13732.15		

Full Name (Last, First, Middle Initial) of Payee Murphy USA		Date 08 / 25 / 2012
Mailing Address 4805 Valley View Blvd.		Amount 14.65 Transaction ID : F57.5753
City Roanoke	State VA	
Zip Code 24012	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Purpose of Expenditure Gas		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 190078.24		

(a) SUBTOTAL of Itemized Independent Expenditures.....	53.67
(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 Murphy USA		Date MM / DD / YYYY 08 / 25 / 2012
Mailing Address 4805 Valley View Blvd.		Amount 14.65 Transaction ID : F57.5754
City Roanoke	State VA	
Zip Code 24012		
Purpose of Expenditure Gas	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13681.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Star Parker		Date MM / DD / YYYY 08 / 25 / 2012
Mailing Address 722 12th Street NW Fourth Floor		Amount 2500.00 Transaction ID : F57.5749
City Washington	State DC	
Zip Code 20005		
Purpose of Expenditure Contractor	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13478.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Star Parker		Date MM / DD / YYYY 08 / 25 / 2012
Mailing Address 722 12th Street NW Fourth Floor		Amount 2500.00 Transaction ID : F57.5750
City Washington	State DC	
Zip Code 20005		
Purpose of Expenditure Contractor	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: 00 <input 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 189874.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	5014.65
(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 Red Top Cab Co.		Date MM / DD / YYYY 08 / 26 / 2012
Mailing Address 3251 Washington Blvd.		Amount 14.67 Transaction ID : F57.5759
City Arlington	State VA	
Zip Code 22201	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Purpose of Expenditure Taxi to airport		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 191399.61		

Full Name (Last, First, Middle Initial) of Payee Red Top Cab Co.		Date MM / DD / YYYY 08 / 26 / 2012
Mailing Address 3251 Washington Blvd.		Amount 14.67 Transaction ID : F57.5760
City Arlington	State VA	
Zip Code 22201	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Purpose of Expenditure Taxi to airport		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		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 13766.58		

Full Name (Last, First, Middle Initial) of Payee The Printing Express		Date MM / DD / YYYY 08 / 25 / 2012
Mailing Address 21 Warehouse Rd		Amount 188.61 Transaction ID : F57.5751
City Harrisonburg	State VA	
Zip Code 22801	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Purpose of Expenditure Palm cards		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		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 13666.61		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	217.95
(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 08 / 25 / 2012
Mailing Address 21 Warehouse Rd		Amount 188.61 Transaction ID : F57.5752
City Harrisonburg	State VA	
Zip Code 22801	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Purpose of Expenditure Palm cards		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 190063.59		

Full Name (Last, First, Middle Initial) of Payee United Airlines		Date 08 / 25 / 2012
Mailing Address 6000 N Terminal Pkwy		Amount 112.05 Transaction ID : F57.5748
City Atlanta	State GA	
Zip Code 30337	Category/Type 002	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <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: TIMOTHY MICHAEL KAINE		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 10978.00		

Full Name (Last, First, Middle Initial) of Payee US AIRWAYS		Date 08 / 26 / 2012
Mailing Address 111 W RIO SALADO PKWY		Amount 19.76 Transaction ID : F57.5758
City TEMPE	State AZ	
Zip Code 85281	Category/Type 002	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <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: TIMOTHY MICHAEL KAINE		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 13751.91		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	320.42
(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 Walmart		Date MM / DD / YYYY 08 / 25 / 2012
Mailing Address 171 Burgess Road		Amount 21.27 Transaction ID : F57.5755
City Harrisonburg	State VA	
Zip Code 22801	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Purpose of Expenditure Supplies		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		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 13702.53		

Full Name (Last, First, Middle Initial) of Payee Walmart		Date MM / DD / YYYY 08 / 25 / 2012
Mailing Address 171 Burgess Road		Amount 21.27 Transaction ID : F57.5755
City Harrisonburg	State VA	
Zip Code 22801	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Purpose of Expenditure Supplies		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 190099.51		

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) SUBTOTAL of Itemized Independent Expenditures.....	▶	42.54
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	5649.23
(carry total from last page forward to Line 7)		