FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **TYPE OR PRINT ▼** — Example: If typing, type over the lines. 12FE4M5

Susan B. Anthony List. Inc. Candidate Fund (DBA Susan B. Anthony Pro-Life America Candidate Fund)

ADDRESS (number and street) ▼

2776 S. Arlington Mill Dr.

#803

☐ Check if different than previously reported. (ACC)

CITY ▲	STATE ▲	ZIP CODE ▲
Arlington	VA	22206 –

2. **FEC IDENTIFICATION NUMBER ▼** C C00332296

3. IS THIS REPORT ☐ NEW (N) **OR** ☒ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☒ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 06 / 01 / 2025 through 06 / 30 / 2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Gross, Jennifer, , ,

Signature of Treasurer: *Gross, Jennifer, , ,* Date: 10 / 24 / 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

Susan B. Anthony List. Inc. Candidate Fund (DBA Susan B. Anthony Pro-Life America Candidate Fund)

Report Covering the Period: From: 06 / 01 / 2025 To: 06 / 30 / 2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2025		106890.74
(b) Cash on Hand at Beginning of Reporting Period	151631.66	
(c) Total Receipts (from Line 19)	14463.00	77114.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	166094.66	184004.98
7. Total Disbursements (from Line 31)	16085.37	33995.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	150009.29	150009.29
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	15000.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

Susan B. Anthony List. Inc. Candidate Fund (DBA Susan B. Anthony Pro-Life America Candidate Fund)

Report Covering the Period: From: 06 / 01 / 2025 To: 06 / 30 / 2025

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3050.00	36680.00
(ii) Unitemized	6413.00	35434.24
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	9463.00	72114.24
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	9463.00	72114.24
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	5000.00	5000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	14463.00	77114.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	14463.00	77114.24

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	35.37	169.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	35.37	169.37
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	15000.00	32776.32
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	50.00	50.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	50.00	50.00
29. Other Disbursements (Including Non-Federal Donations)	1000.00	1000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	16085.37	33995.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	16085.37	33995.69

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9463.00	72114.24
34. Total Contribution Refunds (from Line 28(d))	50.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9413.00	72064.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	35.37	169.37
37. Offsets to Operating Expenditures (from Line 15, page 3)	5000.00	5000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	– 4964.63	– 4830.63

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **F3XA**
Transaction ID :

This amendment is being filed to add debt on line 10. This debt was erroneously missed on SBA PLA Candidate Fund's M6: June 20, 2025 FEC ID #C00332296. This debt has been added to record as due to Susan B. Anthony List, Inc. in the amount of $15,000 with purpose description 'NRSC Sponsorship'. This debt was erroneously incurred instead by WSO PAC FEC ID #C00530766 and is now being recorded correctly on amended reports. Please accept our committee's apologies regarding this error. Our internal processes have been adjusted to ensure this mistake is not repeated in the future.

Form/Schedule:
Transaction ID:

Image# 202510249792007763

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
PAGE 7 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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 COMMITTEE (In Full)
Susan B. Anthony List. Inc. Candidate Fund (DBA Susan B. Anthony Pro-Life America Candidate Fund)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BERNS, JEANNE, , ,

Mailing Address 3451 SHERBROOKE DRIVE

City: CINCINNATI | State: OH | Zip Code: 45241

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): J.F. BERNS CO.
Occupation (for Individual): OFFICE MANAGER

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 300.00

Date of Receipt: 06 / 09 / 2025
Transaction ID : SA11A.34214

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CARTHEL, WAYLAND, L., ,

Mailing Address PSC 80 P.O. BOX 15468

City: APO | State: AP | Zip Code: 96367

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): USAF
Occupation (for Individual): SUPPLY CLERK

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 06 / 11 / 2025
Transaction ID : SA11A.34217

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GREGORY, CARLYLE, , ,

Mailing Address 3300 GOLDSBORO COURT

City: FALLS CHURCH | State: VA | Zip Code: 22042

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): CONSULTANT

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 06 / 16 / 2025
Transaction ID : SA11A.34213

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1050.00

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

Image# 202510249792007764

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
PAGE 8 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Susan B. Anthony List. Inc. Candidate Fund (DBA Susan B. Anthony Pro-Life America Candidate Fund)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JANISZEWSKI, JEFF, , ,

Mailing Address 1082 MARYLAND AVENUE

City: SCHENECTADY | State: NY | Zip Code: 12308

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): NYS
Occupation (for Individual): ECONOMIC DEVELOPMENT

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 06 / 02 / 2025
Transaction ID : SA11A.34215

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'BRIEN-KAUTZ, MARY, , ,

Mailing Address 5772 DECLARATION COURT

City: AVE MARIA | State: FL | Zip Code: 34142

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 06 / 10 / 2025
Transaction ID : SA11A.34216

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SCHMIDT, LAWRENCE, J, ,

Mailing Address 9035 W. MOUNT VERNON AVENUE

City: MILWAUKEE | State: WI | Zip Code: 53226

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 06 / 16 / 2025
Transaction ID : SA11A.34218

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶ 3050.00

Image# 202510249792007765

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
PAGE 9 OF 13

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Susan B. Anthony List. Inc. Candidate Fund (DBA Susan B. Anthony Pro-Life America Candidate Fund)

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CITIZENS TO ELECT MIKE KEHOE (STATE COMMITTEE - MO)

Mailing Address P.O. BOX 105527

City: JEFFERSON CITY | State: MO | Zip Code: 65110

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 03 / 2025

Transaction ID : SA15.34225

Amount of Each Receipt this Period: 5000.00

☐ Memo Item

REFUND OF CONTRIBUTION

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶ 5000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

NAME OF COMMITTEE (In Full)
Susan B. Anthony List. Inc. Candidate Fund (DBA Susan B. Anthony Pro-Life America Candidate Fund)

A.
Full Name (Last, First, Middle Initial)
ANEDOT
Mailing Address 1340 POYDRAS STREET
SUITE 1770
City: NEW ORLEANS | State: LA | Zip Code: 70112
Purpose of Disbursement: CREDIT CARD PROCESSING FEES
Candidate Name:
Category/Type: 003
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 30 / 2025
FEC Identification Number: C
Transaction ID : SB21B.I3421
Amount of Each Disbursement this Period: 1.43
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
BLACKBAUD
Mailing Address 65 FAIRCHILD STREET
City: CHARLESTON | State: SC | Zip Code: 29492
Purpose of Disbursement: CREDIT CARD PROCESSING FEES
Candidate Name:
Category/Type: 003
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 30 / 2025
FEC Identification Number: C
Transaction ID : SB21B.I3422
Amount of Each Disbursement this Period: 33.94
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 35.37

TOTAL This Period (last page this line number only) ▶ 35.37

Image# 202510249792007767

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
21b 22 [X] 23 26 27
28a 28b 28c 29 30b

NAME OF COMMITTEE (In Full)
Susan B. Anthony List. Inc. Candidate Fund (DBA Susan B. Anthony Pro-Life America Candidate Fund)

A.
Full Name (Last, First, Middle Initial)
FRIENDS OF CHRIS SMITH
Mailing Address PO BOX 1266
City: TOMS RIVER | State: NJ | Zip Code: 08754-1266
Purpose of Disbursement: DONATION TO CAMPAIGN
Category/Type: 011
Candidate Name: SMITH, CHRISTOPHER, H, ,
Office Sought: [X] House [ ] Senate [ ] President
State: NJ District: 04
Disbursement For: 2026
[X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 06 / 30 / 2025
FEC Identification Number: C C00096412
Transaction ID : SB23.I34221
Amount of Each Disbursement this Period: 5000.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial)
FRIENDS OF CHRIS SMITH
Mailing Address PO BOX 1266
City: TOMS RIVER | State: NJ | Zip Code: 08754-1266
Purpose of Disbursement: DONATION TO CAMPAIGN
Category/Type: 011
Candidate Name: SMITH, CHRISTOPHER, H, ,
Office Sought: [X] House [ ] Senate [ ] President
State: NJ District: 04
Disbursement For: 2026
[ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 06 / 30 / 2025
FEC Identification Number: C C00096412
Transaction ID : SB23.I34222
Amount of Each Disbursement this Period: 5000.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial)
AMERICAN DREAM PAC
Mailing Address 1032 15TH STREET NW SUITE 247
City: WASHINGTON | State: DC | Zip Code: 20005
Purpose of Disbursement: PAC CONTRIBUTION
Category/Type: 011
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2025
[ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 06 / 03 / 2025
FEC Identification Number: C C00809640
Transaction ID : SB23.I34223
Amount of Each Disbursement this Period: 5000.00
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 15000.00

TOTAL This Period (last page this line number only) ▶ 15000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
21b 22 23 26 27
28a 28b 28c X 29 30b

NAME OF COMMITTEE (In Full)
Susan B. Anthony List. Inc. Candidate Fund (DBA Susan B. Anthony Pro-Life America Candidate Fund)

A.
Full Name (Last, First, Middle Initial)
FRIENDS OF JAMES UTHMEIER (STATE COMMITTEE - FL)
Mailing Address 2640A MITCHAM DRIVE
City: TALLAHASSEE | State: FL | Zip Code: 32308
Purpose of Disbursement: DONATION TO CAMPAIGN
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: 2026
X Primary General
Other (specify)
Date of Disbursement: 06 / 06 / 2025
FEC Identification Number: C
Transaction ID : SB29.I34224
Amount of Each Disbursement this Period: 1000.00
Memo Item

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For:
Primary General
Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For:
Primary General
Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶ 1000.00

Image# 202510249792007769

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

- [ ] 9
- [X] 10

NAME OF COMMITTEE (In Full)

Susan B. Anthony List. Inc. Candidate Fund (DBA Susan B. Anthony Pro-Life America Candidate Fund)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Mailing Address 2776 S. Arlington Mill Dr #803

City: Arlington | State: VA | Zip Code: 20006

Nature of Debt (Purpose): NRSC Sponsorship

Transaction ID : SD10.48364

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
15000.00	0.00	0.00	15000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City | State | Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City | State | Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶	15000.00
2) **TOTALS** This Period (last page this line number only) ▶	15000.00
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	0.00
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	15000.00