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 SUSAN B ANTHONY LIST INC			
(b) Address (number and street) check if different than previou 1707 L Street NW Ste 750	usly reported	_	
(c) City, State and ZIP Code			
	3. FEC Identification Number		
Washington DC 20036			
2. Occupation and Name of Employer (for Individual Filers Only)		C C90011313	
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	s, it amends the report filed on		
5. COVERING PERIOD: FROM / DID THROUGH / DID			
6. TOTAL CONTRIBUTIONS		0.00	
7. TOTAL INDEPENDENT EXPENDITURES		1122.50	
Under penalty of perjury I certify that the independent expenditures reported herein we of, any candidate or authorized committee or agent of either, or any political party co		on, or concert with, or at the request or suggestion	
TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE [lectronically Filed]	
Robert Kania	Robert Kania	10/10/2014	

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

ge# 14978119766					
HEDULE 5-E				PAGE 2 FOR LINE 7 OF	OF 2
ME OF FILER (In Full)					
USAN B ANTHONY LIST INC					
Full Name (Last, First, Middle Initial)	of Payee		Date of Pub	lic Distribution/Diss	emination
Pollmakers		10 06 2014			
Mailing Address 1527 S Cooper St			Amount	00	2014
City	State	Zip Code			1122.50
Arlington	TX	76010	Transactio	on ID : F57.4445	1122.00
Purpose of Expenditure Robocalls		Category/ Type 004	Office Sought:	X Sanata	itate: IA
Name of Federal Candidate Supporte BRUCE L BRALEY	d or Opposed by Expend	liture:	Check One:	President	Oppose
Calendar Year-To-Date Per Elect for Office Sou		125989.45	Disbursement For 2014 Other (s		General
Full Name (Last, First, Middle Initial)	of Payee		Date of Put	blic Distribution/Diss	emination
			M M	/ D D / Y	- Y - Y - Y
Mailing Address					
			Amount		
City	State	Zip Code		5	
Purpose of Expenditure		Category/	Office Sought:	House S	State:
		Туре		Senate Dis	strict:
Name of Federal Candidate Supporte	d or Opposed by Expend	liture:		President	0
			Check One:	Support	Oppose
Calendar Year-To-Date Per Electi for Office Soug			Disbursement For Other (s	Primary	General
Full Name (Last, First, Middle Initial) of Payee		Date of Pub	Date of Public Distribution/Dissemination		
		M M	/ D D / Y	• • • • •	
Mailing Address					
			Amount		
City	State	Zip Code		л. I. Л. I.	
Purpose of Expenditure		Category/ Type	Office Sought:	House S Senate	itate:
Name of Federal Candidate Supported or Opposed by Expenditure:			Dis President	strict:	
			Check One:	Support	Oppose
Calendar Year-To-Date Per Elect for Office Sou	abt		Disbursement For	Primary	General
				·····/ •	
a) SUBTOTAL of Itemized Independe	nt Expenditures		····· >		1122.50
(b) SUBTOTAL of Unitemized Indepen	dent Expenditures		····· Þ		
c) TOTAL Independent Expenditures.					1122.50
(carry total from last page fo	rward to Line 7)				

FEC Schedule 5 (REV. 09/2013)