

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>SUSAN B ANTHONY LIST INC</b>		3. FEC Identification Number <b>C</b> C90011313
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1707 L Street NW Ste 750		
(c) City, State and ZIP Code Washington DC 20036		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report  24-Hour Report
- October 15 Quarterly Report  48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on

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

5. COVERING PERIOD:

FROM 

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

THROUGH 

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

6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES .....	40000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM**

**SIGNATURE**

**DATE**

*[Electronically Filed]*

Robert Kania

*Robert Kania*

09/30/2016

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

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Facebook, Inc.		Date of Public Distribution/Dissemination 09 / 30 / 2016	
Mailing Address 1 Hacker Way		Amount 5000.00	
City Menlo Park	State CA	Zip Code 94025	Transaction ID : F57.4578
Purpose of Expenditure FL Ads	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 47241.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Facebook, Inc.		Date of Public Distribution/Dissemination 09 / 30 / 2016	
Mailing Address 1 Hacker Way		Amount 5000.00	
City Menlo Park	State CA	Zip Code 94025	Transaction ID : F57.4587
Purpose of Expenditure FL Ads	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK E MURPHY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Google, Inc.		Date of Public Distribution/Dissemination 09 / 30 / 2016	
Mailing Address 1600 Amphitheatre Parkway		Amount 15000.00	
City Mountain View	State CA	Zip Code 94043	Transaction ID : F57.4576
Purpose of Expenditure FL Ads	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 42241.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	25000.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Google, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2016	
Mailing Address 1600 Amphitheatre Parkway		Amount 15000.00	
City State Zip Code Mountain View CA 94043	Transaction ID : F57.4589		
Purpose of Expenditure FL Ads	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK E MURPHY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 20000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City State Zip Code			
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City State Zip Code			
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	15000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	0.00
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	40000.00