

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SUSAN B ANTHONY LIST INC. CANDIDATE FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00332296 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee The Lukens Company		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 10 / 2018</div> </div>	
Mailing Address 2800 Shirlington Road 9th Floor		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6500.00</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.23858 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 10 / 2018</div> </div>
Purpose of Expenditure Production of mail piece		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate GIANFORTE, GREG, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: MT	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">9108.11</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee The Mail Haus		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 10 / 2018</div> </div>	
Mailing Address 1745 Suburban Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2608.11</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.23848 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 10 / 2018</div> </div>
Purpose of Expenditure Postage for mailer		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	
Name of Federal Candidate GIANFORTE, GREG, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: MT	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2608.11</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9108.11</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9108.11</div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Kania, Robert, J. , Jr.

[Electronically Filed]

Date

MM / DD / YYYY
09 / 10 / 2018

Signature