

**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
Name of Federal Candidate Supported or Opposed by Expenditure: MORRISEY, PATRICK J, , ,		Office Sought: <input type="checkbox"/> House State: WV <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 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
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		11298.87	
		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 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
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		11518.78	
		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.....	1058.74
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	