

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 2800 Shirlington Rd Suite 1200		
(c) City, State and ZIP Code Arlington VA 22206		3. FEC Identification Number
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, it amends the report filed on / /

5. COVERING PERIOD:

FROM / /

THROUGH / /

6. TOTAL CONTRIBUTIONS..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES 439.81

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, , ,

08/14/2018

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 3
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INCFull Name (Last, First, Middle Initial) of Payee
Design 4, Inc.

Date of Public Distribution/Dissemination

MM / DD / YYYY
08 / 14 / 2018

Mailing Address 106 North Collins Street

Amount

City State Zip Code
Plant City FL 33563Amount
109.37

Transaction ID : F57.5056

Purpose of Expenditure
Design workCategory/
Type 004Office Sought: ☐ House State: ND
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
CRAMER, KEVIN, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 21298.94Disbursement For: ☐ Primary ☒ General
2018
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
Design 4, Inc.

Date of Public Distribution/Dissemination

MM / DD / YYYY
08 / 14 / 2018

Mailing Address 106 North Collins Street

Amount

City State Zip Code
Plant City FL 33563Amount
109.37

Transaction ID : F57.5064

Purpose of Expenditure
Design costsCategory/
Type 004Office Sought: ☐ House State: ND
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
HEITKAMP, HEIDI, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 21518.85Disbursement For: ☐ Primary ☒ General
2018
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
Global Printing

Date of Public Distribution/Dissemination

MM / DD / YYYY
08 / 14 / 2018

Mailing Address PO Box 16240

Amount

City State Zip Code
Alexandria VA 22302Amount
100.97

Transaction ID : F57.5059

Purpose of Expenditure
Mailing costsCategory/
Type 004Office Sought: ☐ House State: ND
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
CRAMER, KEVIN, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 21399.91Disbursement For: ☐ Primary ☒ General
2018
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 319.71

(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 3 OF 3
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INCFull Name (Last, First, Middle Initial) of Payee
Global Printing

Mailing Address PO Box 16240

City State Zip Code
Alexandria VA 22302

Date of Public Distribution/Dissemination

MM / DD / YYYY
08 / 14 / 2018

Amount

100.96

Transaction ID : F57.5066

Purpose of Expenditure
Mailing costsCategory/
Type 004Office Sought: ☐ House State: ND
☒ Senate District: _____
☐ PresidentCheck One: ☐ Support ☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
HEITKAMP, HEIDI, , ,Calendar Year-To-Date Per Election
for Office Sought 21619.81Disbursement For: ☐ Primary ☒ General
2018
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
Susan B. Anthony ListMailing Address 2800 Shirlington Rd
Suite 1200City State Zip Code
Arlington VA 22206

Date of Public Distribution/Dissemination

MM / DD / YYYY
08 / 14 / 2018

Amount

9.57

Transaction ID : F57.5054

Purpose of Expenditure
staff time, newsletter articleCategory/
Type 004Office Sought: ☐ House State: ND
☒ Senate District: _____
☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
CRAMER, KEVIN, , ,Calendar Year-To-Date Per Election
for Office Sought 21189.57Disbursement For: ☐ Primary ☒ General
2018
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
SUSAN B ANTHONY LIST INCMailing Address 2800 Shirlington Rd
Suite 1200City State Zip Code
Arlington VA 22206

Date of Public Distribution/Dissemination

MM / DD / YYYY
08 / 14 / 2018

Amount

9.57

Transaction ID : F57.5062

Purpose of Expenditure
Staff timeCategory/
Type 004Office Sought: ☐ House State: ND
☒ Senate District: _____
☐ PresidentCheck One: ☐ Support ☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
HEITKAMP, HEIDI, , ,Calendar Year-To-Date Per Election
for Office Sought 21409.48Disbursement For: ☐ Primary ☒ General
2018
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 120.10

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....▶ 439.81
(carry total from last page forward to Line 7)