

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

1. (a) Name of Individual, Organization or Corporation <b>Susan B. Anthony List</b>		3. FEC Identification Number  <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>C</b> C90011313         </div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1707 L Street NW Ste 550		
(c) City, State and ZIP Code Washington DC 20036		
2. Occupation and Name of Employer (for Individual Filers Only)		

MM / DD / YYYY

6. TOTAL CONTRIBUTIONS.....	.00
-----------------------------	-----

7. TOTAL INDEPENDENT EXPENDITURES .....	7500.00
---	---------

05/17/2014

FEC Schedule 5 (REV. 09/2013)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 2  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Susan B. Anthony List

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

Date of Public Distribution/Dissemination

MM / DD / YYYY  
05 / 17 / 2014

Mailing Address 190 Monroe NW Fifth Floor

Amount

7500.00

Transaction ID : F57.000001

Purpose of Expenditure  
Robo-callsCategory/  
Type 004Office Sought: ☐ House State: GA  
☒ Senate District: \_\_\_\_\_  
☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Karen HandelCalendar Year-To-Date Per Election  
for Office Sought .00Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▶

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

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

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

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.....▶ 7500.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶ 7500.00  
(carry total from last page forward to Line 7)