

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		3. FEC Identification Number C C90011313
(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		
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

M M	/	D D	/	Y Y Y Y Y Y

5. COVERING PERIOD:

FROM	M M	/	D D	/	Y Y Y Y Y Y
THROUGH	M M	/	D D	/	Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES	16666.00

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, , ,

10/26/2018

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 INC

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 4166.50	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5449
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Chabot, Steve, , ,		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 5966.50			

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 4166.50	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5451
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: PUREVAL, AFTAB, , ,		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 10133.00			

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 4166.50	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5453
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BALDERSON, TROY, , ,		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 5966.50			

(a) SUBTOTAL of Itemized Independent Expenditures.....	12499.50
(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
Headway Workforce Solutions

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 26 / 2018Mailing Address 421 Fayetteville Street
Suite 1020

Amount

4166.50

City State Zip Code
Raleigh NC 27601

Transaction ID : F57.5455

Purpose of Expenditure
CanvassersCategory/
Type 001Office Sought: ☒ House State: OH
☐ Senate District: 12
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
O'CONNOR, DANIEL JAY, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 10133.00Disbursement For: ☐ Primary ☒ General
2018
☐ 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: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar 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: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 4166.50

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 16666.00
(carry total from last page forward to Line 7)