

# 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 <b>SUSAN B ANTHONY LIST INC</b>		3. FEC Identification Number <b>C</b> 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 .....		25000.00

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, , ,

09/05/2018

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 EXPENDITURES**PAGE 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

Transaction ID : F57.5078

Purpose of Expenditure  
Payroll for canvassersCategory/  
Type 001Office Sought: ☐ House State: WV  
☒ Senate District: \_\_\_\_\_  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MORRISEY, PATRICK J, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

31180.00

Disbursement 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

Transaction ID : F57.5080

Purpose of Expenditure  
Payroll for canvassersCategory/  
Type 001Office Sought: ☐ House State: WV  
☒ Senate District: \_\_\_\_\_  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MANCHIN III, JOE, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought

41180.00

Disbursement 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

Transaction ID : F57.5082

Purpose of Expenditure  
Mileage for canvassersCategory/  
Type 002Office Sought: ☐ House State: WV  
☒ Senate District: \_\_\_\_\_  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MORRISEY, PATRICK J, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

43680.00

Disbursement 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 EXPENDITURES**PAGE 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 : F57.5084

Purpose of Expenditure  
Mileage for canvassersCategory/  
Type 002Office Sought: ☐ House State: WV  
☒ Senate District: \_\_\_\_\_  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MANCHIN III, JOE, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 46180.00Disbursement 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

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)