

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="70004.20"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="10118.88"/>	<input type="text" value="10118.88"/>
(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="80123.08"/>	<input type="text" value="80123.08"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4768.30"/>	<input type="text" value="4768.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="75354.78"/>	<input type="text" value="75354.78"/>
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)

Page 3

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).....	6050.00	6050.00
(ii) Unitemized	4068.88	4068.88
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10118.88	10118.88
(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)	10118.88	10118.88
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 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))..... ▶	10118.88	10118.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10118.88	10118.88

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	534.51	534.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	534.51	534.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4233.79	4233.79
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	0.00
(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	0.00
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)) ..	4768.30	4768.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4768.30	4768.30

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)	10118.88	10118.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10118.88	10118.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	534.51	534.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	534.51	534.51

**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 6 OF 19
	<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

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

Mailing Address 853 Great Oaks Trail

City Eagan State MN Zip Code 55123-2435

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 ▼ 300.00

Date of Receipt
01 / 08 / 2016
Transaction ID : SA11AI.5266

Amount of Each Receipt this Period
300.00

B. Kate Britton Giaimo
Full Name (Last, First, Middle Initial)

Mailing Address 8708 Brook Road

City McLean State VA Zip Code 22102-1541

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 ▼ 750.00

Date of Receipt
01 / 14 / 2016
Transaction ID : SA11AI.5324

Amount of Each Receipt this Period
750.00

C. Lisa Brochu
Full Name (Last, First, Middle Initial)

Mailing Address 20710 North Swansway

City Deer Park State IL Zip Code 60010-3766

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 ▼ 500.00

Date of Receipt
01 / 19 / 2016
Transaction ID : SA11AI.5359

Amount of Each Receipt this Period
500.00

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 7 OF 19
	<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

Full Name (Last, First, Middle Initial) A. Marylane Burry		Date of Receipt MM / DD / YYYY 01 / 28 / 2016 Transaction ID : SA11AI.5383
Mailing Address 305 Southwinds		Amount of Each Receipt this Period 250.00
City Tinton Falls	State NJ	Zip Code 07753-7714
FEC ID number of contributing federal political committee. C		
Name of Employer Homemaker/Volunteer	Occupation Homemaker/Volunteer	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Campaign for Working Families		Date of Receipt MM / DD / YYYY 01 / 27 / 2016 Transaction ID : SA11AI.5379
Mailing Address 2800 South Shirlington Road,		Amount of Each Receipt this Period 1000.00
City Arlington	State VA	Zip Code 22206-3619
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Clint Cline		Date of Receipt MM / DD / YYYY 01 / 18 / 2016 Transaction ID : SA11AI.5338
Mailing Address 106 North Collins Street		Amount of Each Receipt this Period 250.00
City Plant City	State FL	Zip Code 33563-3312
FEC ID number of contributing federal political committee. C		
Name of Employer Design4 Marketing Communications	Occupation President Creative Director	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Amory Cummings
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701 North Halsted Street Apt. B-1
 City Chicago State IL Zip Code 60614-5558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Freeborn & Peters LLP Occupation Attorney
 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
 01 / 19 / 2016
Transaction ID : SA11AI.5357
 Amount of Each Receipt this Period
 250.00

B. James Duncan
 Full Name (Last, First, Middle Initial)
 Mailing Address 662 Royal Sunset Drive
 City Durham State NC Zip Code 27713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comdisco Inc Occupation Retired
 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
 01 / 17 / 2016
Transaction ID : SA11AI.5336
 Amount of Each Receipt this Period
 250.00

C. Amy Noone Frederick
 Full Name (Last, First, Middle Initial)
 Mailing Address 15532 Yorktown Drive
 City Montclair State VA Zip Code 22025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 60 Plus Association Occupation President
 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
 01 / 20 / 2016
Transaction ID : SA11AI.5363
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 9 OF 19
	<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. Mary Ann Gould
Full Name (Last, First, Middle Initial)

Mailing Address 544 Martha Street

City Montgomery State AL Zip Code 36104-3357

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

Name of Employer Occupation
Info Requested Info Requested

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
01 / 22 / 2016
Transaction ID : SA11AI.5367

Amount of Each Receipt this Period
150.00

Earmarked for Martha Roby for Congress House AL-02

B. Robert E. ODonnell
Full Name (Last, First, Middle Initial)

Mailing Address 343 Via. De Vista

City Solana Beach State CA Zip Code 92075-2030

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

Name of Employer Occupation
Info Requested Info Requested

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 20 / 2016
Transaction ID : SA11AI.5365

Amount of Each Receipt this Period
1000.00

C. Michael Lee Pemberton
Full Name (Last, First, Middle Initial)

Mailing Address 106 Joseph Court

City Radcliff State KY Zip Code 40160-1992

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

Name of Employer Occupation
Retired Master Gunner

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 10 / 2016
Transaction ID : SA11AI.5268

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00

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 10 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kenneth Rasch
 Full Name (Last, First, Middle Initial)
 Mailing Address 1834 Johnson Avenue
 City Fort Dodge State IA Zip Code 50501-8572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rasch Farms Occupation Farmer
 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
 01 / 16 / 2016
Transaction ID : SA11AI.5334
 Amount of Each Receipt this Period
 250.00

B. Jean Rinn
 Full Name (Last, First, Middle Initial)
 Mailing Address 3611 Berry Street
 City Crystal Lake State IL Zip Code 60012-1134
 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2016
Transaction ID : SA11AI.5300
 Amount of Each Receipt this Period
 250.00

C. Margaret Schoming
 Full Name (Last, First, Middle Initial)
 Mailing Address 8041 Manville Drive
 City Pittsburgh State PA Zip Code 15237-5663
 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 ▼ 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2016
Transaction ID : SA11AI.5375
 Amount of Each Receipt this Period
 100.00
 Earmarked for Rick Santorum For President Senate PA

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
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 OF 19
(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. Steven Valentine
Full Name (Last, First, Middle Initial)
Mailing Address 6487 Warwick Circle
City Alexandria State VA Zip Code 22315-3662
FEC ID number of contributing federal political committee. **C**
Name of Employer K&L Gates LLP Occupation Attorney
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
01 / 15 / 2016
Transaction ID : SA11AI.5332
Amount of Each Receipt this Period
250.00

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	6050.00

**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. Capital One

Mailing Address 201 St. Charles Ave
16th Floor

City New Orleans State LA Zip Code 70130

Purpose of Disbursement
In Kind: See Sch B, Line 23; Ult Rec: See Sch B Addl Info

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2016

Transaction ID : SB21B.5436

Amount of Each Disbursement this Period

566.29

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank

Mailing Address 1445 Laughlin Ave

City MCLean State VA Zip Code 22101

Purpose of Disbursement
Check Reorder

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2016

Transaction ID : SB21B.5225

Amount of Each Disbursement this Period

254.15

Full Name (Last, First, Middle Initial)

C. 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

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2016

Transaction ID : SB21B.5224

Amount of Each Disbursement this Period

280.36

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

534.51

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

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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 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. Susan B Anthony List, Inc.

Mailing Address 1200 New Hampshire Ave NW
Ste 750

City Washington State DC Zip Code 20036

Purpose of Disbursement
In Kind Contribution: see Sch B; Speaking Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 18 / 2016

Transaction ID : SB21B.5468

Amount of Each Disbursement this Period

717.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B.

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

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

Amount of Each Disbursement this Period

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

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

Amount of Each Disbursement this Period

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

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

0.00

534.51

**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
See Additional Entries

Candidate Name
MARTHA ROBY

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.5439

Amount of Each Disbursement this Period

5	6	6	.	2	9
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Atlanta Airport Kiosk

Mailing Address 6000 Terminal Pkwy

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Food Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	8			2	0	1	6		

Transaction ID : SB23.5439.0

Amount of Each Disbursement this Period

2	.	2	6
---	---	---	---

[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
Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.5439.1

Amount of Each Disbursement this Period

1	4	1	.	8	5
---	---	---	---	---	---

[MEMO ITEM]

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

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

5	6	6	.	2	9
---	---	---	---	---	---

5	6	6	.	2	9
---	---	---	---	---	---

**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. McDonalds

Mailing Address Ronald Reagan Airport

City Arlington State VA Zip Code 22202

Purpose of Disbursement
Meal

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 18 / 2016

Transaction ID : SB23.5439.2

Amount of Each Disbursement this Period

2.69

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SQ Friendly Airport Service

Mailing Address 1075 Chandler St

City Montgomery State AL Zip Code 36104

Purpose of Disbursement
Taxi

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 18 / 2016

Transaction ID : SB23.5439.3

Amount of Each Disbursement this Period

9.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Uber

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Taxi

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 18 / 2016

Transaction ID : SB23.5439.4

Amount of Each Disbursement this Period

5.01

[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. C Grounded

Mailing Address BHM Terminal C

City Birmingham State AL Zip Code 35212

Purpose of Disbursement
Meal

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2016

Transaction ID : SB23.5439.5

Amount of Each Disbursement this Period

3.66

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Kangaroo Express

Mailing Address 1700 Tallapoosa St

City Birmingham State AL Zip Code 35234

Purpose of Disbursement
Meal

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2016

Transaction ID : SB23.5439.6

Amount of Each Disbursement this Period

7.01

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Taylor Street Market

Mailing Address 5700 S Cicero Ave

City Chicago State IL Zip Code 60638

Purpose of Disbursement
Meal

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2016

Transaction ID : SB23.5439.7

Amount of Each Disbursement this Period

1.24

[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. Renaissance Montgomery		Date of Disbursement MM / DD / YYYY 01 / 20 / 2016
Mailing Address 201 Tallapoosa St		Transaction ID : SB23.5439.8
City Montgomery	State AL	
Zip Code 36104	Purpose of Disbursement Hotel Stay	Amount of Each Disbursement this Period 115.53
Candidate Name	Category/Type	[MEMO ITEM]
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:		

Full Name (Last, First, Middle Initial) B. Starbucks		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016
Mailing Address 1927 11th Ave S		Transaction ID : SB23.5439.9
City Birmingham	State AL	
Zip Code 35212	Purpose of Disbursement Meal	Amount of Each Disbursement this Period 1.98
Candidate Name	Category/Type	[MEMO ITEM]
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:		

Full Name (Last, First, Middle Initial) C. Yellow Cab		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016
Mailing Address 1636 Bladensburg Rd, NE		Transaction ID : SB23.5439.10
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Taxi	Amount of Each Disbursement this Period 16.21
Candidate Name	Category/Type	[MEMO ITEM]
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).....▶	0.00
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. Wintzell's Oyster House

Mailing Address 105 Commerce St

City Montgomery State AL Zip Code 36104

Purpose of Disbursement
Meals

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2016

Transaction ID : SB23.5439.11

Amount of Each Disbursement this Period

14.42

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Southwest

Mailing Address P.O. Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 11 / 2016

Transaction ID : SB23.5439.12

Amount of Each Disbursement this Period

245.46

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. COMSTOCK FOR CONGRESS

Mailing Address PO BOX 831

City MC LEAN State VA Zip Code 22101

Purpose of Disbursement
2016 General Direct Contribution

Candidate Name

Office Sought: House Senate President
State: VA District: 10

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2016

Transaction ID : SB23.5221

Amount of Each Disbursement this Period

2700.00

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

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

2700.00

**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. MARTHA ROBY FOR CONGRESS

Mailing Address PO BOX 195

City MONTGOMERY State AL Zip Code 36101

Purpose of Disbursement
Earmarked from Mary Gould Transmitted by PAC Check

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2016

Transaction ID : SB23.5431

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. RICK SANTORUM FOR PRESIDENT, INC. (2012)

Mailing Address PO BOX 238

City VERONA State PA Zip Code 15147

Purpose of Disbursement
Earmarked from Margaret Schoming Transmitted by PAC Check

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2016

Transaction ID : SB23.5433

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Susan B Anthony List, Inc.

Mailing Address 1200 New Hampshire Ave NW
Ste 750

City Washington State DC Zip Code 20036

Purpose of Disbursement
Speaking Fees, In-Kind to Roby

Candidate Name

MARTHA ROBY

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2016

Transaction ID : SB23.5470

Amount of Each Disbursement this Period

717.50

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

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

967.50

4233.79
