

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 Cantor Victory Fund

ADDRESS (number and street) 25 E Main Street Check if different than previously reported. (ACC) Richmond VA 23219-2109

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00420174

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 02 / 01 / 2014 through 02 / 28 / 2014

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 Rose Ann Janis [Electronically Filed] Date 03 / 18 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Cantor Victory Fund

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="81025.11"/>	<input type="text" value="81025.11"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="184208.09"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="271753.85"/>	<input type="text" value="408756.08"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="455961.94"/>	<input type="text" value="489781.19"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="87975.06"/>	<input type="text" value="121794.31"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="367986.88"/>	<input type="text" value="367986.88"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Cantor Victory Fund

Report Covering the Period: From: / / To: / /

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).....	266750	403750
(ii) Unitemized	0	0
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	266750	403750
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	5000	5000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	271750	408750
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	3.85	6.08
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	271753.85	408756.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	271753.85	408756.08

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	42975.06	76794.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	42975.06	76794.31
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	15000	15000
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	30000	30000
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	45000	45000
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	87975.06	121794.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87975.06	121794.31

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	271750	408750
34. Total Contribution Refunds (from Line 28(d))	45000	45000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	226750	363750
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	42975.06	76794.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	42975.06	76794.31

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

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

FOR LINE NUMBER: PAGE 6 OF 23
(check only one)
 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)
Cantor Victory Fund

Full Name (Last, First, Middle Initial)
A. Ira J. Ganger

Mailing Address 34 Herrick Drive

City State Zip Code
Lawrence NY 11559-1528

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

Name of Employer Occupation
Amerex Group President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2014
Transaction ID : 2451-3481-c

Amount of Each Receipt this Period
5000

Full Name (Last, First, Middle Initial)
B. Frank Genovese

Mailing Address 2706 Stonegate Court

City State Zip Code
Midlothian VA 23113-3962

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2014
Transaction ID : 621-3482-c

Amount of Each Receipt this Period
7500

Full Name (Last, First, Middle Initial)
C. Susan Genovese

Mailing Address 2706 Stonegate Court

City State Zip Code
Midlothian VA 23113-3962

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2014
Transaction ID : 622-3483-c

Amount of Each Receipt this Period
7500

SUBTOTAL of Receipts This Page (optional)..... ▶ 20000.00

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: (check only one)	PAGE 7 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

A. D.J. Jimmy Rogers
 Full Name (Last, First, Middle Initial)
 Mailing Address 5789 Arrowhead Drive
 Suite A
 City Virginia Beach State VA Zip Code 23462-3218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Distributors Occupation Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **10000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : 678-3485-c
 Amount of Each Receipt this Period
10000

B. Phil Wendel
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701 Bentivar Drive
 City Charlottesville State VA Zip Code 22911-8228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACAC Fitness & Wellness Occupation Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **30000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : 703-3484-c
 Amount of Each Receipt this Period
30000

C. Diane Manning
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Garrett Street
 City Charlottesville State VA Zip Code 22902-5693
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Homemaker Occupation Homemaker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **25000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2014
Transaction ID : 2784-3486-c
 Amount of Each Receipt this Period
25000

SUBTOTAL of Receipts This Page (optional).....	65000.00
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 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

Full Name (Last, First, Middle Initial)
A. Richard Hewitt

Mailing Address 2551 Ivy Road

City Charlottesville State VA Zip Code 22903-4614

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

Name of Employer Drucker & Falk LLC Occupation Real Estate Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000

Date of Receipt
MM / DD / YYYY
02 / 18 / 2014
Transaction ID : 365-3487-c

Amount of Each Receipt this Period
10000

Full Name (Last, First, Middle Initial)
B. Lois T. Schroeder

Mailing Address 332 Clovelly Road

City Richmond State VA Zip Code 23221-3713

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5200

Date of Receipt
MM / DD / YYYY
02 / 18 / 2014
Transaction ID : 627-3488-c

Amount of Each Receipt this Period
5200

Full Name (Last, First, Middle Initial)
C. Ivor Massey Jr.

Mailing Address 117 S 14th Street
Suite 300

City Richmond State VA Zip Code 23219-4169

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000

Date of Receipt
MM / DD / YYYY
02 / 19 / 2014
Transaction ID : 651-3490-c

Amount of Each Receipt this Period
25000

SUBTOTAL of Receipts This Page (optional)..... ▶ 40200.00

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: (check only one)	PAGE 9 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

Full Name (Last, First, Middle Initial)
A. Thomas E. Gottwald

Mailing Address 4601 Lilac Lane

City Richmond State VA Zip Code 23221-3111

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

Name of Employer New Market Corp Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2014
Transaction ID : 664-3489-c

Amount of Each Receipt this Period
 25000

Full Name (Last, First, Middle Initial)
B. Stanley F. Druckenmiller

Mailing Address 40 W 57th Street

City New York State NY Zip Code 10019-4001

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

Name of Employer Duquesne Family Office LLC Occupation Portfolio Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
28800

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 1989-3498-c

Amount of Each Receipt this Period
 28800

Full Name (Last, First, Middle Initial)
C. Scott Fisher

Mailing Address 15561 Fox Cove Circle

City Moseley State VA Zip Code 23120-1608

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

Name of Employer Estes Forwarding Worldwide Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 2785-3492-c

Amount of Each Receipt this Period
 250

SUBTOTAL of Receipts This Page (optional)..... ▶ 54050.00

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 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

Full Name (Last, First, Middle Initial)
A. Melissa Wight

Mailing Address 2050 Royal Palm Way

City State Zip Code
Boca Raton FL 33432-7446

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 2786-3495-c

Amount of Each Receipt this Period
10000

Full Name (Last, First, Middle Initial)
B. William T. Hupp

Mailing Address 2 Oak Lane

City State Zip Code
Richmond VA 23226-1614

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

Name of Employer Occupation
Estes Express Lines Executive VP/COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 2787-3496-c

Amount of Each Receipt this Period
1000

Full Name (Last, First, Middle Initial)
C. Russell B Wight Jr.

Mailing Address 2050 Royal Palm Way

City State Zip Code
Boca Raton FL 33432-7446

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

Name of Employer Occupation
Interstate Properties Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 318-3494-c

Amount of Each Receipt this Period
10000

SUBTOTAL of Receipts This Page (optional)..... ▶ 21000.00

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: (check only one)	PAGE 11 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

Full Name (Last, First, Middle Initial)
A. Robey W. Estes Jr.

Mailing Address 2220 Cardiff Way

City Richmond State VA Zip Code 23236-1579

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

Name of Employer Occupation
Estes Express Lines President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000

Date of Receipt
02 / 25 / 2014
Transaction ID : 644-3493-c

Amount of Each Receipt this Period
2000

Full Name (Last, First, Middle Initial)
B. Stephen E. Hupp

Mailing Address 3530 Salles Ridge Court

City Midlothian State VA Zip Code 23113-2028

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

Name of Employer Occupation
Estes Express Lines Corporate Secretary/CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000

Date of Receipt
02 / 25 / 2014
Transaction ID : 646-3497-c

Amount of Each Receipt this Period
2000

Full Name (Last, First, Middle Initial)
C. Daniel Brody

Mailing Address 503 Faulconer Drive

City Charlottesville State VA Zip Code 22903-4978

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

Name of Employer Occupation
Health Data Services, Inc. Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7500

Date of Receipt
02 / 27 / 2014
Transaction ID : 706-3499-c

Amount of Each Receipt this Period
7500

SUBTOTAL of Receipts This Page (optional)..... ▶ 11500.00

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: (check only one)	PAGE 12 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

Full Name (Last, First, Middle Initial)
A. Susan Hertog

Mailing Address 1040 5th Avenue

City New York State NY Zip Code 10028-0137

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

Name of Employer Self Employed Occupation Author

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **5000**

Date of Receipt **02 / 28 / 2014**

Transaction ID : 2034-3502-c

Amount of Each Receipt this Period **5000**

Full Name (Last, First, Middle Initial)
B. Itzhak Fisher

Mailing Address 155 W 70th Street

City New York State NY Zip Code 10023-4419

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

Name of Employer The Nielsen Company Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **25000**

Date of Receipt **02 / 28 / 2014**

Transaction ID : 2197-3500-c

Amount of Each Receipt this Period **25000**

Full Name (Last, First, Middle Initial)
C. Ruth Fisher

Mailing Address 155 W 70th Street

City New York State NY Zip Code 10023-4419

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **25000**

Date of Receipt **02 / 28 / 2014**

Transaction ID : 2198-3501-c

Amount of Each Receipt this Period **25000**

SUBTOTAL of Receipts This Page (optional).....▶	55000.00
TOTAL This Period (last page this line number only).....▶	266750.00

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

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

FOR LINE NUMBER: PAGE 13 OF 23
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. Select Medical PAC

Full Name (Last, First, Middle Initial)

Mailing Address 4714 Gettysburg Road

City Mechanicsburg State PA Zip Code 17055-4325

FEC ID number of contributing federal political committee. **C** C00546119

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000

Date of Receipt: 02 / 21 / 2014
Transaction ID : 2773-3491-c

Amount of Each Receipt this Period: 5000

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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)

<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

Full Name (Last, First, Middle Initial)

A. Lisa Wagner & Co Inc

Mailing Address PO Box 446

City State Zip Code
Batavia IL 60510-0446

Purpose of Disbursement
CVF Fundraising Consulting

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : SB21B-1308-3504-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Creative Direct LLC

Mailing Address 25 E Main Street

City State Zip Code
Richmond VA 23219-2109

Purpose of Disbursement
CVF Office Rent

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : SB21B-1635-3507-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Creative Direct LLC

Mailing Address 25 E Main Street

City State Zip Code
Richmond VA 23219-2109

Purpose of Disbursement
CVF Parking

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : SB21B-1635-3508-e

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

Full Name (Last, First, Middle Initial)

A. Mega Office Furniture

Mailing Address 8006 W Broad Street

City State Zip Code
Henrico VA 23294-4218

Purpose of Disbursement
CVF Office Desk/Cabinet

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2014

Transaction ID : SB21B-1218-3509-e

Amount of Each Disbursement this Period

862.91

Full Name (Last, First, Middle Initial)

B. Suntrust Merchant Services, LLC

Mailing Address 4000 Coral Ridge Drive

City State Zip Code
Coral Springs FL 33065-7614

Purpose of Disbursement
CVF Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2014

Transaction ID : SB21B-2194-3503-e

Amount of Each Disbursement this Period

2247.8

Full Name (Last, First, Middle Initial)

C. The Woods Herberger Group

Mailing Address 6600 SW 63rd Avenue

City State Zip Code
South Miami FL 33143-3323

Purpose of Disbursement
CVF Fundraising Consulting

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2014

Transaction ID : SB21B-2788-3505-e

Amount of Each Disbursement this Period

2500

SUBTOTAL of Disbursements This Page (optional)..... ▶

5610.71

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

Full Name (Last, First, Middle Initial)

A. Hueter & Associates

Mailing Address PO Box 8533

City Emeryville State CA Zip Code 94662-0533

Purpose of Disbursement
CVF Travel

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-2418-3506-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address 200 Vesey Street

City New York State NY Zip Code 10285-1000

Purpose of Disbursement
CVF Credit Card Charges

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-1671-3517-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. La Bistecca Italian Grille

Mailing Address 39405 Plymouth Road

City Plymouth State MI Zip Code 48170-4207

Purpose of Disbursement
CVF Food/Beverage

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-2789-2117-V

Amount of Each Disbursement this Period

[MEMO ITEM]

Subitemization of American Express (02/18/14)

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

Full Name (Last, First, Middle Initial)

A. Le Colonial NYC

Mailing Address 149 E 57th Street

City New York State NY Zip Code 10022-2101

Purpose of Disbursement
CVF Food/Beverage

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	4

Transaction ID : SB21B-2790-2119-V

Amount of Each Disbursement this Period

3	1	3	.	8	2
---	---	---	---	---	---

[MEMO ITEM]

Subitemization of American Express (02/18/14)

Full Name (Last, First, Middle Initial)

B. Primola

Mailing Address 1226 2nd Avenue
Front 1

City New York State NY Zip Code 10065-6727

Purpose of Disbursement
CVF Food/Beverage

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	4

Transaction ID : SB21B-2741-2118-V

Amount of Each Disbursement this Period

6	3	3	.	4	5
---	---	---	---	---	---

[MEMO ITEM]

Subitemization of American Express (02/18/14)

Full Name (Last, First, Middle Initial)

C. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94043-1126

Purpose of Disbursement
CVF Software

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	4

Transaction ID : SB21B-2237-2113-V

Amount of Each Disbursement this Period

4	8	2	.	7	5
---	---	---	---	---	---

[MEMO ITEM]

Subitemization of American Express (02/18/14)

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0	0	0	.	0	0
---	---	---	---	---	---

0	0	0	.	0	0
---	---	---	---	---	---

**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

Full Name (Last, First, Middle Initial)

A. Aristotle International, Inc.

Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CVF Software

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		01		2014

Transaction ID : SB21B-1944-2116-V

Amount of Each Disbursement this Period

1200

[MEMO ITEM]

Subitemization of American Express (02/18/14)

Full Name (Last, First, Middle Initial)

B. idonatepro

Mailing Address 2033 San Elijo Avenue
203

City Cardiff By The Sea State CA Zip Code 92007-1726

Purpose of Disbursement
CVF Software

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		01		2014

Transaction ID : SB21B-2075-2115-V

Amount of Each Disbursement this Period

250

[MEMO ITEM]

Subitemization of American Express (02/18/14)

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address 200 Vesey Street

City New York State NY Zip Code 10285-1000

Purpose of Disbursement
CVF Membership Fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2014

Transaction ID : SB21B-1671-2121-V

Amount of Each Disbursement this Period

95

[MEMO ITEM]

Subitemization of American Express (02/18/14)

SUBTOTAL of Disbursements This Page (optional)..... ▶

0.00

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

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**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

Full Name (Last, First, Middle Initial)

A. Wiley Rein LLP

Mailing Address 1776 K Street NW

City Washington State DC Zip Code 20006-2304

Purpose of Disbursement
CVF Legal Services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB21B-1707-3511-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. U.S. Treasury

Mailing Address Internal Revenue Service

City Austin State TX Zip Code 73301-0001

Purpose of Disbursement
CVF Payroll Taxes

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB21B-1221-3518-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Virginia Department of Taxation

Mailing Address PO Box 27264

City Richmond State VA Zip Code 23261-7264

Purpose of Disbursement
CVF Payroll Taxes

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB21B-1223-3519-e

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

Full Name (Last, First, Middle Initial)

A. Kristin M. Young

Mailing Address 12407 Tiverton Lane

City State Zip Code
Glen Allen VA 23059-7017

Purpose of Disbursement
CVF Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-1209-3521-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Melissa Nelson

Mailing Address 977 Gorham Court

City State Zip Code
Midlothian VA 23114-4648

Purpose of Disbursement
CVF Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-1713-3522-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Rose Ann Janis

Mailing Address 5005 Amberwood Drive

City State Zip Code
Glen Allen VA 23059-7530

Purpose of Disbursement
CVF Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-982-3520-e

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

Full Name (Last, First, Middle Initial)

A. William C. Cole

Mailing Address 301 S Boulevard
Apt. 5

City Richmond State VA Zip Code 23220-5764

Purpose of Disbursement
CVF Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-2733-3523-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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 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 checked="" 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

Full Name (Last, First, Middle Initial)

A. Mohammad Qazi

Mailing Address 6405 Middlebelt Road

City West Bloomfield State MI Zip Code 48322-2473

Purpose of Disbursement
Refunded Contribution Received 12/13/13

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB28a-387-3512-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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 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 checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

Full Name (Last, First, Middle Initial)

A. GHC Ancillary Corporation Political Action Committee

Mailing Address 101 E State Street

City Kennett Square State PA Zip Code 19348-3109

Purpose of Disbursement
Refunded Contribution Received 12/13/13

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2014

Transaction ID : SB28c-2769-3513-e

Amount of Each Disbursement this Period

10000

010
Category/
Type

Full Name (Last, First, Middle Initial)

B. HCR Manor Care PAC

Mailing Address 333 N Summit Street
Floor 16

City Toledo State OH Zip Code 43604-1531

Purpose of Disbursement
Refunded Contribution Received 12/13/13

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2014

Transaction ID : SB28c-2768-3514-e

Amount of Each Disbursement this Period

10000

010
Category/
Type

Full Name (Last, First, Middle Initial)

C. National Health Corporation Political Action Committee

Mailing Address PO Box 1398

City Murfreesboro State TN Zip Code 37133-1398

Purpose of Disbursement
Refunded Contribution Received 12/13/13

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2014

Transaction ID : SB28c-2771-3515-e

Amount of Each Disbursement this Period

10000

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

30000.00

30000.00