05/18/2018 16 : 51

PAGE 1/2

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) check if different than previously reported 1707 L Street NW Ste 730 c) Grity State and ZIP Code Washington	1. (a) Name of SUSAN B A	Individual, Organization or Corporation ANTHONY LIST INC			
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 January 31 Year-End Report 48-Hour Report January 31 Year-End Report 5. COVERING PERIOD: FROM THROUGH 7 TOTAL CONTRIBUTIONS	1707 L Stre		eviously reported		
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	(c) City, State	e and ZIP Code		0.55011.00.00	
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 July 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? In No Yes, it amends the report filed on THROUGH 5. COVERING PERIOD: FROM THROUGH Under penulty of parity contrib 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 Kania, Robert, Kania, Robert, C C G80011313 C G80011313			3. FEC Identification Number		
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report	J.			000044040	
(a) April 15 Quarterly Report	2. Occupation a	and Name of Employer (for Individual Filers Only)		C C90011313	
(a) April 15 Quarterly Report					
7. TOTAL INDEPENDENT EXPENDITURES	(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 Yes, it amends the report filed on FROM FROM MIM / DID / YEYEY				
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] Kania, Robert, , , 05/18/2018	6. TC	TAL CONTRIBUTIONS		0.00	
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE [Electronically Filed] Kania, Robert, , , O5/18/2018	7. TO	TAL INDEPENDENT EXPENDITURES		2000.00	
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE [Electronically Filed] Kania, Robert, , , O5/18/2018					
Kania, Robert, , , Kania, Robert, , , Sania, Robert, , , O5/18/2018					
05/18/2018					
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.	Kania, Robert, ,	,	Kania, Robert, , ,	05/18/2018	
	NOT	E: Submission of false, erroneous or incomplete information	n may subject the person signing this report t	o the penalties of 2 U.S.C. §437g.	

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

PAGE 2 OF 2 FOR LINE 7 OF FORM 5

AME OF FILER (In Full) SUSAN B ANTHONY LIST INC				
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination			
Facebook	05 18 2018			
Mailing Address 1 Hacker Way				
	Amount			
City State Zip Code	2000.00			
Menlo Park CA 94025	Transaction ID : F57.4995			
Purpose of Expenditure Digital ads Category/ Type 004	Office Sought: House State: TX Senate District: 05			
Name of Federal Candidate Supported or Opposed by Expenditure: POUNDS, BUNNI, , ,	Check One: President Support Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2018 Other (specify) Runoff			
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination			
Mailing Address	M = M / D = D / Y = Y = Y			
	Amount			
City State Zip Code				
Purpose of Expenditure Category/ Type	Office Sought: House State:			
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination			
Mailing Address	M = M / D = D / Y = Y = Y			
Mailing Address	Amount			
City State Zip Code	Amount			
Oity State Zip Gode				
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District:			
Name of Federal Candidate Supported or Opposed by Expenditure:	President District.			
	Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	2000.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				