

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 ▼ C C00332296	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee Patriot Marketing, LLC			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">15</table> / <table border="1" style="display:inline-table; margin:0 5px;">2018</table>		
Mailing Address 15361 Worth Court			Amount <table border="1" style="display:inline-table; margin:0 5px;">4301.67</table>		
City Centreville	State VA	Zip Code 20120	Transaction ID : SE.29114		
Purpose of Expenditure Postage for Mailer		Category/ Type 003	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">15</table> / <table border="1" style="display:inline-table; margin:0 5px;">2018</table>		
Name of Federal Candidate CRAMER, KEVIN, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee The Lukens Company			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">15</table> / <table border="1" style="display:inline-table; margin:0 5px;">2018</table>		
Mailing Address 2800 Shirlington Road 9th Floor			Amount <table border="1" style="display:inline-table; margin:0 5px;">6108.33</table>		
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.29112		
Purpose of Expenditure Production costs for Mailer		Category/ Type 003	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">15</table> / <table border="1" style="display:inline-table; margin:0 5px;">2018</table>		
Name of Federal Candidate CRAMER, KEVIN, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;">10410.00</table>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;">10410.00</table>

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

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Signature