

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 SUSAN B ANTHONY LIST INC		3. FEC Identification Number <div style="border: 1px solid black; padding: 5px; display: inline-block;"> C C90011313 </div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1707 L Street NW Ste 750		
(c) City, State and ZIP Code Washington DC 20036		
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 / /

5. COVERING PERIOD:

FROM / /

THROUGH / /

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES

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, , ,

05/04/2018

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 EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INCFull Name (Last, First, Middle Initial) of Payee
Fed Ex Office

Date of Public Distribution/Dissemination

MM / DD / YYYY
05 / 05 / 2018

Mailing Address 4516 Kenny Rd

Amount

City State Zip Code
Colombus OH 43220

1500.00

Transaction ID : F57.4984

Purpose of Expenditure
Door HangersCategory/
Type 004Office Sought: ☒ House State: OH
☐ Senate District: 16
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
HAGAN, CHRISTINA, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 5000.00Disbursement 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
05 / 05 / 2018Mailing Address 421 Fayetteville Street
Suite 1020

Amount

City State Zip Code
Raleigh NC 27601

3500.00

Transaction ID : F57.4980

Purpose of Expenditure
Payroll, canvassersCategory/
Type 001Office Sought: ☒ House State: OH
☐ Senate District: 16
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
HAGAN, CHRISTINA, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 3500.00Disbursement 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

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.....▶ 5000.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 5000.00
(carry total from last page forward to Line 7)