FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(b) Address (number and street)	1. (a) Name of Individual, Organization or Corporation SUSAN B ANTHONY LIST INC]	
(c) City, State and ZIP Code Washington DC 20036 3. FEC Identification Number 2. Occupation and Name of Employer (for Individual Filers Only) C C 00011313 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report Quarterly Report Quarterly Report Quarterly Report Quarterly Report X 48-Hour Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on THROUGH Yes, it amends the report filed on Yes, or the reputet of the report of the reputet of the report of	(b) Address (number and street) check if different than previou 1707 L Street NW	isly reported		
Washington DC 20036 3. FEC Identification Number 2. Occupation and Name of Employer (for Individual Filers Only) C 680011313 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Report 3. July 15 Quarterly Report 24-Hour Report 3. July 15 Quarterly Report 24-Hour Report 3. July 15 Quarterly Report 24-Hour Report 3. July 15 Quarterly Report 4. 48-Hour Report 3. July 15 Quarterly Report X 48-Hour Report 3. July 15 Quarterly Report X. 48-Hour Report 5. COVERING PERIOD: FROM Yes, it amends the report filed on Yes, 'f Yes' ('f''''''''''''''''''''''''''''''''''				
2. Occupation and Name of Employer (for Individual Filers Only) C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C <t< td=""><td></td><td>20 00000</td><td>3. FEC Identification Number</td></t<>		20 00000	3. FEC Identification Number	
Coordination and really of Engloyer (on individual Tieres Only) A. TYPE OF REPORT (check appropriate boxes): (a) _ April 15 Quarterly Report 24-Hour Report 24-Hour Report 24-Hour Report 3anuary 31 Year-End Report	washington	JC 20036		
(a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report (b) Is this Report an amendment? No Ves, it amends the report filed on FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM	2. Occupation and Name of Employer (for Individual Filers Only)		C C90011313	
Image: Signature of periory of certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of either, or any political party committee or its agent.	4. TYPE OF REPORT (check appropriate boxes):			
Cotober 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on '''''''''''''''''''''''''''''''''''	(a) April 15 Quarterly Report			
I January 31 Year-End Report (b) Is this Report an amendment? No Yes, it amends the report filed on '''''''''''''''''''''''''''''''''''	July 15 Quarterly Report	24-Hour Report		
 b) Is this Report an amendment? No 'Yes, it amends the report filed on 'Yes, 'Yes,	October 15 Quarterly Report 🛛 48-Hour Report			
b) Is this Report an amendment? No Yes, it amends the report filed on 5. COVERING PERIOD: FROM Yes, it amends the report filed on THROUGH THROUGH Yes, it amends the report filed on 6. TOTAL CONTRIBUTIONS	January 31 Year-End Report			
FROM Image:	b) Is this Report an amendment? 🗙 No 🗌 Ye	s, it amends the report filed on		
Image: Contraining the second seco	5. COVERING PERIOD: FROM			
7. TOTAL INDEPENDENT EXPENDITURES 4660.50 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] DATE	THROUGH			
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 [Electronically Filed]	6. TOTAL CONTRIBUTIONS	[]	0.00	
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] DATE	7. TOTAL INDEPENDENT EXPENDITURES		4660.50	
[Electronically Filed]			or concert with, or at the request or suggestion	
Robert Kania Robert Kania	TYPE OR PRINT NAME OF PERSON COMPLETING FORM			
07/19/2016	Robert Kania	Robert Kania	07/19/2016	
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.	NOTE: Submission of false, erroneous or incomplete information ma	subject the person signing this report to		

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

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination	
Headway Workforce Solutions	M M / D D / Y Y Y	
Mailing Address 421 Fayetteville Street	07162016	
Suite 1020	Amount	
City State Zip Code	3750.00	
Raleigh NC 27601	Transaction ID : F57.4550	
Purpose of Expenditure Category/ 7/16-7/24 payroll, Florida Type	Office Sought: House State: FL Senate District:	
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination	
Headway Workforce Solutions	M . M / D . D / Y . Y . Y . Y	
Mailing Address 421 Fayetteville Street	07 16 2016	
Suite 1020	Amount	
City State Zip Code	910.50	
Raleigh NC 27601	Transaction ID : F57.4552	
Purpose of Expenditure Category/ Mileage Reimbursement for 7/16-7/24- Florida Type	Office Sought: House State: FL Senate	
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016 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: House State:	
Name of Federal Candidate Supported or Opposed by Expenditure:	District:	
	Check One: Support Oppose	
	Disbursement For: Primary General	
Calendar Year-To-Date Per Election for Office Sought	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	4660.50	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		