

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

ADDRESS (number and street) 1800 North Kent Street  
Suite 1070  
 Check if different than previously reported. (ACC)  
Arlington VA 22209

2. **FEC IDENTIFICATION NUMBER** C00332296  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on 11 03 2009 in the State of NY

5. Covering Period 10 15 2009 through 11 23 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Frank Cannon

Signature of Treasurer Electronically Filed by Frank Cannon Date 01 30 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

Report Covering the Period: From: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		132051.35
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	37764.14									
(c) Total Receipts (from Line 19) .....	113978.12	123257.04								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	151742.26	255308.39								
7. Total Disbursements (from Line 31) .....	123621.73	227187.86								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	28120.53	28120.53								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	65642.00	67892.00
(ii) Unitemized .....	42336.12	49365.04
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	107978.12	117257.04
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	6000.00	6000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	113978.12	123257.04
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	113978.12	123257.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	113978.12	123257.04

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	3262.58	4345.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3262.58	4345.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	8125.00
24. Independent Expenditure (use Schedule E) .....	107389.15	107389.15
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	2970.00	2709.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	2970.00	2709.00
29. Other Disbursements.....	5000.00	104619.68
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	123621.73	227187.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	123621.73	227187.86

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	113978.12	123257.04
34. Total Contribution Refunds (from Line 28(d)) .....	2970.00	2709.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	111008.12	120548.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3262.58	4345.03
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3262.58	4345.03

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SUSAN B ANTHONY LIST INC. CANDIDATE FUND**

**A.** Full Name (Last, First, Middle Initial)  
Nancy Alvord

Mailing Address 4939 Northeast Laurelcrest Lane

City State Zip Code  
**Seattle WA 98105-5244**

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Private Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

**Transaction ID:** 37D3428629FE0B49C82

Amount of Each Receipt this Period 5000.00

**B.** Full Name (Last, First, Middle Initial)  
Richard Alvord

Mailing Address 4939 Northeast Laurelcrest Lane

City State Zip Code  
**Seattle WA 98105-5244**

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Private Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

**Transaction ID:** CD2C57B645854846B8D

Amount of Each Receipt this Period 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Richard J. Anthony

Mailing Address 702 Glenwood Road

City State Zip Code  
**Deland FL 32720-2371**

FEC ID number of contributing federal political committee. C

Name of Employer IBM Occupation IT Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 512.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

**Transaction ID:** 111009-296

Amount of Each Receipt this Period 512.00

**SUBTOTAL** of Receipts This Page (optional) ..... 10512.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Fletcher Armstrong	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 7577 Glastonbury Road	<b>Transaction ID:</b> 111009-682
	City State Zip Code Knoxville TN 37931-1850	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Center for Bioethical Reform	Occupation Southeast Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Myra Asplundh	Date of Receipt MM / DD / YYYY 11 / 05 / 2009
	Mailing Address PO Box 11	<b>Transaction ID:</b> 6C4AD1A5A0C807F667B
	City State Zip Code Bryn Athyn PA 19009-0011	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul Barry	Date of Receipt MM / DD / YYYY 10 / 27 / 2009
	Mailing Address 10480 158th St. N	<b>Transaction ID:</b> 111009-148
	City State Zip Code Jupiter FL 33478-9337	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Petro Skills	Occupation Engineering Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SUSAN B ANTHONY LIST INC. CANDIDATE FUND**

<b>A.</b>	Full Name (Last, First, Middle Initial) Vernon Buchanan	Date of Receipt MM / DD / YYYY 11 / 02 / 2009
	Mailing Address 835 Longboat Club Road	<b>Transaction ID:</b> 5A9F3118803057987C2
	City State Zip Code Longboat Key FL 34228-3803	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation US House Congressman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Daniel Bunn	Date of Receipt MM / DD / YYYY 11 / 05 / 2009
	Mailing Address 3102 Oak Lawn Ave Ste 700	<b>Transaction ID:</b> 348257022B2D0504E2A
	City State Zip Code Dallas TX 75219-4293	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Self-Employed Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carol Crossed	Date of Receipt MM / DD / YYYY 11 / 04 / 2009
	Mailing Address 1675 Clover Street	<b>Transaction ID:</b> CA737E1AF70D932CCF3
	City State Zip Code Rochester NY 14618-2517	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Seamless Garment Network Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 93  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.** Full Name (Last, First, Middle Initial)  
Anthony M. Cuniak

Mailing Address PO Box 35

City State Zip Code  
South Park PA 15129-0035

FEC ID number of contributing federal political committee. **C**

Date of Receipt  
MM / DD / YYYY  
10 / 20 / 2009

**Transaction ID:** 66F3C459DCCC73B3978

Amount of Each Receipt this Period  
300.00

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

**B.** Full Name (Last, First, Middle Initial)  
J. Christopher Donahue

Mailing Address 1001 Liberty Avenue Suite 850

City State Zip Code  
Pittsburgh PA 15222-3718

FEC ID number of contributing federal political committee. **C**

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2009

**Transaction ID:** 26CBC18FFB2120758C9

Amount of Each Receipt this Period  
2000.00

Name of Employer Federated Investors Management Company Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
John F. Donahue

Mailing Address 1001 Liberty Avenue Suite 850  
0

City State Zip Code  
Pittsburgh PA 15222

FEC ID number of contributing federal political committee. **C**

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2009

**Transaction ID:** 1C60B65C06B9ACEE47F

Amount of Each Receipt this Period  
2000.00

Name of Employer Federated Investors Tower Occupation Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4300.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 93  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)  
James and K. Theresa Dooher

Mailing Address 122 Orvilton Drive

City State Zip Code  
Syracuse NY 13214-1615

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: 111009-139

Amount of Each Receipt this Period  
3000.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert Dorsey

Mailing Address 779 Shallow Ridge Court

City State Zip Code  
Abingdon MD 21009-3016

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: 111009-623

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Jim S. Fennell, Jr.

Mailing Address 6960 Killarney Drive

City State Zip Code  
Beaumont TX 77706-4116

FEC ID number of contributing federal political committee. **C**

Name of Employer ExxonMobil Corpportaiion Occupation Process Safety Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: A3EAC567CA069FAEE67

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3750.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Maureen Ferguson	Date of Receipt MM / DD / YYYY 10 / 27 / 2009
	Mailing Address 4607 Harling Lane	<b>Transaction ID:</b> 6E23B5F5A7B6C6D0739
	City State Zip Code Bethesda MD 20814-3503	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ivan Garcia	Date of Receipt MM / DD / YYYY 11 / 03 / 2009
	Mailing Address 11909 Minor Jones Drive	<b>Transaction ID:</b> 58D1CDF0A4AA7C9B21D
	City State Zip Code Owings Mills MD 21117-1536	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rebecca Garrett	Date of Receipt MM / DD / YYYY 10 / 27 / 2009
	Mailing Address 3401 Dundee Road	<b>Transaction ID:</b> 6ADF4BB99C14EB2F415
	City State Zip Code Longview TX 75604-1310	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial) Jane Geldermann		Date of Receipt MM / DD / YYYY 11 / 05 / 2009
Mailing Address 1410 Sheridan Road Apt. 5D		<b>Transaction ID:</b> 72B502C0563B9E9CFE5
City Wilmette	State IL	
Zip Code 60091-1896	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Housewife	Occupation Housewife	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Joe Guiffre		Date of Receipt MM / DD / YYYY 11 / 02 / 2009
Mailing Address 540 Second Street Apt. 301		<b>Transaction ID:</b> 7D6D2E9681CC41C8343
City Alexandria	State VA	
Zip Code 22314-1495	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Guiffre Dist. Company	Occupation Retired Chief Executive Officer	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) John H. Hasley		Date of Receipt MM / DD / YYYY 10 / 28 / 2009
Mailing Address 8029 S Bridge Way		<b>Transaction ID:</b> 111009-556
City Maumee	State OH	
Zip Code 43537-8948	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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 COMMITTEE (In Full)  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Nancy L. Iredale	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 9
	Mailing Address 515 S Flower Street FI 25	<b>Transaction ID:</b> 039A292F732519510FE
	City State Zip Code Los Angeles CA 90071-2201	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Paul Hastings Janofsky & Walker Occupation Tax Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert J. Kania, Jr.	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 9
	Mailing Address 1616 Cook School Road	<b>Transaction ID:</b> 258BFE9834DD429FC07
	City State Zip Code Upper St. Clair PA 15241-2606	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self-Employed Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Kohler	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 9
	Mailing Address PO Box 897	<b>Transaction ID:</b> F2A28B9C05348B98DE6
	City State Zip Code Sheboygan WI 53082-0897	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Windway Capital Corp. Occupation Public Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>11000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 93  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.** Full Name (Last, First, Middle Initial)  
Terry Kohler

Mailing Address PO Box 897

City State Zip Code  
Sheboygan WI 53082-0897

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Windway Captial Corp. President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 7400.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2009

**Transaction ID:** FOE560FFF876D07D865

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Keith Kostuch

Mailing Address 4511 Lakeview Drive

City State Zip Code  
Edina MN 55424-1517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ALLTEL Corp. Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2009

**Transaction ID:** 3A95F5384BD73DB1A61

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Tim Kuehnert

Mailing Address 5872 S 129th East Avenue

City State Zip Code  
Tulsa OK 74134-6705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Tulsa Direct Mail, Inc Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2009

**Transaction ID:** 111009-94

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5500.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Cindy Lagasse	Date of Receipt MM / DD / YYYY 10 / 27 / 2009
	Mailing Address 176A Cross Creek Drive	<b>Transaction ID:</b> 111009-129
	City State Zip Code Slidell LA 70461-2640	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer None      Occupation None Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Gary & Louise Lirette	Date of Receipt MM / DD / YYYY 10 / 27 / 2009
	Mailing Address 1129 Lane Highway 487	<b>Transaction ID:</b> 111009-299
	City State Zip Code Marthaville LA 71450	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed      Occupation Farmer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Salvatore Lorito	Date of Receipt MM / DD / YYYY 10 / 27 / 2009
	Mailing Address 3225 Shore Parkway Apartment 3A	<b>Transaction ID:</b> 111009-63
	City State Zip Code Brooklyn NY 11235-4414	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired      Occupation Retiree Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Shane MacAulay	Date of Receipt MM / DD / YYYY 10 / 28 / 2009
	Mailing Address 3832 132nd Avenue Northeast	<b>Transaction ID:</b> 111009-630
	City State Zip Code Bellevue WA 98005-1308	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation N/A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jerry Mack	Date of Receipt MM / DD / YYYY 10 / 27 / 2009
	Mailing Address 1800 Stokes Street Apt. 115	<b>Transaction ID:</b> 111009-503
	City State Zip Code San Jose CA 95126-4718	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Aixtron Occupation Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian D. McAuley	Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 253 Indian Trail Drive	<b>Transaction ID:</b> 111009-647
	City State Zip Code Franklin Lakes NJ 07417-1014	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 93  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.** Full Name (Last, First, Middle Initial)  
Michael A McKenna

Mailing Address 1406 Goswick Ridge Road

City State Zip Code  
Midlothian VA 23114-5515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MWR Strategies President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

**Transaction ID:** 67248DD42C9BAA43047

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Andrew Z. Messinger

Mailing Address 7498 N Mount Hope Road

City State Zip Code  
Riverdale MI 48877-9527

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Info Requested Info Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2009

**Transaction ID:** ED2984C56AAC002C4A2

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Charles Moneke

Mailing Address 886 San Juan Drive

City State Zip Code  
Alamogordo NM 88310-5366

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US Air Force Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2009

**Transaction ID:** 111009-677

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1550.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Eunice Montfort	Date of Receipt MM / DD / YYYY 10 / 27 / 2009
	Mailing Address 210 Fairway Drive	<b>Transaction ID:</b> 111009-153
	City State Zip Code Frankfort KY 40601-3816	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Art's Electric, Inc.	Occupation Human Resources Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Maura Mudd	Date of Receipt MM / DD / YYYY 10 / 27 / 2009
	Mailing Address 3542 Newark Street Northwest	<b>Transaction ID:</b> 08FCB33AE5B13C3B2DF
	City State Zip Code Washington DC 20016-3168	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer N/A	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Fernando Munoz	Date of Receipt MM / DD / YYYY 10 / 27 / 2009
	Mailing Address 2817 Glade Springs Drive Northeast	<b>Transaction ID:</b> 111009-166
	City State Zip Code Atlanta GA 30345-4029	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Scott G. Williams, LLC	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SUSAN B ANTHONY LIST INC. CANDIDATE FUND**

<b>A.</b>	Full Name (Last, First, Middle Initial) Janice Obuchowski	Date of Receipt MM / DD / YYYY 10 / 20 / 2009
	Mailing Address 1340 Potomac School Rd	<b>Transaction ID:</b> 758CAE53FA9D89524EF
	City State Zip Code Mc Lean VA 22101-2331	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Freedom Technologies, Inc. President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jon Picou	Date of Receipt MM / DD / YYYY 10 / 27 / 2009
	Mailing Address 503 Beau Chene Drive	<b>Transaction ID:</b> 111009-90
	City State Zip Code Mandeville LA 70471-1728	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation self attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas J. Posatko	Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 110 Neptune Drive	<b>Transaction ID:</b> 626E881F4A467AFAB10
	City State Zip Code Newark DE 19711-3011	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Supportive Caré Services, Inc. Agency Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Peter Prina	Date of Receipt MM / DD / YYYY 10 / 27 / 2009
	Mailing Address 7627 N Greenview Avenue Apt. 1D	<b>Transaction ID:</b> 111009-182
	City State Zip Code Chicago IL 60626-1247	Amount of Each Receipt this Period 230.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Loyola University Chicago Project Manager, Information Technolog	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeanette Quilhot	Date of Receipt MM / DD / YYYY 11 / 05 / 2009
	Mailing Address 9464 S 700 E-92	<b>Transaction ID:</b> 5565A4F9CCFD4F933B9
	City State Zip Code Roanoke IN 46783-9245	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Retired Retiree	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Larry Rastrelli	Date of Receipt MM / DD / YYYY 10 / 28 / 2009
	Mailing Address 13807 Crown Bluff	<b>Transaction ID:</b> 111009-568
	City State Zip Code San Antonio TX 78216-1929	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Self-Employed Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1980.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Marian L. Reardon	Date of Receipt MM / DD / YYYY 10 / 26 / 2009
	Mailing Address 2113 S Lynn Street	<b>Transaction ID:</b> 0A36910E0518D15C6A5
	City State Zip Code Arlington VA 22202-2129	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) George Alexander Ross	Date of Receipt MM / DD / YYYY 11 / 10 / 2009
	Mailing Address 1310 Little Harbour Drive	<b>Transaction ID:</b> 4F6797D84A003FE9CB2
	City State Zip Code Vero Beach FL 32963-2502	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Elsie Lewis Rothfus	Date of Receipt MM / DD / YYYY 10 / 22 / 2009
	Mailing Address 309 Quaker Road	<b>Transaction ID:</b> 5D6D88A69AE66369C15
	City State Zip Code Sewickley PA 15143-1162	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer YUKEVICH MARCHETTI Occupation attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SUSAN B ANTHONY LIST INC. CANDIDATE FUND**

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Seldin	Date of Receipt MM / DD / YYYY 10 / 19 / 2009
	Mailing Address 4889 Old Dominion Drive	<b>Transaction ID:</b> EC9F7B6ED409C214B7B
	City State Zip Code Arlington VA 22207-2744	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Archstone	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Erin Starr	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 11350 Four Points Drive Apt. 1326	<b>Transaction ID:</b> 111009-694
	City State Zip Code Austin TX 78726-2201	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer N/A	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John D. Stewart	Date of Receipt MM / DD / YYYY 10 / 28 / 2009
	Mailing Address 3670 Northwood Drive	<b>Transaction ID:</b> 089471C1FF9337B6CC3
	City State Zip Code Memphis TN 38111-6140	Amount of Each Receipt this Period 3000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Grace - St. Luke's Episcopal School	Occupation Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Grace Sundry		Date of Receipt
	Mailing Address 45 Fordyce Manor Court		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lake Saint Louis	MO	63367-1800
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer None		Occupation Homemaker	<b>Transaction ID:</b> 53D82275B91B2769763
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="700.00"/>	<input type="text" value="500.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas Tarzian		Date of Receipt
	Mailing Address 1100 S High Street		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Bloomington	IN	47401-6108
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Sarkes Tarzian, Inc.		Occupation Chairman	<b>Transaction ID:</b> A2FD2B5DE615F85E754
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Steven Taylor		Date of Receipt
	Mailing Address 515 Santa Paula Drive		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Salinas	CA	93901-1517
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Veritas		Occupation Partner	<b>Transaction ID:</b> 21E83AE311BC050A776
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>	<input type="text" value="2500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="3500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven Taylor		Date of Receipt	
	Mailing Address 515 Santa Paula Drive		M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> 758BFA13F95DD8703D6
	Salinas	CA	93901-1517	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		2500.00		
Name of Employer Veritas		Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Roger Tollefson		Date of Receipt	
	Mailing Address 41193 280th Avenue Southwest		M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> 111009-385
	Crookston	MN	56716-8716	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00		
Name of Employer Self-Employed		Occupation Farmer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Ruth Walker		Date of Receipt	
	Mailing Address 1220 Bennett Circle		M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> 111009-6
	Alabaster	AL	35007-9301	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer n/a		Occupation housewife		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Margaret Welch	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 9
	Mailing Address 1403 Cypress Street	<b>Transaction ID:</b> 3D6757F34387F3C978D
	City State Zip Code Crossett AR 71635-4021	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Homemaker Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John Whitlock	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 9
	Mailing Address 8720 River Road	<b>Transaction ID:</b> 5B25EEEEAF6CA42499B3
	City State Zip Code Richmond VA 23229-8307	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation The Whitlock Group President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Glen R. Willie	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 9
	Mailing Address 2807 Deer Meadows	<b>Transaction ID:</b> 27B88D9C2F96352D512
	City State Zip Code Denison TX 75020-7348	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Retired Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1900.00
<b>TOTAL</b> This Period (last page this line number only) .....	65642.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 93
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial) Citizens United Political Victory Fund		Date of Receipt
Mailing Address 1006 Pennsylvania Ave SE		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
City	State	Zip Code
Washington	DC	20003
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> 56AD5AF2586656AC2EB
<input checked="" type="checkbox"/> C C00295527		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="5000.00"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Family Pac		Date of Receipt
Mailing Address 1001 Liberty Avenue Suite 850		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
City	State	Zip Code
Pittsburgh	PA	15222
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> 7DBCA1F79DF12EEBAFC
<input checked="" type="checkbox"/> C C00336842		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="1000.00"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="6000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="6000.00"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<p><b>A.</b> Full Name (Last, First, Middle Initial) Chain Bridge Bank</p> <p>Mailing Address 1445-A Laughlin Avenue</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement Bank Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> M4ADFDE46D36A71906A1</p> <p>Date of Disbursement 11 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>001 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Intuit Discount Bankcard</p> <p>Mailing Address 2632 Marine Way</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Credit Card Processing Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> VEF42ADC511C0FED0158</p> <p>Date of Disbursement 11 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 94.04</p> <p>001 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Intuit Discount Bankcard</p> <p>Mailing Address 2632 Marine Way</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Credit Card Processing Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> VE366ED99683667A4071</p> <p>Date of Disbursement 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 10.47</p> <p>001 Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

354.51

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 29 / 93

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<p><b>A.</b> Full Name (Last, First, Middle Initial) Intuit Discount Bankcard</p> <p>Mailing Address 2632 Marine Way</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> V9366D2E373BA0D1FBA2</p> <p>Date of Disbursement 11 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 0.16</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Intuit Discount Bankcard</p> <p>Mailing Address 2632 Marine Way</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> V678B5CCB46EFA372B5D</p> <p>Date of Disbursement 11 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 0.40</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kintera, Inc.</p> <p>Mailing Address DEPT AT 952208</p> <p>City Atlanta State GA Zip Code 31192-2208</p> <p>Purpose of Disbursement Kintera Internet FR Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> VDDEDDF06630E7B7DF4C</p> <p>Date of Disbursement 10 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 495.56</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

496.12

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 93

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)  
Kintera, Inc.

Transaction ID: V0D68B055F4D298EB327

Mailing Address DEPT AT 952208

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	1		1	0		2	0	0	9

City Atlanta State GA Zip Code 31192-2208

Amount of Each Disbursement this Period

1956.37
---------

Purpose of Disbursement  
Fees

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

1956.37
---------

TOTAL This Period (last page this line number only) ..... ►

2807.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)  
Doug Hoffman for Congress

Transaction ID: 1BD62E745057ECE70E9

Date of Disbursement

Mailing Address 111 River Street

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	9

City State Zip Code  
Saranac Lake NY 12983

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
2009 General

011
Category/ Type

Candidate Name  
Douglas L. Hoffman

Office Sought:  House  
 Senate  
 President  
State: NY District: 23

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ..... ►

5000.00
---------

TOTAL This Period (last page this line number only) ..... ►

5000.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)  
James and K. Theresa Dooher

Mailing Address 122 Orvilton Drive

City State Zip Code  
Syracuse NY 13214-1615

Purpose of Disbursement  
Refund

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: AD2F4603E8E00432477

Date of Disbursement

11 / 05 / 2009

Amount of Each Disbursement this Period

2970.00

SUBTOTAL of Disbursements This Page (optional) .....

2970.00

TOTAL This Period (last page this line number only) .....

2970.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.	Full Name (Last, First, Middle Initial) Bolling for Lt. Governor		Transaction ID: 8C56D08D9A9632277EC	
	Mailing Address 2819 N Parham Road		Date of Disbursement 11 / 02 / 2009	
	City Richmond	State VA	Zip Code 23294	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Nonfederal Contribution		011	
	Candidate Name		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:			

SUBTOTAL of Disbursements This Page (optional) ..... ►

5000.00

TOTAL This Period (last page this line number only) ..... ►

5000.00

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Andy Blom

---

Mailing Address  
101 Asbury Court

---

City Winchester	State VA	Zip Code 22602
--------------------	-------------	-------------------

---

Purpose of Expenditure Room and Board	Category/ Type
--	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Amount  
1092.50

**Transaction ID:** V2EDE62BC3DC95447CEB

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Andy Blom

---

Mailing Address  
101 Asbury Court

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City Winchester	State VA	Zip Code 22602
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Purpose of Expenditure Independent Contract- or Wages	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

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Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Amount  
1500.00

**Transaction ID:** V967306AA0FD881A7EC8

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	2592.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Georgia Blom

---

Mailing Address  
101 Asbury Court

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City Winchester	State VA	Zip Code 22602
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Purpose of Expenditure Room and Board	Category/ Type
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---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Amount  
712.50

**Transaction ID:** VC677CD2EC320663163A

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Georgia Blom

---

Mailing Address  
101 Asbury Court

---

City Winchester	State VA	Zip Code 22602
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---

Purpose of Expenditure Independent Contract- or Wages	Category/ Type
---	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Amount  
1500.00

**Transaction ID:** V7FB7EAC84176A5E14CB

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	2212.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Mallory Quigley

---

Mailing Address  
20412 Sawgrass Drive

---

City Montgomery Village	State MD	Zip Code 20886
Purpose of Expenditure Room and Board		Category/ Type <input style="width:50px;" type="text"/>

---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	<input style="width:150px;" type="text" value="107389.15"/>
---	---

Date  
  /   /

Amount

**Transaction ID:** VAFA34C114E74236D681

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Mallory Quigley

---

Mailing Address  
20412 Sawgrass Drive

---

City Montgomery Village	State MD	Zip Code 20886
Purpose of Expenditure Independent Contract- or Wages		Category/ Type <input style="width:50px;" type="text"/>

---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	<input style="width:150px;" type="text" value="107389.15"/>
---	---

Date  
  /   /

Amount

**Transaction ID:** VB4F70E449E821148A55

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input style="width:150px;" type="text" value="1425.00"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input style="width:150px;" type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input style="width:150px;" type="text"/>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date   /   /

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Natalie Brown

Mailing Address  
1727 N. Rhodes St. #232

City Arlington	State VA	Zip Code 22201
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Purpose of Expenditure Room and Board	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Amount  
675.00

Transaction ID: V0F11840C5672F419886

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Natalie Brown

Mailing Address  
1727 N. Rhodes St. #232

City Arlington	State VA	Zip Code 22201
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Purpose of Expenditure Independent Contract- or Wages	Category/ Type
---	-------------------

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Amount  
750.00

Transaction ID: V8B989BF437D62F52492

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	1425.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Nicholas Bell

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Mailing Address  
8062 Ordinary Way

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City Annandale	State VA	Zip Code 22003
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Purpose of Expenditure Independent Contract- or Wages	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

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Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Amount  
750.00

Transaction ID: VDA2CF4DF07019DFD998

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Nicholas Bell

---

Mailing Address  
8062 Ordinary Way

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City Annandale	State VA	Zip Code 22003
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Purpose of Expenditure Room and Board	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Amount  
1092.50

Transaction ID: V463CB989A6531B1A93F

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	1842.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Georgia Blom

---

Mailing Address  
101 Asbury Court

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City Winchester	State VA	Zip Code 22602
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Purpose of Expenditure Reimbursement - Gas, Office Supplies, Storage	Category/Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

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Calendar Year-To-Date Per Election for Office Sought	107389.15
--	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 9

Amount  
190.62

**Transaction ID:** V5A3C9DF8629536A2EDC

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Nicholas Bell

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Mailing Address  
8062 Ordinary Way

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City Annandale	State VA	Zip Code 22003
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Purpose of Expenditure Reimbursement - Gas, Storage	Category/Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

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Calendar Year-To-Date Per Election for Office Sought	107389.15
--	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 9

Amount  
71.04

**Transaction ID:** V9EA66C3C076ECD8B8E6

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	261.66
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Neylan and Partners

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Mailing Address  
9401 Brookmay Court

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City Alexandria	State VA	Zip Code 22309
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Purpose of Expenditure Radio Ads	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 9

Amount  
30162.60

Transaction ID: V623D8F3DF7C54EB8803

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
The Printing Express

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Mailing Address  
1832 S Main Street

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City Harrisburg	State PA	Zip Code 22801
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Purpose of Expenditure Literature	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

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Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 9

Amount  
1286.08

Transaction ID: V05F6D7E723AF273B62C

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	31448.68
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9



# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Natalie Brown

---

Mailing Address  
1727 N. Rhodes St. #232

---

City Arlington	State VA	Zip Code 22201
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Purpose of Expenditure Reimbursement - Food	Category/ Type
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---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 9

Amount  
87.36

**Transaction ID:** V83676018DC2EE672997

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Walsh Storage

---

Mailing Address  
50 Burney Avenue

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City Massena	State NY	Zip Code 13662
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Purpose of Expenditure Storage	Category/ Type
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---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

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Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 9

Amount  
30.00

**Transaction ID:** V7727994CC68DDAD34D7

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	117.36
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon \_\_\_\_\_ Date M M / D D / Y Y Y Y  
Signature 1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Staples

Mailing Address  
77 Consumer Square

City State Zip Code  
Plattsburgh NY 12901

Purpose of Expenditure Category/Type  
Paper, pens, posterboard, post-its

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought 107389.15

Date  
MM / DD / YYYY  
10 / 23 / 2009

Amount  
28.36

Transaction ID: V6D6842B5A84BCDA9D21

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Borders

Mailing Address  
60 Smithfield Blvd  
Suite 103

City State Zip Code  
Plattsburgh NY 12901

Purpose of Expenditure Category/Type  
Office Supplies

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought 107389.15

Date  
MM / DD / YYYY  
10 / 23 / 2009

Amount  
6.43

Transaction ID: VFD872700678C786CCB4

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	34.79
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date MM / DD / YYYY  
12 / 03 / 2009

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Staples

---

Mailing Address  
1283 Arsenal Street

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City Watertown	State NY	Zip Code 13601
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Purpose of Expenditure Office Supplies	Category/ Type
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---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Amount  
117.38

**Transaction ID:** V2A61127D2F0780F3B8F

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Wal-Mart

---

Mailing Address  
43 Stephenville Street

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City Massena	State NY	Zip Code 13662
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Purpose of Expenditure Office Supplies	Category/ Type
---	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Amount  
20.07

**Transaction ID:** VE936D35E8DB919ACEE9

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	137.45
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon \_\_\_\_\_ Date M M / D D / Y Y Y Y  
Signature 1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Sharlow's Gas Station

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Mailing Address  
11970 Route 37

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City Waddington	State NY	Zip Code 13694
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Purpose of Expenditure Gas	Category/ Type
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---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Amount  
23.00

**Transaction ID:** V4E802B6AFA626B1E3C8

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
North Country This Week

---

Mailing Address  
PO Box 975

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City Potsdam	State NY	Zip Code 13676
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---

Purpose of Expenditure Advertisement	Category/ Type
---	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Amount  
57.00

**Transaction ID:** V643F43C30E68D48A7A3

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	80.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon \_\_\_\_\_ Date M M / D D / Y Y Y Y  
Signature 1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND		FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle, Initial) of Payee  
Sunshine Mini-Mart

---

Mailing Address  
3323 Maple Avenue

---

City Pulaski	State NY	Zip Code 13142
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---

Purpose of Expenditure Gas	Category/ Type
-------------------------------	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 9

Amount  
41.19

Transaction ID: V96FD5120C4606B564B1

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
RPM Mini Mart

---

Mailing Address  
2184 State Highway 420

---

City Massena	State NY	Zip Code 13662
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---

Purpose of Expenditure Gas	Category/ Type
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---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 9

Amount  
16.43

Transaction ID: V7C381A2B372C527CEC6

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	57.62
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Sunoco

---

Mailing Address  
101 Fayette Street

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City Manlius	State NY	Zip Code 13104
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---

Purpose of Expenditure Gas	Category/ Type
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---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 9

Amount  
28.67

**Transaction ID:** V74591694B4F4150E7C4

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Rite Aid

---

Mailing Address  
1222 Arsenal Street

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City Watertown	State NY	Zip Code 13601
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Purpose of Expenditure Volunteer Expenses (Food)	Category/ Type
--	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 9

Amount  
30.13

**Transaction ID:** V2E84509C80A01805151

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	58.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Pricechopper

---

Mailing Address  
1282 Arsenal Street

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City Watertown	State NY	Zip Code 13601
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---

Purpose of Expenditure Volunteer Expense (F-ood)	Category/ Type
---	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 9

Amount  
44.94

**Transaction ID:** V7BA6AEB737989D09F46

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Ruby Tuesday

---

Mailing Address  
1290 Arsenal Street

---

City Watertown	State NY	Zip Code 13601
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---

Purpose of Expenditure Volunteer Expense (F-ood)	Category/ Type
---	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 9

Amount  
243.99

**Transaction ID:** V98A38EEC04B67812F1D

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	288.93
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Dunkin Donuts

---

Mailing Address  
1250 Arsenal Street

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City Watertown	State NY	Zip Code 13601
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Purpose of Expenditure Volunteer Expenses (Food)	Category/Type
---	---------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
--	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Amount  
27.92

Transaction ID: VDAD9D948751E3E03C8B

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Staples

---

Mailing Address  
77 Consumer Square

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City Plattsburgh	State NY	Zip Code 12901
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Purpose of Expenditure Office Supplies	Category/Type
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---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
--	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Amount  
76.73

Transaction ID: V7F51F815CB68175DADC

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	104.65
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9



# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Neylan and Partners

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Mailing Address  
9401 Brookmay Court

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City Alexandria	State VA	Zip Code 22309
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Purpose of Expenditure Media Buy	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

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Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Amount  
10205.00

Transaction ID: V28458D1E738123B39E2

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Arts Jug

---

Mailing Address  
820 Huntington Street

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City Watertown	State NY	Zip Code 13601
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Purpose of Expenditure Volunteer Expenses (Food)	Category/ Type
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---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

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Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Amount  
226.29

Transaction ID: V0194054C288F530C58A

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	10431.29
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Crystal Restaurant

---

Mailing Address  
87 Public Square

---

City Watertown	State NY	Zip Code 13601
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---

Purpose of Expenditure Volunteer Breakfast	Category/ Type
---	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Amount  
31.40

**Transaction ID:** VD4B21C20440F085ED6F

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Tillman's Gas

---

Mailing Address  
36366 State Route 37

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City Theresa	State NY	Zip Code 13691
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Purpose of Expenditure Gas	Category/ Type
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---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Amount  
20.00

**Transaction ID:** V58D58B3C1F978B4C24D

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	51.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

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Frank Cannon \_\_\_\_\_ Date M M / D D / Y Y Y Y  
Signature 1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Wiland Direct

Mailing Address  
2950 Colorful Avenue  
Suite 100

City State Zip Code  
Longmont CO 80504

Purpose of Expenditure Category/Type  
List Rental

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought 107389.15

Date  
MM / DD / YYYY  
10 / 27 / 2009

Amount  
1980.07

Transaction ID: V5771EB6B2EE41D1A16C

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Staples

Mailing Address  
1283 Arsenal Street

City State Zip Code  
Watertown NY 13601

Purpose of Expenditure Category/Type  
Office Supplies

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought 107389.15

Date  
MM / DD / YYYY  
10 / 28 / 2009

Amount  
71.64

Transaction ID: V17F4E1BD1E656872F13

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	2051.71
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date MM / DD / YYYY  
12 / 03 / 2009

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Bazzanos Pizza

---

Mailing Address  
5041 S. Catherine Street

---

City Plattsburgh	State NY	Zip Code 12901
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Purpose of Expenditure Food for Volunteers	Category/ Type
---	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Amount  
49.75

**Transaction ID:** V3ADD74DC6FAFE487E77

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Staples

---

Mailing Address  
77 Consumer Square

---

City Plattsburgh	State NY	Zip Code 12901
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---

Purpose of Expenditure Office Supplies	Category/ Type
---	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Amount  
73.38

**Transaction ID:** VC9A4B9ACEE9A88CDCA4

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	123.13
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon \_\_\_\_\_ Date M M / D D / Y Y Y Y  
Signature 1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Neylan and Partners

---

Mailing Address  
9401 Brookmay Court

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City Alexandria	State VA	Zip Code 22309
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Purpose of Expenditure Media Buy	Category/ Type
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---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Amount  
12000.00

Transaction ID: VF3C77D70304F775EFAF

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
The Printing Express

---

Mailing Address  
1832 S Main Street

---

City Harrisburg	State PA	Zip Code 22801
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Purpose of Expenditure Literature	Category/ Type
--------------------------------------	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Amount  
8221.21

Transaction ID: VC616DBEC4590EE14A08

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	20221.21
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Kunnect

Mailing Address  
220 Newport Center Dr #11-142

City Newport Beach	State CA	Zip Code 92660
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Purpose of Expenditure Telephone Calls	Category/ Type
---	-------------------

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	0	9

Amount  

1071.75
---------

**Transaction ID:** VE5F60EC16AFCC898731

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2009

Full Name (Last, First, Middle, Initial) of Payee  
Staples

Mailing Address  
1283 Arsenal Street

City Watertown	State NY	Zip Code 13601
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Purpose of Expenditure Office Supplies	Category/ Type
---	-------------------

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	9

Amount  

60.33
-------

**Transaction ID:** V78C5A972E8F331DB497

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	1132.08
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	_____
(c) <b>TOTAL</b> Independent Expenditures .....	_____

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date  

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
The Printing Express

Mailing Address  
1832 S Main Street

City State Zip Code  
Harrisburg PA 22801

Purpose of Expenditure Category/ Type  
Literature

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought 107389.15

Date  
M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Amount  
1944.88

Transaction ID: V730C04DD1D24AFEE945

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
LaQuinta Inn

Mailing Address  
16 Plaza Boulevard

City State Zip Code  
Plattsburgh NY 12901

Purpose of Expenditure Category/ Type  
Lodging

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought 107389.15

Date  
M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Amount  
209.79

Transaction ID: V814F731D5305FD702AC

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	2154.67
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
James Bell

---

Mailing Address  
8062 Ordinary Way

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City Annandale	State VA	Zip Code 22003
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Purpose of Expenditure Meals	Category/ Type
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---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Amount  
140.00

Transaction ID: V2DE2AECC4611C65220D

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Crystal Restaurant

---

Mailing Address  
87 Public Square

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City Watertown	State NY	Zip Code 13601
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Purpose of Expenditure Meal	Category/ Type
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---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Amount  
31.02

Transaction ID: V4F8CE1A5758D17D406E

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	171.02
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9



# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Wal-Mart Stores, Inc.

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Mailing Address  
20823 State Route 3

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City Watertown	State NY	Zip Code 13601
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Purpose of Expenditure Office Supplies	Category/ Type
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---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Amount  
16.16

**Transaction ID:** VD323294843A66AA03D3

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Jordan Miller

---

Mailing Address  
7 Deer Track Lane

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City Newark	State DE	Zip Code 19711
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Purpose of Expenditure Hotel & Meal Stipend	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Amount  
172.50

**Transaction ID:** V3B5B06F07EAD787F1FE

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	188.66
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Jordan Miller

Mailing Address  
7 Deer Track Lane

City Newark	State DE	Zip Code 19711
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Purpose of Expenditure Travel Expenses	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Amount  
157.23

Transaction ID: V5F44152631E2C6C8AAB

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Jordan Miller

Mailing Address  
7 Deer Track Lane

City Newark	State DE	Zip Code 19711
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Purpose of Expenditure Office Supplies	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought	107389.15
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Date  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Amount  
45.60

Transaction ID: VF2EEEE9436D27AB05C1

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	202.83
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Emmett McGroarty

Mailing Address  
4404 East-West Hwy

City State Zip Code  
Bethesda MD 20814

Purpose of Expenditure Category/Type  
Office Supplies

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought 107389.15

Date  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Amount  
13.23

Transaction ID: V70DFDFE3B9413CFD31F

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Emmett McGroarty

Mailing Address  
4404 East-West Hwy

City State Zip Code  
Bethesda MD 20814

Purpose of Expenditure Category/Type  
Salary

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought 107389.15

Date  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Amount  
400.00

Transaction ID: V55222A202E621556DFD

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	413.23
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Pricechopper

Mailing Address  
1282 Arsenal Street

City State Zip Code  
Watertown NY 13601

Purpose of Expenditure Category/Type  
Food for Volunteers

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought  
107389.15

Date  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Amount  
384.02

Transaction ID: V681BDE87F7BD3362B69

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Rite Aid

Mailing Address  
1222 Arsenal Street

City State Zip Code  
Watertown NY 13601

Purpose of Expenditure Category/Type  
Food for Volunteers

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought  
107389.15

Date  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Amount  
35.51

Transaction ID: V5F949C8F951EA59C130

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	419.53
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Comfort Suites

Mailing Address  
5875 Carmenica Drive

City State Zip Code  
Cicero NY 13039

Purpose of Expenditure Category/Type  
Rally Food

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought 107389.15

Date  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Amount  
400.00

Transaction ID: VD871D8D8DFA7EBC259B

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Wal-Mart Stores, Inc.

Mailing Address  
25 Consumer Square

City State Zip Code  
Plattsburgh NY 12901

Purpose of Expenditure Category/Type  
Office Supplies

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought 107389.15

Date  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Amount  
38.82

Transaction ID: VC04FD36367CAC9005AC

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	438.82
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Valero

Date  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Mailing Address  
1111 Champlain Street

Amount  
36.10

City State Zip Code  
Ogdensburg NY 13669

Transaction ID: VDBC6B041E9710D2BA91

Purpose of Expenditure Category/Type  
Gas

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
107389.15

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Emmett McGroarty

Date  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Mailing Address  
4404 East-West Hwy

Amount  
218.81

City State Zip Code  
Bethesda MD 20814

Transaction ID: V4589AA6FC9290BA8081

Purpose of Expenditure Category/Type  
Hotel and Meal Stipend

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
107389.15

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	254.91
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Emmett McGroarty

Mailing Address  
4404 East-West Hwy

City State Zip Code  
Bethesda MD 20814

Purpose of Expenditure Category/Type  
Travel Expenses

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought 107389.15

Date  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Amount  
121.87

Transaction ID: VD65F9B0856C43457677

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Kunnect

Mailing Address  
220 Newport Center Dr #11-142

City State Zip Code  
Newport Beach CA 92660

Purpose of Expenditure Category/Type  
GOTV Calls

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought 107389.15

Date  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Amount  
5992.00

Transaction ID: VD56D07EB62A698B8903

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	6113.87
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Paul Bothwell

---

Mailing Address  
606 S. Taylor Street

---

City Arlington	State VA	Zip Code 22204
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---

Purpose of Expenditure Meal and Hotel Stipend	Category/Type
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---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
--	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Amount  
120.00

**Transaction ID:** V195EE812D42E7CCA7A

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Comfort Suites

---

Mailing Address  
5875 Carmenica Drive

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City Cicero	State NY	Zip Code 13039
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Purpose of Expenditure Lodging for Volunteers	Category/Type
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---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
--	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Amount  
4248.80

**Transaction ID:** V7A0A304BFEFEC53296C

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	4368.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9



# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Exxon Mobil

Mailing Address  
262 Arsenal Street

City State Zip Code  
Watertown NY 13601-2504

Purpose of Expenditure Category/Type  
Gas for NY-23

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought 107389.15

Date  
MM / DD / YYYY  
11 / 02 / 2009

Amount  
55.68

Transaction ID: V9EBBF6DE087BB9E736B

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Rebecca Herr

Mailing Address  
1727 N Rhodes #232

City State Zip Code  
Arlington VA 22201

Purpose of Expenditure Category/Type  
Volunteer Expense

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought 107389.15

Date  
MM / DD / YYYY  
11 / 02 / 2009

Amount  
125.00

Transaction ID: V9BB9996BD07F57C1608

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	180.68
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date MM / DD / YYYY  
12 / 03 / 2009

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Ryan Haber

---

Mailing Address  
Information Requested

---

City Information Reques	State VA	Zip Code 00000
Purpose of Expenditure Volunteer Worker	Category/ Type	

---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election  
for Office Sought 107389.15

Date  
M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Amount  
125.00

**Transaction ID:** VD1299B5FB717B4B243A

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Ryan Stacey

---

Mailing Address  
7 Sonya Way

---

City Plattsburgh	State NY	Zip Code 12901
Purpose of Expenditure Volunteer Worker	Category/ Type	

---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election  
for Office Sought 107389.15

Date  
M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Amount  
40.00

**Transaction ID:** V6178681CAF3FFD56721

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	165.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Emily Buchanan

Date  
M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Mailing Address  
3203 Ravensworth Place

Amount  
15.00

City State Zip Code  
Alexandria VA 22302

**Transaction ID:** V2DAAC3CDB5CB3AAC4CD

Purpose of Expenditure Category/Type  
Reimbursement for Office Supplies

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
107389.15

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Subway

Date  
M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Mailing Address  
Information Requested

Amount  
134.96

City State Zip Code  
Information Reques VA 00000

**Transaction ID:** VC6FA94E30A7E1D40100

Purpose of Expenditure Category/Type  
Volunteer Lunch

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
107389.15

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	149.96
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	_____
(c) <b>TOTAL</b> Independent Expenditures .....	_____

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Anthony Ford

Date  
M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Mailing Address  
11 Kingfisher Way

Amount  
75.00

City State Zip Code  
Waterford CT 06385

Transaction ID: V1AF72A964D5A3AB2888

Purpose of Expenditure Category/Type  
Volunteer Worker

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
107389.15

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Gerald Flynn

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Mailing Address  
171 Tallman Rd

Amount  
48.00

City State Zip Code  
Ogdensburg NY 13669

Transaction ID: V658D1212B19C75C62E4

Purpose of Expenditure Category/Type  
Volunteer worker

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
107389.15

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	123.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	_____
(c) <b>TOTAL</b> Independent Expenditures .....	_____

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Robert Willard

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Mailing Address  
1991 State Highway 184

Amount  
48.00

City State Zip Code  
Heuvelton NY 13654

Transaction ID: V940EA4D74178E7F6BD0

Purpose of Expenditure Category/Type  
Volunteer Worker

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
107389.15

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Jodi Flanagan

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Mailing Address  
5184 County Rte 27

Amount  
48.00

City State Zip Code  
Canton NY 13617

Transaction ID: V907C850A13C015B6D66

Purpose of Expenditure Category/Type  
Volunteer Worker

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
107389.15

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	96.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Cassandra Griffen

Mailing Address  
1700 County Rte 25 Lot 22

City State Zip Code  
Canton NY 13617

Purpose of Expenditure Category/Type  
Volunteer Worker

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought 107389.15

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
48.00

Transaction ID: VA909357648706E127B6

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Dakota Sharp

Mailing Address  
617 CR 24

City State Zip Code  
Colton NY 13625

Purpose of Expenditure Category/Type  
Volunteer Worker

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought 107389.15

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
48.00

Transaction ID: V1564390AB8ADB82C6A2

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	<span style="border:1px solid black; padding:2px;">96.00</span>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<span style="border:1px solid black; padding:2px;"> </span>
(c) TOTAL Independent Expenditures .....	<span style="border:1px solid black; padding:2px;"> </span>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Francesca Centofanti

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Mailing Address  
413 River Rd

Amount  
48.00

City State Zip Code  
Potsdam NY 13676-3105

Transaction ID: VAB8FAA1FCD59F63DD51

Purpose of Expenditure Category/Type  
Volunteer Worker

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
107389.15

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Josh Mousaw

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Mailing Address  
64 Riverside Dr

Amount  
48.00

City State Zip Code  
Canton NY 13617

Transaction ID: V7CB9E93471C33AF4818

Purpose of Expenditure Category/Type  
Volunteer Worker

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
107389.15

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	96.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Josh Mousaw

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Mailing Address  
64 Riverside Dr

Amount  
8.00

City State Zip Code  
Canton NY 13617

Transaction ID: VF14F2D22D42877AB87E

Purpose of Expenditure Category/Type  
Gas Reimbursement

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
107389.15

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Eric Mende

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Mailing Address  
15 Harrison St

Amount  
48.00

City State Zip Code  
Canton NY 13617

Transaction ID: V232446CE2E09A85EDEC

Purpose of Expenditure Category/Type  
Volunteer Worker

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
107389.15

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	56.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9



# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Jim Ross

Mailing Address  
980 Union Mills Rd

City State Zip Code  
Broadalbin NY 12025

Purpose of Expenditure Category/Type  
Volunteer Worker

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought 107389.15

Date  
MM / DD / YYYY  
11 / 03 / 2009

Amount  
40.00

Transaction ID: V89027F95817F5877953

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Paul Sikora

Mailing Address  
P.O. Box 6404

City State Zip Code  
Potsdam NY 13699-6404

Purpose of Expenditure Category/Type  
Volunteer Worker

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought 107389.15

Date  
MM / DD / YYYY  
11 / 03 / 2009

Amount  
40.00

Transaction ID: V771ECCFEBBC55CADCE2

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date MM / DD / YYYY  
12 / 03 / 2009

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Paul Sikora

---

Mailing Address  
P.O. Box 6404

---

City Potsdam	State NY	Zip Code 13699-6404
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Purpose of Expenditure Gas Reimbursement	Category/ Type
---	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
8.00

**Transaction ID:** V449F95E6DC014812D57

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Josh Caprood

---

Mailing Address  
303 Ridge Street

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City Glen Falls	State NY	Zip Code 12801
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Purpose of Expenditure Volunteer Worker	Category/ Type
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---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
24.00

**Transaction ID:** VB5780A2DC9600784FBC

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	32.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon \_\_\_\_\_ Date M M / D D / Y Y Y Y  
Signature 1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Matthew Flynn II

---

Mailing Address  
343 CR 35

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City Canton	State NY	Zip Code 13617
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Purpose of Expenditure Gas Reimbursement	Category/ Type
---	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
75.27

**Transaction ID:** V1AD8510C5C39D7BFBEC

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Matthew Flynn II

---

Mailing Address  
343 CR 35

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City Canton	State NY	Zip Code 13617
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Purpose of Expenditure Reimbursements for Supplies	Category/ Type
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---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
25.99

**Transaction ID:** V1F7EC58866E6FACBA8D

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	101.26
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon \_\_\_\_\_ Date M M / D D / Y Y Y Y  
Signature 1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Matthew Flynn II

---

Mailing Address  
343 CR 35

---

City Canton	State NY	Zip Code 13617
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---

Purpose of Expenditure Reimbursements for Food for Volunteers	Category/Type
--	---------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
--	-----------

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
53.90

**Transaction ID:** VDBEFC8CE873F3BEA5FB

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Natalie Brown

---

Mailing Address  
1727 N. Rhodes St. #232

---

City Arlington	State VA	Zip Code 22201
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Purpose of Expenditure Reimbursement for Mileage	Category/Type
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---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
--	-----------

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
456.42

**Transaction ID:** VD1D347AA61F9873B4A9

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	510.32
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Nicholas Bell

---

Mailing Address  
8062 Ordinary Way

---

City Annandale	State VA	Zip Code 22003
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Purpose of Expenditure Gas Reimbursement	Category/ Type
---	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
22.65

**Transaction ID:** VDCE6C5E1855E96F6AE7

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Nicholas Bell

---

Mailing Address  
8062 Ordinary Way

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City Annandale	State VA	Zip Code 22003
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Purpose of Expenditure Storage Reimbursement	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

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Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
80.00

**Transaction ID:** VF8A5EEA793CC1832CA3

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	102.65
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Nicholas Bell

---

Mailing Address  
8062 Ordinary Way

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City Annandale	State VA	Zip Code 22003
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Purpose of Expenditure Advertisement Reimb.	Category/ Type
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---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

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Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
52.00

**Transaction ID:** V677EFEECDDDC7C1F9AB

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Nicholas Bell

---

Mailing Address  
8062 Ordinary Way

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City Annandale	State VA	Zip Code 22003
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Purpose of Expenditure Supplies Reimburse- ment	Category/ Type
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---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

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Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
39.43

**Transaction ID:** VF3F698143DF2A5D7066

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	91.43
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	_____
(c) <b>TOTAL</b> Independent Expenditures .....	_____

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon \_\_\_\_\_ Date M M / D D / Y Y Y Y  
Signature 1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Rebecca Herr

Mailing Address  
1727 N Rhodes #232

City	State	Zip Code
Arlington	VA	22201

Purpose of Expenditure Gas Reimbursement	Category/ Type
---	-------------------

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election  
for Office Sought 107389.15

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
199.60

**Transaction ID:** V1D33401178A7D475DB4

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Rebecca Herr

Mailing Address  
1727 N Rhodes #232

City	State	Zip Code
Arlington	VA	22201

Purpose of Expenditure Tolls Reimbursement	Category/ Type
---	-------------------

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election  
for Office Sought 107389.15

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
30.35

**Transaction ID:** V8FCF7E15D6AD524FA83

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;">229.95</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M D D Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Rebecca Herr

Mailing Address  
1727 N Rhodes #232

City Arlington	State VA	Zip Code 22201
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Purpose of Expenditure Reimbursement--Rental Car	Category/ Type
---	-------------------

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	9

Amount  

432.11
--------

**Transaction ID:** V82ABFF58919A778758E

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2009

Full Name (Last, First, Middle, Initial) of Payee  
Angela Aronoff

Mailing Address  
1500 Massachusetts Ave NW  
Apt 615

City Washington	State DC	Zip Code 20005
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Purpose of Expenditure Volunteer Worker	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	9

Amount  

80.00
-------

**Transaction ID:** V4D42F20758434CE435B

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	512.11
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	_____
(c) <b>TOTAL</b> Independent Expenditures .....	_____

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date  

M	M
1	2

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	9



# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Trevor Leach

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Mailing Address  
1244 Foxboro Lane

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City Endicott	State NY	Zip Code 13760
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Purpose of Expenditure Volunteer Worker	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
80.00

**Transaction ID:** V87FCF38113D0170D9E0

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Kevin Walz

---

Mailing Address  
946 Cafferty Hill Rd

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City Endicott	State NY	Zip Code 13760
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Purpose of Expenditure Volunteer Worker	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
80.00

**Transaction ID:** VEC5A5950CBC6DCC2A11

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	160.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Timothy Shoemaker

Mailing Address  
1521 Thompson Lane

City State Zip Code  
Mechanicsburg PA 17055

Purpose of Expenditure Category/Type  
Volunteer Worker

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought 107389.15

Date  
MM / DD / YYYY  
11 / 03 / 2009

Amount  
80.00

Transaction ID: V20186605960BDD41469

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Rachel Kania

Mailing Address  
701 S 25th Street

City State Zip Code  
Arlington VA 22202

Purpose of Expenditure Category/Type  
Volunteer Worker

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought 107389.15

Date  
MM / DD / YYYY  
11 / 03 / 2009

Amount  
80.00

Transaction ID: V6410A123D7CE129A622

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date MM / DD / YYYY  
12 / 03 / 2009

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Nick Leavens

Mailing Address  
701 25th St S

City	State	Zip Code
Arlington	VA	22202

Purpose of Expenditure Volunteer Worker	Category/ Type
--	-------------------

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	0	9

Amount

80.00
-------

Transaction ID: VE00885FA4C76CC054FE

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2009

Full Name (Last, First, Middle, Initial) of Payee  
Matthew Flynn

Mailing Address  
1124 Washington Street

City	State	Zip Code
Ogdensburg	NY	13669

Purpose of Expenditure Volunteer Worker	Category/ Type
--	-------------------

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	0	9

Amount

48.00
-------

Transaction ID: VD883E3E1B688857EEC4

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	128.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee Mark Berg	
Mailing Address 317 Greenfield Avenue	
City Winchester	State VA
Zip Code 22602	
Purpose of Expenditure Volunteer Work	Category/ Type
Name of Federal Candidate supported or Opposed by expenditure: Douglas L. Hoffman	
Calendar Year-To-Date Per Election for Office Sought	107389.15

Date M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 9
Amount 750.00
<b>Transaction ID:</b> VD55E16A7C699CF6F53E
Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential
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) : _____ 2009

Full Name (Last, First, Middle, Initial) of Payee Mark Berg	
Mailing Address 317 Greenfield Avenue	
City Winchester	State VA
Zip Code 22602	
Purpose of Expenditure Meal & Hotel Stipend	Category/ Type
Name of Federal Candidate supported or Opposed by expenditure: Douglas L. Hoffman	
Calendar Year-To-Date Per Election for Office Sought	107389.15

Date M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 9
Amount 605.00
<b>Transaction ID:</b> V2179CCAAE6E4FC125B2
Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential
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) : _____ 2009

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	1355.00
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	
<b>(c) TOTAL</b> Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Mark Berg

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Mailing Address  
317 Greenfield Avenue

Amount  
326.82

City State Zip Code  
Winchester VA 22602

Transaction ID: V04D5FD1CFA32DAF6995

Purpose of Expenditure  
Reimbursement for Ga-  
s/Supplies

Category/  
Type

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 107389.15

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Aimee Flynn

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Mailing Address  
1124 Washington St

Amount  
48.00

City State Zip Code  
Ogdensburg NY 13669

Transaction ID: V47A5740786F16F5877E

Purpose of Expenditure  
2009 General

Category/  
Type

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 107389.15

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	374.82
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Exxon Mobil

---

Mailing Address  
262 Arsenal Street

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City Watertown	State NY	Zip Code 13601-2504
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Purpose of Expenditure Gas	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

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Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
46.96

**Transaction ID:** VBB1D6893B06D88C411D

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Ruby Tuesday

---

Mailing Address  
1290 Arsenal Street

---

City Watertown	State NY	Zip Code 13601
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---

Purpose of Expenditure Volunteer Lunch	Category/ Type
---	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
208.58

**Transaction ID:** V16F24F86F2291E93F80

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	255.54
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon \_\_\_\_\_ Date M M / D D / Y Y Y Y  
Signature 1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Sunoco

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Mailing Address  
101 Fayette Street

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City Manlius	State NY	Zip Code 13104
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Purpose of Expenditure Gas	Category/ Type
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---

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
24.63

Transaction ID: VBCB21E84F7142297098

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
New York T/W Auth

---

Mailing Address  
4 Executive Blvd

---

City Suffern	State NY	Zip Code 10901-8212
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Purpose of Expenditure Toll Expense	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

---

Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
35.34

Transaction ID: VACEA6C7829620254842

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	59.97
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Enterprise Rent A Car

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Mailing Address  
18973 US RTE 11

Amount  
279.15

City State Zip Code  
Watertown NY 13601-5654

Transaction ID: VD893AE5CB43C116CA0D

Purpose of Expenditure Category/Type  
Rental Car

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
107389.15

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
LaQuinta Inn

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Mailing Address  
16 Plaza Boulevard

Amount  
273.06

City State Zip Code  
Plattsburgh NY 12901

Transaction ID: VF227A5463BC2EE88B6D

Purpose of Expenditure Category/Type  
Hotel

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
107389.15

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	552.21
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9



# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
LaQuinta Inn

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Mailing Address  
16 Plaza Boulevard

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City Plattsburgh	State NY	Zip Code 12901
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Purpose of Expenditure Hotel	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

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Calendar Year-To-Date Per Election for Office Sought	107389.15
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Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
91.02

**Transaction ID:** VDC1BD9610DA88D39765

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Days Inn

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Mailing Address  
110 Commerce Park Drive

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City Watertown	State NY	Zip Code 13601
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Purpose of Expenditure Hotel	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

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Calendar Year-To-Date Per Election for Office Sought	107389.15
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Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
83.07

**Transaction ID:** VCCBE122EB9E92181222

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	174.09
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon \_\_\_\_\_ Date M M / D D / Y Y Y Y  
Signature 1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
JRW Auto Rental

Mailing Address  
19079 US Rte 11

City State Zip Code  
Watertown NY 13601

Purpose of Expenditure Category/Type  
Rental Car

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought 107389.15

Date  
MM / DD / YYYY  
11 / 03 / 2009

Amount  
1342.13

Transaction ID: V7746B33E4086AFD415D

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Kwik Fill

Mailing Address  
Information Requested

City State Zip Code  
Information Reques VA 00000

Purpose of Expenditure Category/Type  
Gas

Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

Calendar Year-To-Date Per Election for Office Sought 107389.15

Date  
MM / DD / YYYY  
11 / 03 / 2009

Amount  
33.94

Transaction ID: VE71407FFE1D0183B007

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	<span style="border:1px solid black; padding:2px;">1376.07</span>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<span style="border:1px solid black; padding:2px;"> </span>
(c) TOTAL Independent Expenditures .....	<span style="border:1px solid black; padding:2px;"> </span>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon  
Signature

Date MM / DD / YYYY  
12 / 03 / 2009

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
The Printing Express

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Mailing Address  
1832 S Main Street

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City Harrisburg	State PA	Zip Code 22801
Purpose of Expenditure Hoffman Postcard		Category/ Type

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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

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Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
1350.18

**Transaction ID:** V9938C7492967980BD05

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Kunnect

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Mailing Address  
220 Newport Center Dr #11-142

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City Newport Beach	State CA	Zip Code 92660
Purpose of Expenditure Calls		Category/ Type

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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

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Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
7065.45

**Transaction ID:** V946C3705423AA045438

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	8415.63
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	_____
(c) <b>TOTAL</b> Independent Expenditures .....	_____

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Frank Cannon \_\_\_\_\_ Date M M / D D / Y Y Y Y  
Signature 1 2 / 0 3 / 2 0 0 9

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
MDS Communications Corporation

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Mailing Address  
545 W Juanita Avenue

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City Mesa	State AZ	Zip Code 85210
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Purpose of Expenditure Telemarketing	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

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Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
432.11

**Transaction ID:** V3348BCC73A37CB0F493

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

Full Name (Last, First, Middle, Initial) of Payee  
Nicholas Bell

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Mailing Address  
8062 Ordinary Way

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City Annandale	State VA	Zip Code 22003
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Purpose of Expenditure Phone Charges	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Douglas L. Hoffman

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Calendar Year-To-Date Per Election for Office Sought	107389.15
---	-----------

Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Amount  
470.00

**Transaction ID:** V2CC57B4F024E2213F3B

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	902.11
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

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Frank Cannon \_\_\_\_\_ Date M M / D D / Y Y Y Y  
Signature 1 2 / 0 3 / 2 0 0 9

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND		FEC IDENTIFICATION NUMBER <b>C</b> C00332296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee Andy Blom		Date M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 9
Mailing Address 101 Asbury Court		Amount 28.75
City State Zip Code Winchester VA 22602		<b>Transaction ID:</b> V9EDEAC3245C04086CA7
Purpose of Expenditure Reimbursement for Local/Long Distance Calls		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: Douglas L. Hoffman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 107389.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	28.75
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	107389.15
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 (if the reporting entity is not a political party committee) any political party committee or its agent.	
Frank Cannon Signature	Date M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 9