11/06/2018 14 : 53

PAGE 1/3

## FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(a) Name of Individual, Organization or Corporation     SUSAN B ANTHONY LIST INC		
(b) Address (number and street) check if diffe 2800 Shirlington Rd Suite 1200	rent than previously reported	
(c) City, State and ZIP Code		0 F5011 "" " N 1
Arlington VA 22206		3. FEC Identification Number
5		C C90011313
2. Occupation and Name of Employer (for Individual File	ers Only)	C C90011313
	boxes):   24-Hour Report  48-Hour Report  W No Yes, it amends the report filed on	
6. TOTAL CONTRIBUTIONS	_	0.00
7. TOTAL INDEPENDENT EXPENDITURES	·····	35000.00
Under penalty of perjury I certify that the independent expenditures of, any candidate or authorized committee or agent of either, or a		ion, or concert with, or at the request or suggestion
TYPE OR PRINT NAME OF PERSON COMPLETING F	ı	DATE [Electronically Filed]
Kania, Robert, , ,	Kania, Robert, , ,	11/06/2018
NOTE: Submission of false, erroneous or incomple	ete information may subject the person signing this repo	
Sastings.on or laide, entended of moonipr	Gazjost tilo poloon olgrinig tillo lopo	50.00.00 0. 2 0.0.0. 3 101 g.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 3 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full) SUSAN B ANTHONY LIST INC Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Headway Workforce Solutions 05 2018 11 Mailing Address 421 Fayetteville Street Amount Suite 1020 Zip Code City State 15000.00 Raleigh NC 27601 Transaction ID: F57.5461 Purpose of Expenditure MI Office Sought: House Category/ State: 004 Canavassers Type X Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: JAMES, JOHN, , , Check One: Support Oppose ✗ General Disbursement For: Primary Calendar Year-To-Date Per Election 2018 15000.00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Headway Workforce Solutions 11 05 2018 Mailing Address 421 Fayetteville Street Amount **Suite 1020** City State Zip Code 15000.00 Raleigh NC 27601 Transaction ID: F57.5464 MI Purpose of Expenditure Office Sought: House Category/ State: 004 canvassers Type X Senate District:. President Name of Federal Candidate Supported or Opposed by Expenditure: STABENOW, DEBBIE, , , Support Check One: **X** Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 30000.00 2018 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Headway Workforce Solutions 2018 11 05 Mailing Address 421 Fayetteville Street Amount **Suite 1020** State Zip Code City 2500.00 NC 27601 Raleigh Transaction ID: F57.5466 Purpose of Expenditure Office Sought: House MI Category/ State: 002 Mileage for canvassers Type X Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: JAMES, JOHN, , , **X** Support Check One: Oppose Disbursement For: 2018 Primary General Calendar Year-To-Date Per Election 32500.00 for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 32500.00 (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 5

AME OF FILER (In Full) SUSAN B ANTHONY LIST INC	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Headway Workforce Solutions	11 05 2018
Mailing Address 421 Fayetteville Street	
Suite 1020	Amount
City State Zip Code  Raleigh NC 27601	2500.00
	Transaction ID : F57.5468  Office Sought: House State: MI
Purpose of Expenditure Mileage for canvassers  Category/ Type 002	Office Sought: House State: MI Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: STABENOW, DEBBIE, , ,	President  Check One: Support   Oppose
Calendar Year-To-Date Per Election for Office Sought 35000.00	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Mailing Address	M = M / D = D / Y = Y = Y = Y
	Amount
City State Zip Code	
Purpose of Expenditure  Category/ Type	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:  Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	Amount
Oity State Lip State	
Purpose of Expenditure Category/	Office Sought: House State:
Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
	- State - Stat
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	2500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	····· <b>&gt;</b>
(c) TOTAL Independent Expenditures	35000.00