

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

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  /  /

5. COVERING PERIOD:

FROM  /  /

THROUGH  /  /

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6. TOTAL CONTRIBUTIONS.....  0.00

7. TOTAL INDEPENDENT EXPENDITURES .....  35000.00

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, , ,*

10/18/2018

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 4  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INCFull Name (Last, First, Middle Initial) of Payee  
Delta Air

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y  
10 / 17 / 2018

Mailing Address 1030 Delta Blvd

Amount

City State Zip Code  
Atlanta GA 30320

11500.00

Transaction ID : F57.5318

Purpose of Expenditure  
Flights for canvassersCategory/  
Type 002Office Sought: ☐ House State: MT  
☒ Senate District: \_\_\_\_\_  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
TESTER, JON, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 31532.50Disbursement For: ☐ Primary ☒ General  
2018  
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee  
Delta Air

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y  
10 / 17 / 2018

Mailing Address 1030 Delta Blvd

Amount

City State Zip Code  
Atlanta GA 30320

5750.00

Transaction ID : F57.5320

Purpose of Expenditure  
flights for canvassersCategory/  
Type 002Office Sought: ☒ House State: MT  
☐ Senate District: 01  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
GIANFORTE, GREG, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 5750.00Disbursement For: ☐ Primary ☒ General  
2018  
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee  
Delta Air

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y  
10 / 17 / 2018

Mailing Address 1030 Delta Blvd

Amount

City State Zip Code  
Atlanta GA 30320

5750.00

Transaction ID : F57.5322

Purpose of Expenditure  
flights for canvassersCategory/  
Type 002Office Sought: ☐ House State: MT  
☒ Senate District: \_\_\_\_\_  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
ROSENDALE, MATT, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 37282.50Disbursement For: ☐ Primary ☒ General  
2018  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 23000.00

(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 4  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INCFull Name (Last, First, Middle Initial) of Payee  
Hampton Inn & Suites

Date of Public Distribution/Dissemination

MM / DD / YYYY  
10 / 17 / 2018

Mailing Address 5110 Southgate Dr

Amount

City State Zip Code  
Billings MT 59101Amount  
4000.00

Transaction ID : F57.5324

Purpose of Expenditure  
hotel stay for canvassersCategory/  
Type 002Office Sought: ☐ House State: MT  
☒ Senate District: \_\_\_\_\_  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
TESTER, JON, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 41282.50Disbursement For: ☐ Primary ☒ General  
2018  
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee  
Hampton Inn & Suites

Date of Public Distribution/Dissemination

MM / DD / YYYY  
10 / 17 / 2018

Mailing Address 5110 Southgate Dr

Amount

City State Zip Code  
Billings MT 59101Amount  
2000.00

Transaction ID : F57.5327

Purpose of Expenditure  
hotel stay for canvassersCategory/  
Type 002Office Sought: ☒ House State: MT  
☐ Senate District: 01  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
GIANFORTE, GREG, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 7750.00Disbursement For: ☐ Primary ☒ General  
2018  
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee  
Hampton Inn & Suites

Date of Public Distribution/Dissemination

MM / DD / YYYY  
10 / 17 / 2018

Mailing Address 5110 Southgate Dr

Amount

City State Zip Code  
Billings MT 59101Amount  
2000.00

Transaction ID : F57.5329

Purpose of Expenditure  
hotel stay for canvassersCategory/  
Type 002Office Sought: ☐ House State: MT  
☒ Senate District: \_\_\_\_\_  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
ROSENDALE, MATT, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 43282.50Disbursement For: ☐ Primary ☒ General  
2018  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 8000.00

(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 4 OF 4  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INCFull Name (Last, First, Middle Initial) of Payee  
Thrifty Car Rental

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y  
10 / 17 / 2018

Mailing Address 1901 Terminal Cir

Amount

City State Zip Code  
Billings MT 59105

2000.00

Transaction ID : F57.5331

Purpose of Expenditure  
cars for canvassersCategory/  
Type 002Office Sought: ☐ House State: MT  
☒ Senate District: \_\_\_\_\_  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
TESTER, JON, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 45282.50Disbursement For: ☐ Primary ☒ General  
2018  
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee  
Thrifty Car Rental

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y  
10 / 18 / 2018

Mailing Address 1901 Terminal Cir

Amount

City State Zip Code  
Billings MT 59105

1000.00

Transaction ID : F57.5334

Purpose of Expenditure  
cars for canvassersCategory/  
Type 002Office Sought: ☐ House State: MT  
☒ Senate District: \_\_\_\_\_  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
ROSENDALE, MATT, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 46282.50Disbursement For: ☐ Primary ☒ General  
2018  
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee  
Thrifty Car Rental

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y  
10 / 18 / 2018

Mailing Address 1901 Terminal Cir

Amount

City State Zip Code  
Billings MT 59105

1000.00

Transaction ID : F57.5336

Purpose of Expenditure  
cars for canvassersCategory/  
Type 002Office Sought: ☒ House State: MT  
☐ Senate District: 01  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
GIANFORTE, GREG, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 8750.00Disbursement For: ☐ Primary ☒ General  
2018  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 4000.00

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

(c) TOTAL Independent Expenditures.....▶ 35000.00  
(carry total from last page forward to Line 7)