

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 SUSAN B ANTHONY LIST INC | | |
| (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 | | 3. FEC Identification Number C C90011313 |
| 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

/ /

5. COVERING PERIOD:

FROM / /
THROUGH / /

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES

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]

Kania, Robert, , ,

Kania, Robert, , ,

10/28/2016

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

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: F5A
Transaction ID :

The committee had previously reported these amount on the 9/30 report.

Form/Schedule:
Transaction ID:

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 6
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INCFull Name (Last, First, Middle Initial) of Payee
Facebook

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y
10 / 21 / 2016

Mailing Address 1 Hacker Way

Amount

City State Zip Code
Menlo Park CA 94025

0.00

Transaction ID : F57.4723

Purpose of Expenditure
video adCategory/
Type 004Office Sought: ☐ House State: _____
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
CLINTON, HILLARY RODHAM, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 154483.91Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
Facebook

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y
10 / 21 / 2016

Mailing Address 1 Hacker Way

Amount

City State Zip Code
Menlo Park CA 94025

0.00

Transaction ID : F57.4723

Purpose of Expenditure
video adCategory/
Type 004Office Sought: ☐ House State: FL
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
MURPHY, PATRICK E, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 22774.13Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
FP1 Strategies, LLC

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y
10 / 21 / 2016

Mailing Address P.O. Box 16504

Amount

City State Zip Code
Alexandria VA 22302

0.00

Transaction ID : F57.4715

Purpose of Expenditure
video adCategory/
Type 004Office Sought: ☐ House State: _____
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
CLINTON, HILLARY RODHAM, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 154483.91Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 0.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 4 OF 6
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INCFull Name (Last, First, Middle Initial) of Payee
FP1 Strategies, LLC

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 21 / 2016

Mailing Address P.O. Box 16504

Amount

City State Zip Code
Alexandria VA 22302

0.00

Transaction ID : F57.4717

Purpose of Expenditure
video adCategory/
Type 004Office Sought: ☐ House State: FL
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
MURPHY, PATRICK E, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 22774.13Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
Google, Inc.

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 21 / 2016

Mailing Address 1600 Amphitheatre Parkway

Amount

City State Zip Code
Mountain View CA 94043

0.00

Transaction ID : F57.4719

Purpose of Expenditure
video adCategory/
Type 004Office Sought: ☐ House State: _____
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
CLINTON, HILLARY RODHAM, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 154483.91Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
Google, Inc.

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 21 / 2016

Mailing Address 1600 Amphitheatre Parkway

Amount

City State Zip Code
Mountain View CA 94043

0.00

Transaction ID : F57.4721

Purpose of Expenditure
video adCategory/
Type 004Office Sought: ☐ House State: FL
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
MURPHY, PATRICK E, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 22774.13Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 0.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 5 OF 6
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INCFull Name (Last, First, Middle Initial) of Payee
i360 Technologies

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 21 / 2016

Mailing Address 13873 Park Center Road #400S

Amount

0.00

City State Zip Code
Herndon VA 20171

Transaction ID : F57.4727

Purpose of Expenditure
video adCategory/
Type 004Office Sought: ☐ House State: _____
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
CLINTON, HILLARY RODHAM, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 154483.91Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
i360 Technologies

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 21 / 2016

Mailing Address 13873 Park Center Road #400S

Amount

0.00

City State Zip Code
Herndon VA 20171

Transaction ID : F57.4729

Purpose of Expenditure
video adCategory/
Type 004Office Sought: ☐ House State: FL
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
MURPHY, PATRICK E, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 22774.13Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
The Lukens Company

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 21 / 2016Mailing Address 2800 Shirlington Rd
9th Floor

Amount

0.00

City State Zip Code
Arlington VA 22206

Transaction ID : F57.4711

Purpose of Expenditure
video adCategory/
Type 004Office Sought: ☐ House State: _____
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
CLINTON, HILLARY RODHAM, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 154483.91Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 0.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 6 OF 6
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INCFull Name (Last, First, Middle Initial) of Payee
The Lukens Company

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 21 / 2016Mailing Address 2800 Shirlington Rd
9th Floor

Amount

0.00

Transaction ID : F57.4713

Purpose of Expenditure
video adCategory/
Type 004Office Sought: ☐ House State: FL
☒ Senate District: _____
☐ PresidentCheck One: ☐ Support ☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
MURPHY, PATRICK E, ,Calendar Year-To-Date Per Election
for Office Sought 22774.13Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ PresidentCheck One: ☐ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ PresidentCheck One: ☐ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... 0.00

(b) SUBTOTAL of Unitemized Independent Expenditures 0.00

(c) TOTAL Independent Expenditures..... 0.00
(carry total from last page forward to Line 7)