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NAME OF COMMITTEE (In Full)

SUSAN B. ANTHONY LIST CANDIDATE FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
HOFMEISTER FOR CONGRESS 2571 EAST 46TH ST, 8466 PM INDIANAPOLIS, IN 46205	BARRY HOFMEISTER, HOUSE CANDIDATE, 10TH (IA)		(\$616) MEMO
CHENOWETH FOR CONGRESS P.O. BOX 897 BOISE, ID 83720	HELEN CHENOWETH, HOUSE CANDIDATE, 1ST (ID)		(\$616) MEMO
CUBIN FOR CONGRESS P.O. BOX 4657 CASPER, WY 82404	BARBARA CUBIN, HOUSE CANDIDATE, 2ND (WY)		(\$616) MEMO
TEAM EMERSON 98 P.O. BOX 802 CAPE GIRARDET, MO 63702	JO ANN EMERSON, HOUSE CANDIDATE, 8TH (MO)		(\$616) MEMO
SUE MYRIAN FOR CONGRESS P.O. BOX 37091 CHARLOTTE, NC 28237	SUE MYRIAN, HOUSE CANDIDATE, 9TH (NC)		(\$616) MEMO
ANNE NORTHUP FOR CONGRESS P.O. BOX 7313 LOUISVILLE, KY 40257	ANNE NORTHUP, HOUSE CANDIDATE, 3RD (KY)		(\$616) MEMO
ROS-LEHTINEN FOR CONGRESS P.O. BOX 50-5784 MIAMI, FL 33152	ELENA ROS-LEHTINEN HOUSE CANDIDATE, 15TH (FL)		(\$616) MEMO
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
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SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....