

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1707 L STREET, NW SUITE 750 WASHINGTON DC 20036 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. Election on 05/03/2016 in the State of IN. (d) 30-Day POST-Election Report for the: General, Runoff, Special. Election on in the State of

5. Covering Period 04/01/2016 through 04/13/2016

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 Robert J Kania Jr.

Signature of Treasurer Robert J Kania Jr. [Electronically Filed] Date 04/21/2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="70004.20"/>	<input type="text" value="70004.20"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="67941.03"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11555.26"/>	<input type="text" value="38435.14"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="79496.29"/>	<input type="text" value="108439.34"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5371.86"/>	<input type="text" value="34314.91"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="74124.43"/>	<input type="text" value="74124.43"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

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).....	6350.00	26800.00
(ii) Unitemized	5205.26	11259.14
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11555.26	38059.14
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11555.26	38059.14
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	376.00
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 Transfers (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))..... ▶	11555.26	38435.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11555.26	38435.14

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	75.90	760.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	75.90	760.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5295.96	33529.75
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	0.00	25.00
(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)).....	0.00	25.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	5371.86	34314.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5371.86	34314.91

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	11555.26	38059.14
34. Total Contribution Refunds (from Line 28(d))	0.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11555.26	38034.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	75.90	760.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	376.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	75.90	384.16

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 17
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Mary Adams
Full Name (Last, First, Middle Initial)

Mailing Address 7223 Mission Road Apt. 110

City Prairie Village	State KS	Zip Code 66208-3010
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FEC ID number of contributing federal political committee. **C**

Name of Employer IBM	Occupation Retired
-------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2016

Transaction ID : SA11AI.5813

Amount of Each Receipt this Period
1200.00

Memo Item

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

Mailing Address 3505 Elmwood Avenue

City Rochester	State NY	Zip Code 14610-3464
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FEC ID number of contributing federal political committee. **C**

Name of Employer Enterprise Rent-A-Car	Occupation Executive
---	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2016

Transaction ID : SA11AI.5782

Amount of Each Receipt this Period
250.00

Memo Item

C. Wendy Brott
Full Name (Last, First, Middle Initial)

Mailing Address 1850 Raber Road

City Uniontown	State OH	Zip Code 44685-8841
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FEC ID number of contributing federal political committee. **C**

Name of Employer LCCS	Occupation Teacher
--------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2016

Transaction ID : SA11AI.5665

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1850.00
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 7 OF 17
<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. Robert Foppiano
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1210

City Glen	State NH	Zip Code 03838-1210
--------------	-------------	------------------------

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

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2016

Transaction ID : SA11AI.5784

Amount of Each Receipt this Period
500.00

Memo Item

B. R. Edward Gates
Full Name (Last, First, Middle Initial)
Mailing Address 815 White Oak Circle

City Pittsburgh	State PA	Zip Code 15228-1711
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2016

Transaction ID : SA11AI.5830

Amount of Each Receipt this Period
500.00

Memo Item

C. Josephine T. Giacalone
Full Name (Last, First, Middle Initial)
Mailing Address 600 North Kensington Drive Apt. 3

City Appleton	State WI	Zip Code 54915-5001
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2016

Transaction ID : SA11AI.5786

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Elsie Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 607 Poia Road
 City Sewickley State PA Zip Code 15143-1046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Homemaker Occupation Homemaker
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2016
Transaction ID : SA11AI.5680
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Joseph Lind
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Jefferson Road
 City Wellesley Hills State MA Zip Code 02481-5402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Paul Parish Occupation Priest
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2016
Transaction ID : SA11AI.5781
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. John W. Matthews
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 761384
 City San Antonio State TX Zip Code 78245-6384
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2016
Transaction ID : SA11AI.5667
 Amount of Each Receipt this Period
 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	6350.00

**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

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Credit Card Processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2016

Transaction ID : SB21B.5613

Amount of Each Disbursement this Period

34.90

Memo Item

Full Name (Last, First, Middle Initial)

B. Intuit

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Credit Card Processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2016

Transaction ID : SB21B.5614

Amount of Each Disbursement this Period

3.10

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

38.00

38.00

**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 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

Full Name (Last, First, Middle Initial)

A. Capital One

Mailing Address 201 St. Charles Ave
16th Floor

City New Orleans State LA Zip Code 70130

Purpose of Disbursement
Travel - see additional entries

Candidate Name
LIZ BROWN

Office Sought: House
 Senate
 President
State: IN District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2016

Transaction ID : SB23.5631

Amount of Each Disbursement this Period

527.47

Memo Item

Full Name (Last, First, Middle Initial)

B. Delta

Mailing Address

City State Zip Code

Purpose of Disbursement
Travel

Candidate Name
JACKIE WALORSKI SWIHART

Office Sought: House
 Senate
 President
State: IN District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2016

Transaction ID : SB23.5631.0

Amount of Each Disbursement this Period

191.30

Memo Item

Full Name (Last, First, Middle Initial)

C. Delta

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement
Travel

Candidate Name
JACKIE WALORSKI SWIHART

Office Sought: House
 Senate
 President
State: IN District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2016

Transaction ID : SB23.5631.1

Amount of Each Disbursement this Period

111.89

Memo Item

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

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

527.47

**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 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

Full Name (Last, First, Middle Initial)

A. Hilton Garden Inn

Mailing Address 43995 IN-933

City State Zip Code
South Bend IN 46637

Purpose of Disbursement
Travel

Candidate Name
JACKIE WALORSKI SWIHART

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IN District: 02

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	9			2	0	1	6	

Transaction ID : SB23.5631.2

Amount of Each Disbursement this Period

9	6	.	9	6
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Memo Item

Full Name (Last, First, Middle Initial)

B. Hilton Garden Inn

Mailing Address 43995 IN-933

City State Zip Code
South Bend IN 46637

Purpose of Disbursement
Travel

Candidate Name
JACKIE WALORSKI SWIHART

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IN District: 02

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	9			2	0	1	6	

Transaction ID : SB23.5631.3

Amount of Each Disbursement this Period

9	3	.	1	4
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Memo Item

Full Name (Last, First, Middle Initial)

C. Expedia

Mailing Address 333 108th Ave NE
Ste 300

City State Zip Code
Bellevue WA 98004

Purpose of Disbursement
Hotel

Candidate Name
JACKIE WALORSKI SWIHART

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IN District: 02

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	5			2	0	1	6	

Transaction ID : SB23.5631.4

Amount of Each Disbursement this Period

3	4	.	1	8
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Memo Item

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

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

0	0	0
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0	0	0
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**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 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

Full Name (Last, First, Middle Initial)

A. Capital One

Mailing Address 201 St. Charles Ave
16th Floor

City State Zip Code
New Orleans LA 70130

Purpose of Disbursement
Travel - see additional entries

Candidate Name
JACKIE WALORSKI SWIHART

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IN District: 02

Date of Disbursement

/ /

Transaction ID : SB23.5632

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Delta

Mailing Address 1030 Delta Blvd

City State Zip Code
Atlanta GA 30354

Purpose of Disbursement
Travel

Candidate Name
LIZ BROWN

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IN District: 03

Date of Disbursement

/ /

Transaction ID : SB23.5632.0

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Delta

Mailing Address 1030 Delta Blvd

City State Zip Code
Atlanta GA 30354

Purpose of Disbursement
Travel

Candidate Name
LIZ BROWN

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IN District: 03

Date of Disbursement

/ /

Transaction ID : SB23.5632.1

Amount of Each Disbursement this Period

Memo Item

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

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)

<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

Full Name (Last, First, Middle Initial)

A. Hilton Garden Inn

Mailing Address 43995 IN-933

City South Bend State IN Zip Code 46637

Purpose of Disbursement
Travel

Candidate Name
LIZ BROWN

Office Sought: House
 Senate
 President
State: IN District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 09 / 2016

Transaction ID : **SB23.5632.2**

Amount of Each Disbursement this Period

96.96

Memo Item

Full Name (Last, First, Middle Initial)

B. Hilton Garden Inn

Mailing Address 43995 IN-933

City South Bend State IN Zip Code 46637

Purpose of Disbursement
Travel

Candidate Name
LIZ BROWN

Office Sought: House
 Senate
 President
State: IN District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 09 / 2016

Transaction ID : **SB23.5632.3**

Amount of Each Disbursement this Period

93.14

Memo Item

Full Name (Last, First, Middle Initial)

C. Expedia

Mailing Address 333 108th Ave NE
Ste 300

City Bellevue State WA Zip Code 98004

Purpose of Disbursement
Hotel

Candidate Name
LIZ BROWN

Office Sought: House
 Senate
 President
State: IN District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 05 / 2016

Transaction ID : **SB23.5632.4**

Amount of Each Disbursement this Period

34.18

Memo Item

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

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

0.00

**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 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

Full Name (Last, First, Middle Initial)

A. Capital One

Mailing Address 201 St. Charles Ave
16th Floor

City State Zip Code
New Orleans LA 70130

Purpose of Disbursement
Travel - see additional entries

Candidate Name
MARY THOMAS

Office Sought: House
 Senate
 President
State: FL District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB23.5633

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Delta

Mailing Address 1030 Delta Blvd

City State Zip Code
Atlanta GA 30354

Purpose of Disbursement
Travel

Candidate Name
MARY THOMAS

Office Sought: House
 Senate
 President
State: FL District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB23.5633.0

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Delta

Mailing Address 1030 Delta Blvd

City State Zip Code
Atlanta GA 30354

Purpose of Disbursement
Travel

Candidate Name
MARY THOMAS

Office Sought: House
 Senate
 President
State: FL District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB23.5633.1

Amount of Each Disbursement this Period

Memo Item

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

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)

<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

Full Name (Last, First, Middle Initial)

A. Delta

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement
Travel

Candidate Name
MARY THOMAS

Office Sought: House
 Senate
 President
State: FL District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2016

Transaction ID : SB23.5633.2

Amount of Each Disbursement this Period

163.13

Memo Item

Full Name (Last, First, Middle Initial)

B. Caitlin Connors

Mailing Address 1301 South Scott Street
Apt 238

City Arlington State VA Zip Code 22204

Purpose of Disbursement
In-kind to Brown

Candidate Name
LIZ BROWN

Office Sought: House
 Senate
 President
State: IN District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2016

Transaction ID : SB23.5627

Amount of Each Disbursement this Period

85.11

Memo Item

Full Name (Last, First, Middle Initial)

C. Caitlin Connors

Mailing Address 1301 South Scott Street
Apt 238

City Arlington State VA Zip Code 22204

Purpose of Disbursement
in-kind to Walorski

Candidate Name
JACKIE WALORSKI SWIHART

Office Sought: House
 Senate
 President
State: IN District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2016

Transaction ID : SB23.5629

Amount of Each Disbursement this Period

85.11

Memo Item

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

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

170.22

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 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

Full Name (Last, First, Middle Initial)

A. SBA List

Mailing Address 1200 New Hampshire Ave NW
Suite 750

City Washington State DC Zip Code 20036

Purpose of Disbursement
Political consulting and travel expenses

Candidate Name
LIZ BROWN

Office Sought: House
 Senate
 President
State: IN District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2016

Transaction ID : **SB23.5617**

Amount of Each Disbursement this Period

219.30

Memo Item

Full Name (Last, First, Middle Initial)

B. SBA List

Mailing Address 1200 New Hampshire Ave NW
Suite 750

City Washington State DC Zip Code 20036

Purpose of Disbursement
Political consulting and travel expenses

Candidate Name
JACKIE WALORSKI SWIHART

Office Sought: House
 Senate
 President
State: IN District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2016

Transaction ID : **SB23.5623**

Amount of Each Disbursement this Period

219.30

Memo Item

Full Name (Last, First, Middle Initial)

C. SBA List

Mailing Address 1200 New Hampshire Ave NW
Suite 750

City Washington State DC Zip Code 20036

Purpose of Disbursement
In-kind donation to Brown

Candidate Name
LIZ BROWN

Office Sought: House
 Senate
 President
State: IN District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2016

Transaction ID : **SB23.5625**

Amount of Each Disbursement this Period

672.72

Memo Item

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

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

1111.32

**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 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

Full Name (Last, First, Middle Initial)

A. SBA List

Mailing Address 1200 New Hampshire Ave NW
Suite 750

City Washington State DC Zip Code 20036

Purpose of Disbursement
In-kind to Walorski

Candidate Name
JACKIE WALORSKI SWIHART

Office Sought: House Senate President
State: IN District: 02
Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 06 / 2016

Transaction ID : SB23.5626

Amount of Each Disbursement this Period

672.72

Memo Item

Full Name (Last, First, Middle Initial)

B. SBA List

Mailing Address 1200 New Hampshire Ave NW
Suite 750

City Washington State DC Zip Code 20036

Purpose of Disbursement
in kind to Thomas

Candidate Name
MARY THOMAS

Office Sought: House Senate President
State: FL District: 02
Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SB23.5630

Amount of Each Disbursement this Period

1150.43

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:
Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

1823.15

5295.96