

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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 <div>C C90011313</div>
2. Occupation and Name of Employer (for Individual Filers Only)		

Age Group	Percentage
18-24	18%
25-34	15%
35-44	12%
45-54	10%
55-64	8%
65-74	6%
75-84	4%
85+	2%

25000.00

FEC Schedule 5 (REV. 09/2013)

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
Headway Workforce Solutions

Date of Public Distribution/Dissemination

MM / DD / YYYY
09 / 05 / 2018Mailing Address 421 Fayetteville Street
Suite 1020

Amount

10000.00

City State Zip Code
Raleigh NC 27601

Transaction ID : F57.5069

Purpose of Expenditure
Estimated Payroll for canvassersCategory/
Type 001Office 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 31619.81Disbursement For: ☐ Primary ☒ General
2018 ☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
Headway Workforce Solutions

Date of Public Distribution/Dissemination

MM / DD / YYYY
09 / 05 / 2018Mailing Address 421 Fayetteville Street
Suite 1020

Amount

10000.00

City State Zip Code
Raleigh NC 27601

Transaction ID : F57.5071

Purpose of Expenditure
Payroll for canvassersCategory/
Type 001Office 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 41619.81Disbursement For: ☐ Primary ☒ General
2018 ☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
Headway Workforce Solutions

Date of Public Distribution/Dissemination

MM / DD / YYYY
09 / 05 / 2018Mailing Address 421 Fayetteville Street
Suite 1020

Amount

2500.00

City State Zip Code
Raleigh NC 27601

Transaction ID : F57.5073

Purpose of Expenditure
Mileage for canvassersCategory/
Type 001Office 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 44119.81Disbursement For: ☐ Primary ☒ General
2018 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 22500.00

(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
09 / 05 / 2018Mailing Address 421 Fayetteville Street
Suite 1020

Amount

City State Zip Code
Raleigh NC 27601Amount
2500.00

Transaction ID : F57.5075

Purpose of Expenditure
Mileage for canvassersCategory/
Type 001Office 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 46619.81Disbursement 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

Amount

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

Amount

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.....▶ 2500.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 25000.00
(carry total from last page forward to Line 7)