

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Cantor Victory Fund

ADDRESS (number and street) 25 East Main Street
 Check if different than previously reported. (ACC)
Richmond VA 23219

2. **FEC IDENTIFICATION NUMBER** C00420174
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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2010 through 01 31 2010

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 Rose Ann Janis

Signature of Treasurer Electronically Filed by Rose Ann Janis Date 02 19 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Cantor Victory Fund

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 1 | 0 | | 92833.38 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 92833.38 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 108404.57 | 108404.57 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 201237.95 | 201237.95 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 13592.03 | 13592.03 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 187645.92 | 187645.92 | | | | | | | | |
| 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) | 0.00 | | | | | | | | | |

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

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Cantor Victory Fund

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| 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) | 108400.00 | 108400.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 108400.00 | 108400.00 |
| (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) | 108400.00 | 108400.00 |
| 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) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 4.57 | 4.57 |
| 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 Transfer (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)) | 108404.57 | 108404.57 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 108404.57 | 108404.57 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared 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..... | 13592.03 | 13592.03 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 13592.03 | 13592.03 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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 | 0.00 | 0.00 |
| (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)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared 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)).. | 13592.03 | 13592.03 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 13592.03 | 13592.03 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| 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) | 108400.00 | 108400.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 108400.00 | 108400.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 13592.03 | 13592.03 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 13592.03 | 13592.03 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 14
(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

A.

Full Name (Last, First, Middle Initial)
Andrew Crisses

Mailing Address 8 Cow Lane

City State Zip Code
Great Neck NY 11024

FEC ID number of contributing federal political committee. **C**

Name of Employer Charmer Sunbelt Group Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 1 0

Transaction ID: 00217.C691

Amount of Each Receipt this Period
1250.00

Receipt

NOTE: Joint Fundraising Proceed

B.

Full Name (Last, First, Middle Initial)
Steven Drucker

Mailing Address 5 Lacolline Drive

City State Zip Code
Mill Neck NY 11765

FEC ID number of contributing federal political committee. **C**

Name of Employer Charmer Sunbelt Group Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 1 0

Transaction ID: 00217.C693

Amount of Each Receipt this Period
2500.00

Receipt

NOTE: Joint Fundraising Proceed

C.

Full Name (Last, First, Middle Initial)
Mark Gerson

Mailing Address 800 Fifth Avenue Apt 28D

City State Zip Code
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Gerson, Lehrman Group Occupation Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 1 0

Transaction ID: 00217.C687

Amount of Each Receipt this Period
15000.00

Receipt

NOTE: Joint Fundraising Proceed

SUBTOTAL of Receipts This Page (optional) ► 18750.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | PAGE 7 / 14 |
|---|--|-------------|

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Raymond Herrmann | Date of Receipt MM / DD / YYYY 01 / 28 / 2010 |
| | Mailing Address 60 East 42nd St. Suite 1915 | Transaction ID: 00217.C692 |
| | City State Zip Code New York NY 10165 | Amount of Each Receipt this Period 2500.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Sunbelt Holding Occupation Co-Chairman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00 | NOTE: Joint Fundraising Proceed |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Howard Jonas | Date of Receipt MM / DD / YYYY 01 / 06 / 2010 |
| | Mailing Address 3020 Palisade Avenue | Transaction ID: 00217.C685 |
| | City State Zip Code Bronx NY 10463 | Amount of Each Receipt this Period 25000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer IDT Corporation Occupation CEO & Chairman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 25000.00 | NOTE: Joint Fundraising Proceed |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Charles Merinoff | Date of Receipt MM / DD / YYYY 01 / 28 / 2010 |
| | Mailing Address 60 East 42nd Street | Transaction ID: 00217.C694 |
| | City State Zip Code New York NY 10165 | Amount of Each Receipt this Period 2500.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Charmer Sunbelt Group Occupation Vice Chairman & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00 | NOTE: Joint Fundraising Proceed |

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 30000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Susan Merinoff</p> <p>Mailing Address 60 East 42nd Street</p> <p>City State Zip Code New York NY 10165</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation N/A Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1250.00</p> | <p>Date of Receipt 01 / 28 / 2010</p> <p>Transaction ID: 00217.C697</p> <p>Amount of Each Receipt this Period 1250.00</p> <p>Receipt</p> <p>NOTE: Joint Fundraising Proceed</p> |
|---|--|

| | |
|--|--|
| <p>B. Full Name (Last, First, Middle Initial) Stanford Z. Rothschild</p> <p>Mailing Address 1122 Kenilworth Dr</p> <p>City State Zip Code Towson MD 21204-2139</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Rothschild Capital CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2400.00</p> | <p>Date of Receipt 01 / 15 / 2010</p> <p>Transaction ID: 00217.C688</p> <p>Amount of Each Receipt this Period 2400.00</p> <p>Receipt</p> <p>NOTE: Joint Fundraising Proceed</p> |
|--|--|

| | |
|---|---|
| <p>C. Full Name (Last, First, Middle Initial) Clifford Schroeder</p> <p>Mailing Address 332 Clovelly Road</p> <p>City State Zip Code Richmond VA 23221</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Chronos LC Executive</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 25000.00</p> | <p>Date of Receipt 01 / 22 / 2010</p> <p>Transaction ID: 00217.C690</p> <p>Amount of Each Receipt this Period 25000.00</p> <p>Receipt</p> <p>NOTE: Joint Fundraising Proceed</p> |
|---|---|

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 28650.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 14
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

A.

Full Name (Last, First, Middle Initial)
Cookie Shapiro

Mailing Address 4445 Harris Valley Rd NW

City Atlanta State GA Zip Code 30327-3827

FEC ID number of contributing federal political committee. **C**

Name of Employer Pegasus Landing Corp Occupation Real Estate Developer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 15 / 2010

Transaction ID: 00217.C686

Amount of Each Receipt this Period 1000.00

Receipt

NOTE: Joint Fundraising Proceed

B.

Full Name (Last, First, Middle Initial)
Paul Singer

Mailing Address 1 W 81st St

City New York State NY Zip Code 10024-6048

FEC ID number of contributing federal political committee. **C**

Name of Employer Elliott Management Occupation Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 22 / 2010

Transaction ID: 00217.C689

Amount of Each Receipt this Period 5000.00

Receipt

NOTE: Joint Fundraising Proceed

C.

Full Name (Last, First, Middle Initial)
Carole M. Weinstein

Mailing Address 2 John Christopher Ct

City Richmond State VA Zip Code 23226-1749

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5300.00

Date of Receipt 01 / 28 / 2010

Transaction ID: 00217.C695

Amount of Each Receipt this Period 5300.00

Receipt

NOTE: Joint Fundraising Proceed

SUBTOTAL of Receipts This Page (optional) ► 11300.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 / 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

A. Full Name (Last, First, Middle Initial)
Marcus M. Weinstein

Mailing Address P.O. Box 31335

City Richmond State VA Zip Code 23294

FEC ID number of contributing federal political committee. **C**

Name of Employer Weinstein Properties Occupation Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
19700.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 2 8 / 2 0 1 0

Transaction ID: 00217.C696

Amount of Each Receipt this Period
19700.00

Receipt

NOTE: Joint Fundraising Proceed

| | | |
|--|---|-----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 19700.00 |
| TOTAL This Period (last page this line number only) | ▶ | 108400.00 |

**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)

PAGE 11 / 14

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) American Express Mailing Address 200 Vesey Street City New York State NY Zip Code 10285- Purpose of Disbursement Credit Card: See Below Candidate Name | Transaction ID: 00217.E365 Date of Disbursement 01 / 13 / 2010 |
| | Amount of Each Disbursement this Period 482.10 CREDIT CARD: SEE BELOW |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) US Airways Mailing Address 4000 E. Sky Harbor Blvd City Phoenix State AZ Zip Code 85034- Purpose of Disbursement CVF Travel Candidate Name | Transaction ID: 00217.E366 Date of Disbursement 01 / 13 / 2010 |
| | Amount of Each Disbursement this Period 482.10 [MEMO ITEM] MEMO: CVF TRAVEL |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) Bon Appetit Mailing Address 350 Oracle Pkwy City Redwood City State CA Zip Code 94065-1667 Purpose of Disbursement CVF Event Catering Candidate Name | Transaction ID: 00217.E360 Date of Disbursement 01 / 13 / 2010 |
| | Amount of Each Disbursement this Period 241.37 CVF EVENT CATERING |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 723.47 |
| TOTAL This Period (last page this line number only) ▶ | [] |

**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)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Allison Coccia | Transaction ID: 00217.E367 Date of Disbursement 01 / 31 / 2010 |
| | Mailing Address 301 Virginia St Unit 1507 | Amount of Each Disbursement this Period 2740.12 |
| | City Richmond State VA Zip Code 23219-4189 | |
| | Purpose of Disbursement CVF Salary | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | CVF SALARY |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Rose Ann Janis | Transaction ID: 00217.E364 Date of Disbursement 01 / 06 / 2010 |
| | Mailing Address 5005 Amberwood Drive | Amount of Each Disbursement this Period 20.87 |
| | City Glen Allen State VA Zip Code 23059- | |
| | Purpose of Disbursement CVF USB Drive | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | CVF USB DRIVE |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Rose Ann Janis | Transaction ID: 00217.E370 Date of Disbursement 01 / 31 / 2010 |
| | Mailing Address 5005 Amberwood Drive | Amount of Each Disbursement this Period 2042.75 |
| | City Glen Allen State VA Zip Code 23059- | |
| | Purpose of Disbursement CVF Salary | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | CVF SALARY |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 4803.74 |
| TOTAL This Period (last page this line number only) | |

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)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Matthew Jubitz Consulting <hr/> Mailing Address 801 S. Grand Avenue #2001 <hr/> City Los Angeles State CA Zip Code 90017- <hr/> Purpose of Disbursement CVF Fundraising Consulting <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00217.E361 Date of Disbursement 01 / 11 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> CVF FUNDRAISING CONSULTING |
| B. | Full Name (Last, First, Middle Initial) Best Executive Limo Service <hr/> Mailing Address 8423 Whitehaven Ct <hr/> City Lorton State VA Zip Code 22079-2793 <hr/> Purpose of Disbursement CVF Transportation <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00217.E362 Date of Disbursement 01 / 04 / 2010 <hr/> Amount of Each Disbursement this Period 642.60 <hr/> CVF TRANSPORTATION |
| C. | Full Name (Last, First, Middle Initial) Melissa Nelson <hr/> Mailing Address 977 Gorham Court <hr/> City Midlothian State VA Zip Code 23113- <hr/> Purpose of Disbursement CVF Salary <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00217.E369 Date of Disbursement 01 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 3235.92 <hr/> CVF SALARY |

SUBTOTAL of Disbursements This Page (optional) ▶

4878.52

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

**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)

PAGE 14 / 14

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) The Word Doctors LLC Mailing Address 1800 Diagonal Rd Ste 600 City Alexandria State VA Zip Code 22314-2840 Purpose of Disbursement CVF Event Guest Speaker Travel Cost Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00217.E363 Date of Disbursement 01 / 06 / 2010 |
| | Amount of Each Disbursement this Period 349.60 CVF EVENT GUEST SPEAKER TRAVEL COST |
| B. Full Name (Last, First, Middle Initial) Kristin M. Young Mailing Address 902 Summer Hill Dr City South Windsor State CT Zip Code 06074-2879 Purpose of Disbursement CVF Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00217.E368 Date of Disbursement 01 / 31 / 2010 |
| | Amount of Each Disbursement this Period 2798.11 CVF SALARY |

SUBTOTAL of Disbursements This Page (optional) ►

3147.71

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

13553.44