

# 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 M	/	D D D	/	Y Y Y Y Y Y
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5. COVERING PERIOD:

FROM 

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2018

THROUGH 

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2018

6. TOTAL CONTRIBUTIONS.....	269344.04
7. TOTAL INDEPENDENT EXPENDITURES .....	269344.04

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, , ,*

10/15/2018

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-A ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

<b>A. Full Name (Last, First, Middle Initial)</b> General Treasury Fund, SBA List, , ,			Date of Receipt <input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2018"/>		
Mailing Address 2800 Shirlington Rd Suite 1200			<b>Transaction ID : F56.5281</b>		
City Arlington	State VA	Zip Code 22206	Amount of Each Receipt this Period <input type="text" value="269344.04"/>		
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>			
Name of Employer			Occupation		

<b>B. Full Name (Last, First, Middle Initial)</b>			Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address			Amount of Each Receipt this Period <input type="text"/>		
City	State	Zip Code			
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>			
Name of Employer			Occupation		

<b>C. Full Name (Last, First, Middle Initial)</b>			Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address			Amount of Each Receipt this Period <input type="text"/>		
City	State	Zip Code			
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>			
Name of Employer			Occupation		

<b>D. Full Name (Last, First, Middle Initial)</b>			Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address			Amount of Each Receipt this Period <input type="text"/>		
City	State	Zip Code			
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>			
Name of Employer			Occupation		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="269344.04"/>
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	<input type="text" value="269344.04"/>

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee American Marketing & Publishing		Date of Public Distribution/Dissemination 07 / 16 / 2018	
Mailing Address 730 Sprout Springs Rd		Amount 840.00	
City	State	Zip Code	Transaction ID : F57.5015
Flowery Branch	GA	30542	
Purpose of Expenditure Door Hangers- WV	Category/ Type	004	Office Sought: <input type="checkbox"/> House State: WV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MANCHIN III, JOE, , ,		Check One: <input type="checkbox"/> Support <input checked="" 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) ▶	
		1680.00	

Full Name (Last, First, Middle Initial) of Payee American Marketing & Publishing		Date of Public Distribution/Dissemination 09 / 06 / 2018	
Mailing Address 730 Sprout Springs Rd		Amount 3117.50	
City	State	Zip Code	Transaction ID : F57.5086
Flowery Branch	GA	30542	
Purpose of Expenditure Door Hangers	Category/ Type	004	Office Sought: <input type="checkbox"/> House State: WV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MORRISEY, PATRICK J, , ,		Check One: <input checked="" type="checkbox"/> Support <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) ▶	
		39297.50	

Full Name (Last, First, Middle Initial) of Payee American Marketing & Publishing		Date of Public Distribution/Dissemination 09 / 06 / 2018	
Mailing Address 730 Sprout Springs Rd		Amount 3117.50	
City	State	Zip Code	Transaction ID : F57.5088
Flowery Branch	GA	30542	
Purpose of Expenditure Door Hangers	Category/ Type	004	Office Sought: <input type="checkbox"/> House State: WV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MANCHIN III, JOE, , ,		Check One: <input type="checkbox"/> Support <input checked="" 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) ▶	
		42415.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	7075.00
(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**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee American Marketing & Publishing		Date of Public Distribution/Dissemination 09 / 06 / 2018	
Mailing Address 730 Sprout Springs Rd		Amount 1975.00	
City Flowery Branch	State GA	Zip Code 30542	
Purpose of Expenditure Door Hangers		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CRAMER, KEVIN, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		2018	
		38594.74	

Full Name (Last, First, Middle Initial) of Payee American Marketing & Publishing		Date of Public Distribution/Dissemination 09 / 06 / 2018	
Mailing Address 730 Sprout Springs Rd		Amount 1975.00	
City Flowery Branch	State GA	Zip Code 30542	
Purpose of Expenditure Door Hangers		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: HEITKAMP, HEIDI, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		2018	
		40569.74	

Full Name (Last, First, Middle Initial) of Payee American Marketing & Publishing		Date of Public Distribution/Dissemination 09 / 13 / 2018	
Mailing Address 730 Sprout Springs Rd		Amount 3275.00	
City Flowery Branch	State GA	Zip Code 30542	
Purpose of Expenditure Door Hangers		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TESTER, JON, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		2018	
		16025.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	7225.00
(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**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee American Marketing & Publishing		Date of Public Distribution/Dissemination 09 / 13 / 2018	
Mailing Address 730 Sprout Springs Rd		Amount 1637.50	
City Flowery Branch	State GA	Zip Code 30542	Transaction ID : F57.5113
Purpose of Expenditure Door Hangers	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MT District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: ROSENDALE, MATT, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17662.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee American Marketing & Publishing		Date of Public Distribution/Dissemination 09 / 13 / 2018	
Mailing Address 730 Sprout Springs Rd		Amount 1637.50	
City Flowery Branch	State GA	Zip Code 30542	Transaction ID : F57.5115
Purpose of Expenditure Door Hangers	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MT District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: GIANFORTE, GREG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5887.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee American Marketing & Publishing		Date of Public Distribution/Dissemination 09 / 22 / 2018	
Mailing Address 730 Sprout Springs Rd		Amount 1975.00	
City Flowery Branch	State GA	Zip Code 30542	Transaction ID : F57.5130
Purpose of Expenditure Door Hangers	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MCSALLY, MARTHA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 24975.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	5250.00
(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**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee American Marketing & Publishing		Date of Public Distribution/Dissemination 09 / 22 / 2018	
Mailing Address 730 Sprout Springs Rd		Amount 1975.00	
City Flowery Branch	State GA	Zip Code 30542	Transaction ID : F57.5132
Purpose of Expenditure Door Hangers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: AZ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: SINEMA, KYRSTEN, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 26950.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee American Marketing & Publishing		Date of Public Distribution/Dissemination 09 / 24 / 2018	
Mailing Address 730 Sprout Springs Rd		Amount 5839.00	
City Flowery Branch	State GA	Zip Code 30542	Transaction ID : F57.5146
Purpose of Expenditure Door Hangers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: SCOTT, RICK, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 29339.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee American Marketing & Publishing		Date of Public Distribution/Dissemination 09 / 24 / 2018	
Mailing Address 730 Sprout Springs Rd		Amount 5839.00	
City Flowery Branch	State GA	Zip Code 30542	Transaction ID : F57.5148
Purpose of Expenditure Door Hangers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: FL District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: NELSON, BILL, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 35178.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	13653.00
(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**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee American Marketing & Publishing		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2018	
Mailing Address 730 Sprout Springs Rd		Amount 5839.00	
City Flowery Branch	State GA	Zip Code 30542	
Transaction ID : F57.5161			
Purpose of Expenditure Door Hangers	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BRAUN, MIKE, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 53839.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee American Marketing & Publishing		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2018	
Mailing Address 730 Sprout Springs Rd		Amount 5839.00	
City Flowery Branch	State GA	Zip Code 30542	
Transaction ID : F57.5163			
Purpose of Expenditure Door Hangers	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: DONNELLY, JOSEPH SIMON MR., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 59678.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee American Marketing & Publishing		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2018	
Mailing Address 730 Sprout Springs Rd		Amount 5839.00	
City Flowery Branch	State GA	Zip Code 30542	
Transaction ID : F57.5175			
Purpose of Expenditure Door Hangers	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HAWLEY, JOSHUA DAVID, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 32839.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	17517.00
(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**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee American Marketing & Publishing		Date of Public Distribution/Dissemination 09 / 24 / 2018	
Mailing Address 730 Sprout Springs Rd		Amount 5839.00	
City	State	Zip Code	
Flowery Branch	GA	30542	
Purpose of Expenditure Door Hangers		Category/ Type	004
Name of Federal Candidate Supported or Opposed by Expenditure: MCCASKILL, CLAIRE, , ,		Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		38678.00	
		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee American Marketing and Publishing		Date of Public Distribution/Dissemination 07 / 16 / 2018	
Mailing Address 7380 Sprout Springs Road Ste 210-248		Amount 840.00	
City	State	Zip Code	
Flowery Branch	GA	30542	
Purpose of Expenditure Door Hangers		Category/ Type	004
Name of Federal Candidate Supported or Opposed by Expenditure: CRAMER, KEVIN, , ,		Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		840.00	
		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee American Marketing and Publishing		Date of Public Distribution/Dissemination 07 / 16 / 2018	
Mailing Address 7380 Sprout Springs Road Ste 210-248		Amount 840.00	
City	State	Zip Code	
Flowery Branch	GA	30542	
Purpose of Expenditure Door Hangers		Category/ Type	004
Name of Federal Candidate Supported or Opposed by Expenditure: HEITKAMP, HEIDI, , ,		Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		1680.00	
		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	7519.00
(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**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee American Marketing and Publishing		Date of Public Distribution/Dissemination 07 / 16 / 2018	
Mailing Address 7380 Sprout Springs Road Ste 210-248		Amount 840.00	
City Flowery Branch	State GA	Zip Code 30542	
Purpose of Expenditure Door Hangers- WV		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MORRISEY, PATRICK J, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 840.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date of Public Distribution/Dissemination 08 / 14 / 2018	
Mailing Address 106 North Collins Street		Amount 109.37	
City Plant City	State FL	Zip Code 33563	
Purpose of Expenditure Design cost		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CRAMER, KEVIN, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11298.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Design 4, Inc.		Date of Public Distribution/Dissemination 08 / 14 / 2018	
Mailing Address 106 North Collins Street		Amount 109.37	
City Plant City	State FL	Zip Code 33563	
Purpose of Expenditure Design costs		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: HEITKAMP, HEIDI, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11518.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1058.74
(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**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Global Printing		Date of Public Distribution/Dissemination 08 / 14 / 2018	
Mailing Address PO Box 16240		Amount 100.97	
City Alexandria	State VA	Zip Code 22302	Transaction ID : F57.5057
Purpose of Expenditure Mailing costs	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: ND District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CRAMER, KEVIN, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11399.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Global Printing		Date of Public Distribution/Dissemination 08 / 14 / 2018	
Mailing Address PO Box 16240		Amount 100.96	
City Alexandria	State VA	Zip Code 22302	Transaction ID : F57.5065
Purpose of Expenditure Mailing costs	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: ND District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HEITKAMP, HEIDI, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11619.74		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Gravis Marketing, Inc.		Date of Public Distribution/Dissemination 08 / 03 / 2018	
Mailing Address 910 Belle Ave Ste 1180		Amount 1162.65	
City Winter Springs	State FL	Zip Code 32708	Transaction ID : F57.5035
Purpose of Expenditure Robocall	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES, JOHN, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1162.65		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1364.58
(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**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Gravis Marketing, Inc.		Date of Public Distribution/Dissemination 08 / 06 / 2018	
Mailing Address 910 Belle Ave Ste 1180		Amount 1162.65	
City Winter Springs	State FL	Zip Code 32708	Transaction ID : F57.5042
Purpose of Expenditure Robocall	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: MI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES, JOHN, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2325.30		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 07 / 16 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 2500.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5007
Purpose of Expenditure Payroll for canvassers	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: ND District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CRAMER, KEVIN, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4180.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 07 / 16 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 2500.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5009
Purpose of Expenditure Payroll for canvassers	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: ND District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HEITKAMP, HEIDI, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6680.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	6162.65
(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**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 2500.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5018
Purpose of Expenditure Payroll for canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MORRISEY, PATRICK J, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4180.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 2500.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5020
Purpose of Expenditure Payroll for canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MANCHIN III, JOE, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6680.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 2250.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5022
Purpose of Expenditure Mileage for canvassers	Category/Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: ND District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CRAMER, KEVIN, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8930.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	7250.00
(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**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 07 / 16 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 2250.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5024
Purpose of Expenditure Mileage for canvassers	Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: ND District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HEITKAMP, HEIDI, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11180.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 07 / 16 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 2250.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5026
Purpose of Expenditure Mileage for canvassers	Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MORRISEY, PATRICK J, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8930.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 07 / 17 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 2250.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5028
Purpose of Expenditure Mileage for canvassers	Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MANCHIN III, JOE, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11180.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	6750.00
(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**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 05 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 10000.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5068
Purpose of Expenditure Estimated Payroll for canvassers	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: ND District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CRAMER, KEVIN, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 21619.74		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 05 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 10000.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5070
Purpose of Expenditure Payroll for canvassers	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: ND District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HEITKAMP, HEIDI, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 31619.74		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 05 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 2500.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5072
Purpose of Expenditure Mileage for canvassers	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: ND District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CRAMER, KEVIN, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 34119.74		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 2500.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5074
Purpose of Expenditure Mileage for canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: ND District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HEITKAMP, HEIDI, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 36619.74		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 10000.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5077
Purpose of Expenditure Payroll for canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MORRISEY, PATRICK J, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 21180.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 10000.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5079
Purpose of Expenditure Payroll for canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MANCHIN III, JOE, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 31180.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	22500.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 05 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 2500.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5081
Purpose of Expenditure Mileage for canvassers	Category/Type 002	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: WV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MORRISEY, PATRICK J, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 33680.00		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 05 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 2500.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5083
Purpose of Expenditure Mileage for canvassers	Category/Type 002	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: WV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MANCHIN III, JOE, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 36180.00		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 13 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 7500.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5097
Purpose of Expenditure Canvassing	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: MT District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TESTER, JON, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7500.00		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	12500.00
(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**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 13 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 3750.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5099
Purpose of Expenditure Canvassing	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MT District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: GIANFORTE, GREG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 13 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 3750.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5101
Purpose of Expenditure Canvassing	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MT District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: ROSENDALE, MATT, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 13 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 1000.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5104
Purpose of Expenditure Mileage for canvassers	Category/Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MT District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TESTER, JON, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	8500.00
(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**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 13 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 500.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5106
Purpose of Expenditure Mileage for canvassers	Category/Type 002	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MT District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: ROSENDALE, MATT, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12750.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 13 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 500.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5108
Purpose of Expenditure Mileage for canvassers	Category/Type 002	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MT District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: GIANFORTE, GREG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4250.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 22 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 1500.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5119
Purpose of Expenditure Mileage for canvassers	Category/Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MCSALLY, MARTHA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1500.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	2500.00
(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**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 22 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 1500.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5122
Purpose of Expenditure Mileage for canvassers	Category/Type 002	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: AZ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: SINEMA, KYRSTEN, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 22 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 10000.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5125
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: AZ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MCSALLY, MARTHA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 22 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 10000.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5127
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: AZ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: SINEMA, KYRSTEN, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 23000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	21500.00
(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**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 24 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 1500.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5137
Purpose of Expenditure Canvassing	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: SCOTT, RICK, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1500.00		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 24 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 15000.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5140
Purpose of Expenditure Canvassing	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: NELSON, BILL, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 16500.00		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 24 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 3500.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5142
Purpose of Expenditure Mileage for canvasser	Category/Type 002	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: SCOTT, RICK, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 20000.00		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	20000.00
(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**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 24 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 3500.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5144
Purpose of Expenditure Mileage for canvassers	Category/Type 002	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: NELSON, BILL, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 23500.00		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 24 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 20000.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5151
Purpose of Expenditure Canvassing	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: IN District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BRAUN, MIKE, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 20000.00		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 24 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 20000.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5155
Purpose of Expenditure Canvassing	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: IN District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: DONNELLY, JOSEPH SIMON MR., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 40000.00		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	43500.00
(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**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 24 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 4000.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5157
Purpose of Expenditure Mileage for canvassers	Category/Type 002	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: IN District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BRAUN, MIKE, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 44000.00		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 24 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 4000.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5159
Purpose of Expenditure Mileage for Canvassers	Category/Type 002	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: IN District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: DONNELLY, JOSEPH SIMON MR., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 48000.00		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 24 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 10000.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5166
Purpose of Expenditure Canvassing	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HAWLEY, JOSHUA DAVID, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10000.00		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	18000.00
(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**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 24 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 10000.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5169
Purpose of Expenditure Canvassing	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MCCASKILL, CLAIRE, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 20000.00		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 24 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 3500.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5171
Purpose of Expenditure Mileage	Category/Type 002	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HAWLEY, JOSHUA DAVID, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 23500.00		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination 09 / 24 / 2018	
Mailing Address 421 Fayetteville Street Suite 1020		Amount 3500.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : F57.5173
Purpose of Expenditure Mileage for Canvassers	Category/Type 002	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MCCASKILL, CLAIRE, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 27000.00		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	17000.00
(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**

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Susan B. Anthony List		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2018	
Mailing Address 2800 Shirlington Rd Suite 1200		Amount 9.50	
City Arlington	State VA	Zip Code 22206	Transaction ID : F57.5050
Purpose of Expenditure staff time, newsletter article	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: ND District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CRAMER, KEVIN, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11189.50		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SUSAN B ANTHONY LIST INC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2018	
Mailing Address 2800 Shirlington Rd Suite 1200		Amount 9.57	
City Arlington	State VA	Zip Code 22206	Transaction ID : F57.5060
Purpose of Expenditure Staff time	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: ND District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HEITKAMP, HEIDI, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11409.41		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	19.07
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	269344.04