

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For 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 For Congress

ADDRESS (number and street) P, O, Box 17813

Check if different than previously reported. (ACC) Richmond VA 23226

2. **FEC IDENTIFICATION NUMBER** C00355461 **CITY** **STATE** VA **ZIP CODE** VA 07 **STATE DISTRICT**

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)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on 11 04 2008 in the State of VA

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 10 01 2008 through 10 15 2008

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 Jacquelyn E. Stone

Signature of Treasurer Electronically Filed by Jacquelyn E. Stone Date 10 23 2008

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								
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FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Cantor For Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	145709.17	3432201.78
(b) Total Contribution Refunds (from Line 20(d)).....	1300.00	10699.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	144409.17	3421502.78
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	335641.07	2961000.54
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	11147.93
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	335641.07	2949852.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	607813.93	
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	

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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Cantor For Congress

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

49205.00

1657874.64

(ii) Unitemized.....

3572.00

144528.50

(iii) TOTAL of contributions

52777.00

1802403.14

from individuals..... ▶

294.00

490.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

92638.17

1629308.64

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

145709.17

3432201.78

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

196099.94

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

11147.93

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

28370.83

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

145709.17

3667820.48

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	335641.07	2961000.54
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	1300.00	9450.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1249.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1300.00	10699.00
21. OTHER DISBURSEMENTS.....	223500.00	537657.63
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	560441.07	3509357.17

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1022545.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	145709.17
25. SUBTOTAL (add Line 23 and Line 24).....	1168255.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	560441.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	607813.93

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 5 / 91
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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 For Congress

A.	Full Name (Last, First, Middle Initial) Catherine Abernathy	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 11708 Buffington Street	Transaction ID: 81006.C24844
	City State Zip Code Bakersfield CA 93312	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Cathy Abernathy Consultants	Occupation President	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

B.	Full Name (Last, First, Middle Initial) Terence Adderley	Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address PO Box 907	Transaction ID: 81010.C24907
	City State Zip Code Bloomfield Hills MI 48303	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Kelly Services, Inc.	Occupation Chairman of the Board	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Laura Aflalo	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 333 South Beverly Drive Suite 205	Transaction ID: 81010.C24938
	City State Zip Code Beverly Hills CA 90212	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Aflalo Equities	Occupation Owner	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) William Beach		Date of Receipt
	Mailing Address 23336 Sorrell Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Milford	VA	22514
	FEC ID number of contributing federal political committee. C		Transaction ID: 81015.C25007
Name of Employer W.R. Beach Gen. Contractor		Occupation Builder	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 50.00
			Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) James Belk		Date of Receipt
	Mailing Address PO Box 1520		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 1 0 / 2 0 0 8
	City	State	Zip Code
	Richmond	VA	23218
	FEC ID number of contributing federal political committee. C		Transaction ID: 81010.C24958
Name of Employer Belk Consulting Group		Occupation Managing Director	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
			Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Pamela Braden		Date of Receipt
	Mailing Address 6301 Ivy Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 0 2 / 2 0 0 8
	City	State	Zip Code
	Greenbelt	MD	20770
	FEC ID number of contributing federal political committee. C		Transaction ID: 81006.C24805
Name of Employer Gryphon Technologies		Occupation President and CEO	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
			Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2050.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
James Branch

Mailing Address 29266 Eleys Ford Rd.

City State Zip Code
Richardsville VA 22736

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

Name of Employer Occupation
Culpeper County Sheriffs Ofc. Sheriff

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

330.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: 81007.C24891

Amount of Each Receipt this Period
70.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mark Busching

Mailing Address 4808 11th St. N.

City State Zip Code
Arlington VA 22205-2518

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

Name of Employer Occupation
R. Aderholt/Member of Congress Chief of Staff

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: 81007.C24894

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Louis Camilleri

Mailing Address 120 Park Ave., 22nd Floor

City State Zip Code
New York NY 10017-5523

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

Name of Employer Occupation
Philip Morris International In Chairman & CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2300.00

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

Transaction ID: 81010.C24957

Amount of Each Receipt this Period
2300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2870.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 91

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Donald Carey

Mailing Address 144 Dellwood Road

City State Zip Code
Bronxville NY 10708

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
First American Title Sales

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	8

Transaction ID: 81010.C24912

Amount of Each Receipt this Period
350.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
A. Daniel Carter

Mailing Address 100 Loving Street

City State Zip Code
Louisa VA 23093

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Virginia Community Bank Banker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	0	8

Transaction ID: 81006.C24789

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Isaac Cohanad

Mailing Address 148 North Canyon Dr.

City State Zip Code
Los Angeles CA 90049

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Wiseman Development Developer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	8

Transaction ID: 81010.C24922

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
Mary Dale

Mailing Address 20406 Fortunes Way

City Remington State VA Zip Code 22734-1716

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1550.00

Date of Receipt MM / DD / YYYY
10 / 10 / 2008

Transaction ID: 81010.C24963

Amount of Each Receipt this Period 250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Margie Davis

Mailing Address 2300 Edgeview Lane

City Midlothian State VA Zip Code 23113

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

Date of Receipt MM / DD / YYYY
10 / 06 / 2008

Transaction ID: 81006.C24863

Amount of Each Receipt this Period 75.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Altamont Dickerson

Mailing Address 12201 W. Patrick Henry Rd.

City Ashland State VA Zip Code 23005-7202

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
10 / 10 / 2008

Transaction ID: 81010.C24961

Amount of Each Receipt this Period 100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 425.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
Selma Fisch

Mailing Address 421 Beverly Hills Drive
Suite 500

City State Zip Code
Beverly Hills CA 90210

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Fisch Properties Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	8

Transaction ID: 81010.C24937

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Alan Fry

Mailing Address 15112 Lina Road

City State Zip Code
Huntertown IN 46748-9711

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Lincoln Financial Group Insurance Broker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	8

Transaction ID: 81010.C24921

Amount of Each Receipt this Period
225.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Melissa Gluck

Mailing Address 6565 Crescent Park West
#119

City State Zip Code
Los Angeles CA 90094

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
N/A Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	8

Transaction ID: 81010.C24936

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 1725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Marvin Gottlieb	Date of Receipt MM / DD / YYYY 10 / 10 / 2008
	Mailing Address 1119 South Rexford Drive #3	Transaction ID: 81010.C24965
	City State Zip Code Los Angeles CA 90035	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer: M. Gottlieb Associates, Inc. Occupation: Insurance Broker Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Patrick Hanley	Date of Receipt MM / DD / YYYY 10 / 07 / 2008
	Mailing Address 1020 Windwood Covs	Transaction ID: 81007.C24884
	City State Zip Code Mineral VA 23117	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer: N/A Occupation: Retired Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Bryan Hargett	Date of Receipt MM / DD / YYYY 10 / 07 / 2008
	Mailing Address PO Box 801	Transaction ID: 81007.C24877
	City State Zip Code Orange VA 22960	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer: Mason Homeowners Insurance Occupation: Insurance Agent Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 91
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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 For Congress

A.

Full Name (Last, First, Middle Initial)
Herbert Harrison

Mailing Address 6905 Park Ave.

City Richmond State VA Zip Code 23226-3621

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

Name of Employer Thalimer Comm. Properties Occupation Commercial Real Estate Sales

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 10 / 03 / 2008
Transaction ID: 81006.C24827
Amount of Each Receipt this Period 100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Scott Harrison

Mailing Address 209 Gun Club Rd.

City Richmond State VA Zip Code 23221

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

Name of Employer GVA Advantis Occupation Real Estate Broker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 10 / 06 / 2008
Transaction ID: 81006.C24848
Amount of Each Receipt this Period 200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Benoni Holloway

Mailing Address 11088 Opaca Ln.

City Glen Allen State VA Zip Code 23059

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 10 / 15 / 2008
Transaction ID: 81015.C25009
Amount of Each Receipt this Period 75.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **375.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 91

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Francine Immerman

Mailing Address 105 W. Juniper Lane

City State Zip Code
Moreland Hills OH 44022

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

1000.00

Date of Receipt M M / D D / Y Y Y Y
10 / 10 / 2008

Transaction ID: 81010.C24964

Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
George Johnson

Mailing Address P.O. Box 3524

City State Zip Code
Spartanburg SC 29304-3524

FEC ID number of contributing federal political committee. C

Name of Employer Extended Stay America Occupation President and CEO

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

2000.00

Date of Receipt M M / D D / Y Y Y Y
10 / 10 / 2008

Transaction ID: 81010.C24956

Amount of Each Receipt this Period 2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Judy Johnson

Mailing Address 14225 Clazemont Rd.

City State Zip Code
Montpelier VA 23192

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

275.00

Date of Receipt M M / D D / Y Y Y Y
10 / 15 / 2008

Transaction ID: 81015.C25005

Amount of Each Receipt this Period 100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 3100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
Daniel Keniry

Mailing Address 1852 Columbia Rd. NW
Apt. 103

City Washington State DC Zip Code 20009

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

Name of Employer TIAA-CREF Occupation Sr. VP/Govt Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: 81006.C24843

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Shan Chun Kou

Mailing Address 1399 Vista Moraga

City Los Angeles State CA Zip Code 90049

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 1500.00

Transaction ID: 81010.C24935

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Marque Ledoux

Mailing Address Norfolk Southern Corporation
1500 K St. NW, Suite 375

City Washington State DC Zip Code 20005

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

Name of Employer Norfolk Southern Corporation Occupation Assistant Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: 81006.C24796

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
Lisa Lee

Mailing Address P. O. Box 399
R.T. 14

City State Zip Code
Port Haywood VA 23138-0399

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
N/A Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	8

Transaction ID: 81006.C24855

Amount of Each Receipt this Period

	50.00
--	-------

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Joseph Levy

Mailing Address 10968 Founders Pl.

City State Zip Code
Mechanicsville VA 23116-5845

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
N/A Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	8

Transaction ID: 81006.C24853

Amount of Each Receipt this Period

	50.00
--	-------

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Michelle Liewehr

Mailing Address 9244 Royal Grant Dr.

City State Zip Code
Mechanicsville VA 23116-4195

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
N/A Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	8

Transaction ID: 81015.C24999

Amount of Each Receipt this Period

	50.00
--	-------

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 91
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
Michelle Liewehr

Mailing Address 9244 Royal Grant Dr.

City Mechanicsville State VA Zip Code 23116-4195

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 10 / 15 / 2008

Transaction ID: 81015.C25000

Amount of Each Receipt this Period 50.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Kay Mims

Mailing Address 2313 Mims Rd.

City Luray State VA Zip Code 22835

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 335.00

Date of Receipt 10 / 02 / 2008

Transaction ID: 81006.C24800

Amount of Each Receipt this Period 50.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Robert Moore

Mailing Address 13420 Ewell Lane

City Richmond State VA Zip Code 23233

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt 10 / 08 / 2008

Transaction ID: 81010.C24910

Amount of Each Receipt this Period 100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 91

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
William Morley

Mailing Address 2515 N. Upland Street

City State Zip Code
Arlington VA 22207

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Altrius Group, LLC President & CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	8

Transaction ID: 81010.C24955

Amount of Each Receipt this Period
1500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Susan Newton

Mailing Address 7713 Balla Ct.

City State Zip Code
Richmond VA 23228

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
TM Associates Property Manager

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	8

Transaction ID: 81010.C24960

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Jack Nourafshan

Mailing Address 1177 Loma Linda Dr.

City State Zip Code
Beverly Hills CA 90210

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Reliable Properties President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	8

Transaction ID: 81010.C24923

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 3600.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Rod Nourafshan

Mailing Address 6399 Wilshire Blvd.
Suite 604

City Los Angeles State CA Zip Code 90048

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

Name of Employer Reliable Properties Occupation Real Estate Developer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 81010.C24924

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
John OHalloran

Mailing Address 10303 Salford Ct.

City Glen Allen State VA Zip Code 23060

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 81006.C24858

Amount of Each Receipt this Period
50.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Keith Parr

Mailing Address 251 Winthrop

City Elmhurst State IL Zip Code 60126

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

Name of Employer Locke Lord Bissell & Liddell Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 81006.C24803

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 91
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

<p>A. Full Name (Last, First, Middle Initial) John Pigott</p> <p>Mailing Address 657 Park Drive</p> <p>City State Zip Code Atlanta GA 30306</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Valubond Inc. Occupation Co-Founder & CEO</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: 81010.C24951</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	9		2	0	0	8												

<p>B. Full Name (Last, First, Middle Initial) Richard Rawle</p> <p>Mailing Address 779 Redford Drive</p> <p>City State Zip Code Provo UT 84604</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Check City Occupation President</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: 81010.C24959</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	0		2	0	0	8												

<p>C. Full Name (Last, First, Middle Initial) Phillip Salomon</p> <p>Mailing Address 5 Oakridge Road</p> <p>City State Zip Code White Plains NY 10607</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer First American Title Occupation Executive Vice President</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 350.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: 81010.C24926</p> <p>Amount of Each Receipt this Period 350.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	9		2	0	0	8												

<p>SUBTOTAL of Receipts This Page (optional)</p>	1600.00
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 91

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
Mary Saunders

Mailing Address 812 Park Avenue, #2C

City State Zip Code
New York NY 10021

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2008

Transaction ID: 81015.C24997

Amount of Each Receipt this Period
2300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Thomas Saunders

Mailing Address 812 Park Avenue, #2C

City State Zip Code
New York NY 10021

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

Name of Employer The Ivor Company Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2008

Transaction ID: 81015.C24996

Amount of Each Receipt this Period
2300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Charlotte Sayre

Mailing Address 525 St. Albans Way

City State Zip Code
Richmond VA 23229

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2008

Transaction ID: 81015.C25006

Amount of Each Receipt this Period
50.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4650.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 91
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Bruce Schick

Mailing Address Goldmine Creek Farm
2319 Goldmine Rd.

City Louisa State VA Zip Code 23093

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 1000.00

Transaction ID: 81010.C24905

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
John Schick

Mailing Address 267 Winston Rd

City Louisa State VA Zip Code 23093

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

Name of Employer Piedmont Communications Occupation General Manager

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 1100.00

Transaction ID: 81007.C24889

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Olga Schultz

Mailing Address 1803 Pasco Del Mar

City Palos Verdes Pen State CA Zip Code 90274

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 2300.00

Transaction ID: 81010.C24934

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **4300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
Peter Schultz

Mailing Address 1803 Pasco Del Mar

City Palos Verdes Pen State CA Zip Code 90274

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

Name of Employer Kodash, Inc. Occupation Executive Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 10 / 09 / 2008
Transaction ID: 81010.C24933
 Amount of Each Receipt this Period 2300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Donald Seale

Mailing Address 1333 Baffly Loop

City Chesapeake State VA Zip Code 23320

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

Name of Employer Norfolk Southern Co. Occupation EVP Marketing

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 10 / 07 / 2008
Transaction ID: 81007.C24890
 Amount of Each Receipt this Period 2300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
William Sinkinson

Mailing Address 10203 Pepperhill Ln.

City Richmond State VA Zip Code 23233-3813

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

Name of Employer Self Employed Occupation Management Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 10 / 15 / 2008
Transaction ID: 81015.C25010
 Amount of Each Receipt this Period 100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4700.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 91

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Lecia Smith

Mailing Address 3245 Laurel Dr.

City Blacksburg State VA Zip Code 24060

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
10 / 03 / 2008

Transaction ID: 81006.C24825

Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Behnam Soroudi

Mailing Address PO Box 17119

City Beverly Hills State CA Zip Code 90209

FEC ID number of contributing federal political committee. C

Name of Employer Harper Enterprises Occupation Real Estate Developer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 260.00

Date of Receipt MM / DD / YYYY
10 / 09 / 2008

Transaction ID: 81010.C24925

Amount of Each Receipt this Period 260.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Wayne Stewart

Mailing Address 15465 Covey Circle

City Amissville State VA Zip Code 20106

FEC ID number of contributing federal political committee. C

Name of Employer Fauquier County Govt Occupation Communications Tech.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt MM / DD / YYYY
10 / 09 / 2008

Transaction ID: 81010.C24947

Amount of Each Receipt this Period 50.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 1310.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
A. Pierce Stone

Mailing Address PO Box 199

City Louisa State VA Zip Code 23093-0100

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

Name of Employer Virginia Community Bank Occupation Banker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 07 / 2008
Transaction ID: 81007.C24888
Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 301 Ralston Rd.

City Richmond State VA Zip Code 23229-7436

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 535.00

Date of Receipt 10 / 15 / 2008
Transaction ID: 81015.C25012
Amount of Each Receipt this Period 100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Nathan Strauss

Mailing Address 905 Ridgeside Drive

City Monrovia State CA Zip Code 91016

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

Name of Employer ASB Property Management, Inc. Occupation Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 09 / 2008
Transaction ID: 81010.C24948
Amount of Each Receipt this Period 250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1350.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 91

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
George Tsunis

Mailing Address 2 Meahon Pl.

City State Zip Code
Centerport NY 11721-1724

FEC ID number of contributing federal political committee. C

Name of Employer
George Tsunis Real Estate Inc.

Occupation
Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2008

Transaction ID: 81010.C24919

Amount of Each Receipt this Period
2300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Olga Tsunis

Mailing Address 2 Meahon Pl.

City State Zip Code
Centerport NY 11721

FEC ID number of contributing federal political committee. C

Name of Employer
N/A

Occupation
Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2008

Transaction ID: 81010.C24920

Amount of Each Receipt this Period
2300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

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

Mailing Address 211 Club Road

City State Zip Code
Louisa VA 23093

FEC ID number of contributing federal political committee. C

Name of Employer
Virginia Community Bank

Occupation
Banker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 07 / 2008

Transaction ID: 81007.C24879

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 4800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
Brendon Weiss

Mailing Address 6408 Olmi Landrith Drive

City State Zip Code
Alexandria VA 22307

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

Name of Employer Occupation
Porterfield & Lowenthal, LLC Government Relations

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
10 / 02 / 2008

Transaction ID: 81006.C24807

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Michael Willis

Mailing Address 12508 Spicewood Rd.

City State Zip Code
Orange VA 22960

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

Name of Employer Occupation
Mikes Glass & Mirror Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
10 / 07 / 2008

Transaction ID: 81007.C24883

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Blair Wimbush

Mailing Address 1330 Baffy Loop

City State Zip Code
Chesapeake VA 23320

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

Name of Employer Occupation
Norfolk Southern Corporation Real Estate Officer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
10 / 09 / 2008

Transaction ID: 81010.C24949

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 27 / 91	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Edward Woolner		Date of Receipt		
	Mailing Address 2000 Regency Pkwy. Suite 111		M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8		
	City Cary	State NC	Zip Code 27511-8506	Transaction ID: 81014.C24990	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00		
	Name of Employer Regency Park Corp.	Occupation Real Estate Developer		Receipt	
	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1100.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	49205.00

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

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

FOR LINE NUMBER: PAGE 28 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
ACA International PAC
Mailing Address 4040 W. 70th Street
City Minneapolis State MN Zip Code 55435
FEC ID number of contributing federal political committee. **C** C00034785
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 10 / 10 / 2008
Transaction ID: 81010.C24972
Amount of Each Receipt this Period 5000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Aetna, Inc. PAC
Mailing Address 151 Farmington Ave.
City Hartford State CT Zip Code 06156
FEC ID number of contributing federal political committee. **C** C00181826
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 10 / 06 / 2008
Transaction ID: 81006.C24838
Amount of Each Receipt this Period 1500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AICPA Effective Legislation Committee
Mailing Address Palladian Corporate Center
220 Leigh Farm Road
City Durham State NC Zip Code 27707-8110
FEC ID number of contributing federal political committee. **C** C00077321
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00
Date of Receipt 10 / 10 / 2008
Transaction ID: 81010.C24978
Amount of Each Receipt this Period 5000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 11500.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 29 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
Aircraft Owners & Pilots Association PAC
Mailing Address 421 Aviation Way
City State Zip Code
Frederick MD 21701
FEC ID number of contributing federal political committee. **C** C00131185
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
5000.00
Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8
Transaction ID: 81006.C24840
Amount of Each Receipt this Period
5000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Americas Health Insurance Plans PAC
Mailing Address 601 Pennsylvania Ave., NW
Suite 500
City State Zip Code
Washington DC 20004
FEC ID number of contributing federal political committee. **C** C00106740
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00
Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8
Transaction ID: 81010.C24977
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Chemistry Council PAC
Mailing Address 1300 Wilson Blvd.
City State Zip Code
Arlington VA 22209
FEC ID number of contributing federal political committee. **C** C00252338
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
5500.00
Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8
Transaction ID: 81010.C24918
Amount of Each Receipt this Period
3000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **9000.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
American Chiropractic Association PAC

Mailing Address ACA-PAC
1701 Clarendon Blvd.

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00102764

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt 10 / 06 / 2008
Transaction ID: 81006.C24841
 Amount of Each Receipt this Period 2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Hospital Association PAC

Mailing Address 325 Seventh St., N.W.

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 8000.00

Date of Receipt 10 / 10 / 2008
Transaction ID: 81010.C24974
 Amount of Each Receipt this Period 2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Occupational Therapy Assoc PAC

Mailing Address 4720 Montgomery Lane

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C** C00089086

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 10 / 14 / 2008
Transaction ID: 81014.C24989
 Amount of Each Receipt this Period 2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 7000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
American Society of Assn. Executives PAC

Mailing Address 1575 I Street, NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00041566

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 10 / 09 / 2008
Transaction ID: 81010.C24914
 Amount of Each Receipt this Period 2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AmerisourceBergen Corp. PAC

Mailing Address 1300 Morris Drive Suite 100

City Wayne State PA Zip Code 19087

FEC ID number of contributing federal political committee. **C** C00400929

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 10 / 10 / 2008
Transaction ID: 81010.C24968
 Amount of Each Receipt this Period 2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Anheuser-Busch PAC

Mailing Address One Busch Pl.

City Saint Louis State MO Zip Code 63118

FEC ID number of contributing federal political committee. **C** C00034488

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt 10 / 08 / 2008
Transaction ID: 81010.C24906
 Amount of Each Receipt this Period 5000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 9500.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
Arent Fox LLP PAC
Mailing Address 1050 Connecticut Ave., NW
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00241380
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 10 / 10 / 2008
Transaction ID: 81010.C24971
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Automotive Free International Trade PAC
Mailing Address 1625 Prince St. Ste. 225
City Alexandria State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C** C00250399
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 10 / 06 / 2008
Transaction ID: 81006.C24842
Amount of Each Receipt this Period 5000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Baxter Healthcare PAC
Mailing Address 1501 K St. NW, Ste. 375
City Washington State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C** C00117838
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4500.00
Date of Receipt 10 / 10 / 2008
Transaction ID: 81010.C24976
Amount of Each Receipt this Period 2500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 8500.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 33 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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 For Congress

A. Full Name (Last, First, Middle Initial)
Cooperative of American Physicians PAC

Mailing Address 333 S. Hope Street
8th Floor

City State Zip Code
Los Angeles CA 90071

FEC ID number of contributing federal political committee. **C** C00161604

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 0 9 / 2 0 0 8

Transaction ID: 81010.C24913

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Credit Suisse Securities (USA) PAC

Mailing Address 1201 F St. NW, Ste. 450

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00111559

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 0 6 / 2 0 0 8

Transaction ID: 81006.C24866

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
DuPont Good Government Fund PAC

Mailing Address 1007 Market St.

City State Zip Code
Wilmington DE 19898

FEC ID number of contributing federal political committee. **C** C00171926

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

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

Transaction ID: 81010.C24969

Amount of Each Receipt this Period
4000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **8000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 91
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
Eli Lilly & Company PAC

Mailing Address 555 Twelfth St., NW
Ste. 650

City Washington State DC Zip Code 20004-1205

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: 81010.C24975

Amount of Each Receipt this Period
3000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Experian PAC

Mailing Address 475 Anton Blvd.

City Costa Mesa State CA Zip Code 92626

FEC ID number of contributing federal political committee. **C** C00379768

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 81010.C24916

Amount of Each Receipt this Period
2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Hotel PAC

Mailing Address 1201 New York Ave. NW
Ste. 600

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00001198

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 81006.C24837

Amount of Each Receipt this Period
5000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **10500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 91
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
Independent Community Bankers PAC

Mailing Address One Thomas Cir. NW
Ste. 400

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 10 / 07 / 2008
Transaction ID: 81007.C24873

Amount of Each Receipt this Period: 5000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
International Paper PAC (IP-PAC)

Mailing Address 1101 Pennsylvania Ave. NW
Suite 200

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00034405

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 10 / 09 / 2008
Transaction ID: 81010.C24915

Amount of Each Receipt this Period: 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
NRA Political Victory Fund

Mailing Address 11250 Waples Mill Rd.

City Fairfax State VA Zip Code 22030-7400

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6950.00

Date of Receipt: 10 / 01 / 2008
Transaction ID: 81006.C24783

Amount of Each Receipt this Period: 2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 8000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
Occidental Petroleum Corp. PAC (OXY PAC)
Mailing Address 10889 Wilshire Blvd.
City Los Angeles State CA Zip Code 90024
FEC ID number of contributing federal political committee. **C** C00083857
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt 10 / 03 / 2008
Transaction ID: 81006.C24824
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Praxair PAC
Mailing Address 39 Old Ridgebury Road
PO Box 2958
City Danbury State CT Zip Code 06813
FEC ID number of contributing federal political committee. **C** C00283440
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00
Date of Receipt 10 / 06 / 2008
Transaction ID: 81006.C24867
Amount of Each Receipt this Period 2500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Property Casualty Insurers Assn. PCIPAC
Mailing Address 2600 River Rd.
City Des Plaines State IL Zip Code 60018
FEC ID number of contributing federal political committee. **C** C00066472
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00
Date of Receipt 10 / 09 / 2008
Transaction ID: 81010.C24917
Amount of Each Receipt this Period 2500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 6000.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 37 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
QinetiQ PAC

Mailing Address 7918 Jones Branch Drive
Suite 350

City State Zip Code
McLean VA 22102

FEC ID number of contributing federal political committee. **C** C00383992

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 81006.C24794

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
QuestPAC

Mailing Address 815 Connecticut Ave., NW
Suite 330

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00329185

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 81010.C24973

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
SAIC Voluntary PAC

Mailing Address 10260 Campus Point Drive, Ms: F2

City State Zip Code
San Diego CA 92121-1522

FEC ID number of contributing federal political committee. **C** C00300418

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 81006.C24784

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
Sears PAC

Mailing Address 3333 Beverly Rd.

City Hoffman Estates State IL Zip Code 60179

FEC ID number of contributing federal political committee. **C** C00038612

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 10 / 10 / 2008
Transaction ID: 81010.C24970
 Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Technology Network PAC

Mailing Address 2600 East Bayshore Road
First Floor

City Palo Alto State CA Zip Code 94303

FEC ID number of contributing federal political committee. **C** C00328369

Name of Employer PAC Occupation PAC

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 138.17

Date of Receipt 10 / 13 / 2008
Transaction ID: 81023.C25080
 Amount of Each Receipt this Period 138.17

In-Kind
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

ITEMIZE: Staff/Transportation

C. Full Name (Last, First, Middle Initial)
TIAA-CREF PAC

Mailing Address 1101 Pennsylvania Ave. NW
Suite 800

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00431361

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt 10 / 06 / 2008
Transaction ID: 81006.C24839
 Amount of Each Receipt this Period 2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3638.17

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
Time Warner PAC

Mailing Address 800 Connecticut Ave. NW
Suite 1200

City Washington State DC Zip Code 20006-2712

FEC ID number of contributing federal political committee. **C** C00339291

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt 10 / 10 / 2008
Transaction ID: 81010.C24967
 Amount of Each Receipt this Period 2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Union Pacific Corp. Fund For Effec. Govt

Mailing Address 600 Thirteenth St., NW
Ste. 340

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt 10 / 14 / 2008
Transaction ID: 81014.C24986
 Amount of Each Receipt this Period 3000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
United States 7-Eleven Employee PAC

Mailing Address 2711 N Haskell Ave.

City Dallas State TX Zip Code 75204

FEC ID number of contributing federal political committee. **C** C00086298

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 02 / 2008
Transaction ID: 81006.C24795
 Amount of Each Receipt this Period 500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 5500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 91
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Winston & Strawn PAC

Mailing Address 1400 L St., N.W.

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00282921

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2008

Transaction ID: 81006.C24836

Amount of Each Receipt this Period
2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	92638.17

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 91

(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
National Republican Congressional Com.

Mailing Address 320 First St., SE

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00075820

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
294.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: 81016.C25016

Amount of Each Receipt this Period

98.00

In-Kind

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

NOTE: In-Kind Blast Fax

B.

Full Name (Last, First, Middle Initial)
National Republican Congressional Com.

Mailing Address 320 First St., SE

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00075820

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
392.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: 81016.C25015

Amount of Each Receipt this Period

98.00

In-Kind

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

NOTE: In-Kind Blast Fax

C.

Full Name (Last, First, Middle Initial)
National Republican Congressional Com.

Mailing Address 320 First St., SE

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00075820

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
490.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 81016.C25017

Amount of Each Receipt this Period

98.00

In-Kind

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

NOTE: In-Kind Blast Fax

SUBTOTAL of Receipts This Page (optional) ▶

294.00

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

294.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Raymond Allen Mailing Address 4409 Old Fox Trail City Midlothian State VA Zip Code 23112- Purpose of Disbursement Payroll 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: 81015.E7623 Date of Disbursement 10 / 01 / 2008 Amount of Each Disbursement this Period 3780.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL	001 Category/ Type
B.	Full Name (Last, First, Middle Initial) American Express Mailing Address P. O. Box 650448 City Dallas State TX Zip Code 75265- Purpose of Disbursement Credit Card:See Below 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: 81006.E7325 Date of Disbursement 10 / 01 / 2008 Amount of Each Disbursement this Period 4803.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD:SEE BELOW	001 Category/ Type
C.	Full Name (Last, First, Middle Initial) American Airlines Mailing Address P. O. Box 619612 City Dallas State TX Zip Code 75261- Purpose of Disbursement Airfare 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: 81016.E7675 Date of Disbursement 10 / 01 / 2008 Amount of Each Disbursement this Period 132.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIRFARE	002 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	8583.89
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Mondrian Hotel	Transaction ID: 81016.E7672
	Mailing Address 8440 Sunset Blvd.	Date of Disbursement 10 / 01 / 2008
	City West Hollywood State CA Zip Code 90069-	Amount of Each Disbursement this Period 3315.15
	Purpose of Disbursement Event Catering Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: EVENT CATERING

B.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: 81016.E7674
	Mailing Address 77 W. Wacker Dr.	Date of Disbursement 10 / 01 / 2008
	City Chicago State IL Zip Code 60601-	Amount of Each Disbursement this Period 542.50
	Purpose of Disbursement Airfare Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type 002
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIRFARE

C.	Full Name (Last, First, Middle Initial) Applewood Communications	Transaction ID: 81015.E7644
	Mailing Address 436 Lynchburg Ave.	Date of Disbursement 10 / 06 / 2008
	City Brookneal State VA Zip Code 24528-	Amount of Each Disbursement this Period 32.95
	Purpose of Disbursement Long Distance Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	LONG DISTANCE

SUBTOTAL of Disbursements This Page (optional)	▶	32.95
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Aristotle International, Inc.	Transaction ID: 81006.E7339
	Mailing Address 205 Pennsylvania Ave. SE	Date of Disbursement 10 / 02 / 2008
	City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period 275.00
	Purpose of Disbursement Credit Card Service Fees	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/Type
	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) ▼
		CREDIT CARD SERVICE FEES

B.	Full Name (Last, First, Middle Initial) Aristotle International, Inc.	Transaction ID: 81010.E7611
	Mailing Address 205 Pennsylvania Ave. SE	Date of Disbursement 10 / 09 / 2008
	City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period 948.00
	Purpose of Disbursement Credit Card Service Fees	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/Type
	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) ▼
		CREDIT CARD SERVICE FEES

C.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: 81015.E7651
	Mailing Address 300 First St. SE	Date of Disbursement 10 / 09 / 2008
	City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period 2380.37
	Purpose of Disbursement Event Catering	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/Type
	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) ▼
		EVENT CATERING

SUBTOTAL of Disbursements This Page (optional)	▶	3603.37
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
CareFirst Blue Cross Blue Shield

Mailing Address P.O. Box 79749

City Baltimore State MD Zip Code 21279-0749

Purpose of Disbursement
Health Insurance

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81015.E7656
Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

185.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

HEALTH INSURANCE

B.

Full Name (Last, First, Middle Initial)
Sara Rose Cavalli

Mailing Address 2512 Hawkesbury Ct.

City Richmond State VA Zip Code 23233-

Purpose of Disbursement
Payroll

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81015.E7624
Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

2340.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

C.

Full Name (Last, First, Middle Initial)
Chanellos Pizza

Mailing Address 2803 W Broad St.

City Richmond State VA Zip Code 23230-

Purpose of Disbursement
Meeting Expense - Meals

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81015.E7646
Date of Disbursement

10 / 07 / 2008

Amount of Each Disbursement this Period

40.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

MEETING EXPENSE - MEALS

SUBTOTAL of Disbursements This Page (optional)

2565.50

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Creative Direct	Transaction ID: 81015.E7642 Date of Disbursement 10 / 06 / 2008
	Mailing Address: The Reagan Building 25 E. Main Street	Amount of Each Disbursement this Period 2680.00
	City: Richmond State: VA Zip Code: 23219-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Printing Candidate Name: Category/Type: 001	PRINTING
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Creative Direct	Transaction ID: 81015.E7639 Date of Disbursement 10 / 06 / 2008
	Mailing Address: The Reagan Building 25 E. Main Street	Amount of Each Disbursement this Period 210.00
	City: Richmond State: VA Zip Code: 23219-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Rent and Utilities Candidate Name: Category/Type: 001	RENT AND UTILITIES
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Creative Direct	Transaction ID: 81015.E7671 Date of Disbursement 10 / 09 / 2008
	Mailing Address: The Reagan Building 25 E. Main Street	Amount of Each Disbursement this Period 1000.00
	City: Richmond State: VA Zip Code: 23219-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Printing Candidate Name: Category/Type: 001	PRINTING
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	3890.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Creative Web Designs <hr/> Mailing Address 2803 Sagecreek Ct. <hr/> City Midlothian State VA Zip Code 23112-4237 <hr/> Purpose of Disbursement Website Hosting & Development Candidate Name 001 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 81015.E7660 Date of Disbursement 10 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 3125.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WEBSITE HOSTING & DEVELOPMENT
B.	Full Name (Last, First, Middle Initial) DC Dept. of Taxation <hr/> Mailing Address Office of Tax and Revenue P.O. Box 7792 <hr/> City Washington State DC Zip Code 20044-7792 <hr/> Purpose of Disbursement DC Withholdings Candidate Name 001 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 81015.E7661 Date of Disbursement 10 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 670.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DC WITHHOLDINGS
C.	Full Name (Last, First, Middle Initial) EHK Associates <hr/> Mailing Address 16 South 2nd Street <hr/> City Richmond State VA Zip Code 23219- <hr/> Purpose of Disbursement Monthly Parking Candidate Name 001 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 81015.E7653 Date of Disbursement 10 / 09 / 2008 <hr/> Amount of Each Disbursement this Period 195.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MONTHLY PARKING

SUBTOTAL of Disbursements This Page (optional) ▶	3990.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Jennifer Jones	Transaction ID: 81006.E7324 Date of Disbursement 10 / 01 / 2008
	Mailing Address 4101 Cathedral Ave. NW Apt. 1107	Amount of Each Disbursement this Period 2241.75
	City Washington State DC Zip Code 20016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Candidate Name	001 Category/ Type
	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) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Jennifer Jones	Transaction ID: 81006.E7323 Date of Disbursement 10 / 01 / 2008
	Mailing Address 4101 Cathedral Ave. NW Apt. 1107	Amount of Each Disbursement this Period 6340.12
	City Washington State DC Zip Code 20016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Candidate Name	001 Category/ Type
	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) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Keith Fabry	Transaction ID: 81015.E7645 Date of Disbursement 10 / 06 / 2008
	Mailing Address 7 E Cary St.	Amount of Each Disbursement this Period 68.25
	City Richmond State VA Zip Code 23219-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing Candidate Name	003 Category/ Type
	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) ▼
		PRINTING

SUBTOTAL of Disbursements This Page (optional)	▶	8650.12
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Marcus & Allen, LLC <hr/> Mailing Address 25 E. Main Street Suite 200 <hr/> City Richmond State VA Zip Code 23219- <hr/> Purpose of Disbursement Strategic/Fundraising Consult. Candidate Name 001 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 81015.E7659 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">3311.41</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 STRATEGIC/FUNDRAISING CONSULT.
B.	Full Name (Last, First, Middle Initial) Marriott Richmond West <hr/> Mailing Address 4240 Dominion Blvd. <hr/> City Glen Allen State VA Zip Code 23060- <hr/> Purpose of Disbursement Event Catering Candidate Name 003 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 81015.E7628 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 8 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2100.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT CATERING
C.	Full Name (Last, First, Middle Initial) McLaughlin & Associates <hr/> Mailing Address 919 Prince St. <hr/> City Alexandria State VA Zip Code 22314- <hr/> Purpose of Disbursement Survey Research Candidate Name 005 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 81015.E7641 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 8 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">11900.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SURVEY RESEARCH

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 2px;">17311.41</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> </div>

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) McLaughlin & Associates Mailing Address 919 Prince St. City Alexandria State VA Zip Code 22314- Purpose of Disbursement Survey Research 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: 81015.E7658 Date of Disbursement 10 / 14 / 2008 Amount of Each Disbursement this Period 9465.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SURVEY RESEARCH	005 Category/ Type
B.	Full Name (Last, First, Middle Initial) Mentzer Media Services Inc. Mailing Address 600 Fairmount Ave. Suite 306 City Towson State MD Zip Code 21286- Purpose of Disbursement TV/Radio Ad Purchase 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: 81015.E7665 Date of Disbursement 10 / 07 / 2008 Amount of Each Disbursement this Period 182000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TV/RADIO AD PURCHASE	004 Category/ Type
C.	Full Name (Last, First, Middle Initial) National Republican Congressional Com. Mailing Address 320 First St., SE City Washington State DC Zip Code 20003- Purpose of Disbursement NOTE:In-Kind Blast Fax 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: 81016.C25016IK Date of Disbursement 10 / 01 / 2008 Amount of Each Disbursement this Period 98.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 IN KIND: NOTE:IN-KIND BLA-ST FAX	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

191563.00

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

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial) National Republican Congressional Com. Mailing Address 320 First St., SE City Washington State DC Zip Code 20003- Purpose of Disbursement NOTE:In-Kind Blast Fax 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: 81016.C25015IK Date of Disbursement 10 / 01 / 2008
	Amount of Each Disbursement this Period 98.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 IN KIND: NOTE:IN-KIND BLA-ST FAX

B. Full Name (Last, First, Middle Initial) National Republican Congressional Com. Mailing Address 320 First St., SE City Washington State DC Zip Code 20003- Purpose of Disbursement NOTE:In-Kind Blast Fax 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: 81016.C25017IK Date of Disbursement 10 / 06 / 2008
	Amount of Each Disbursement this Period 98.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 IN KIND: NOTE:IN-KIND BLA-ST FAX

C. Full Name (Last, First, Middle Initial) Melissa Nelson Mailing Address 977 Gorham Court City Midlothian State VA Zip Code 23114- Purpose of Disbursement Mileage 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: 81015.E7630 Date of Disbursement 10 / 01 / 2008
	Amount of Each Disbursement this Period 166.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE

SUBTOTAL of Disbursements This Page (optional) ▶	362.08
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Melissa Nelson	Transaction ID: 81015.E7622 Date of Disbursement 10 / 01 / 2008
	Mailing Address 977 Gorham Court	Amount of Each Disbursement this Period 5705.09
	City Midlothian State VA Zip Code 23114- Purpose of Disbursement Payroll Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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) ▼	PAYROLL

B.	Full Name (Last, First, Middle Initial) Maryann Nuckolls	Transaction ID: 81015.E7627 Date of Disbursement 10 / 01 / 2008
	Mailing Address 8103 Hermitage Road	Amount of Each Disbursement this Period 2000.00
	City Richmond State VA Zip Code 23228- Purpose of Disbursement Temp. Admin. Work Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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) ▼	TEMP. ADMIN. WORK

C.	Full Name (Last, First, Middle Initial) Maryann Nuckolls	Transaction ID: 81015.E7654 Date of Disbursement 10 / 10 / 2008
	Mailing Address 8103 Hermitage Road	Amount of Each Disbursement this Period 73.72
	City Richmond State VA Zip Code 23228- Purpose of Disbursement Mileage Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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) ▼	MILEAGE

SUBTOTAL of Disbursements This Page (optional)	7778.81
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Platinum Plus Business Card	Transaction ID: 81015.E7669 Date of Disbursement																			
	Mailing Address P. O. Box 15469	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	0		2	0	0	8												
	City Wilmington State DE Zip Code 19886-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card: See Below	<table border="1"><tr><td>46777.53</td></tr></table>	46777.53																		
46777.53																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	CREDIT CARD: SEE BELOW																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

B.	Full Name (Last, First, Middle Initial) AGC Of America	Transaction ID: 81016.E7695 Date of Disbursement																			
	Mailing Address 2300 Wilson Blvd. Suite 400	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	0		2	0	0	8												
	City Arlington State VA Zip Code 22201-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Event Expense - Room Rental	<table border="1"><tr><td>100.00</td></tr></table>	100.00																		
100.00																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] MEMO: EVENT EXPENSE - ROOM RENTAL																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

C.	Full Name (Last, First, Middle Initial) Alaska Airlines	Transaction ID: 81016.E7784 Date of Disbursement																			
	Mailing Address P.O. Box 68900	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	0		2	0	0	8												
	City Seattle State WA Zip Code 98168-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Airfare	<table border="1"><tr><td>100.00</td></tr></table>	100.00																		
100.00																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] MEMO: AIRFARE																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>46777.53</td></tr></table>	46777.53
46777.53		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address P. O. Box 619612</p> <p>City Dallas State TX Zip Code 75261-</p> <p>Purpose of Disbursement Airline Baggage Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81016.E7771</p> <p>Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 15.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: AIRLINE BAGGAGE FEE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) BLT Steak</p> <p>Mailing Address 1625 I St NW</p> <p>City Washington State DC Zip Code 20006-</p> <p>Purpose of Disbursement Event Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81016.E7687</p> <p>Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1420.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: EVENT CATERING</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Beverly Hills Hotel & Bungalows</p> <p>Mailing Address 9641 Sunset Boulevard</p> <p>City Beverly Hills State CA Zip Code 90210-</p> <p>Purpose of Disbursement Event Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81016.E7782</p> <p>Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1752.77</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: EVENT CATERING</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Beverly Hills Hotel & Bungalows <hr/> Mailing Address 9641 Sunset Boulevard <hr/> City Beverly Hills State CA Zip Code 90210- <hr/> Purpose of Disbursement Event Catering 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: 81016.E7710 Date of Disbursement 10 / 10 / 2008	Amount of Each Disbursement this Period 104.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT CATERING
B.	Full Name (Last, First, Middle Initial) Beverly Hills Hotel & Bungalows <hr/> Mailing Address 9641 Sunset Boulevard <hr/> City Beverly Hills State CA Zip Code 90210- <hr/> Purpose of Disbursement Parking 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: 81016.E7711 Date of Disbursement 10 / 10 / 2008	Amount of Each Disbursement this Period 25.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PARKING
C.	Full Name (Last, First, Middle Initial) Beverly Hills Hotel & Bungalows <hr/> Mailing Address 9641 Sunset Boulevard <hr/> City Beverly Hills State CA Zip Code 90210- <hr/> Purpose of Disbursement Parking 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: 81016.E7783 Date of Disbursement 10 / 10 / 2008	Amount of Each Disbursement this Period 10.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PARKING

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Bobby Vans Grill	Transaction ID: 81016.E7692
	Mailing Address 1201 New York Avenue, NW	Date of Disbursement 10 / 10 / 2008
	City Washington State DC Zip Code 20005-	Amount of Each Disbursement this Period 3529.63
	Purpose of Disbursement Event Catering Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> 001 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: EVENT CATERING

B.	Full Name (Last, First, Middle Initial) Broad Street West Mini Storage	Transaction ID: 81016.E7763
	Mailing Address 3950 Deep Rock Rd.	Date of Disbursement 10 / 10 / 2008
	City Richmond State VA Zip Code 23233-	Amount of Each Disbursement this Period 95.30
	Purpose of Disbursement Storage Fee Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> 001 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: STORAGE FEE

C.	Full Name (Last, First, Middle Initial) CLS Worldwide Services	Transaction ID: 81016.E7721
	Mailing Address P.O. Box 826152	Date of Disbursement 10 / 10 / 2008
	City Philadelphia State PA Zip Code 19182-6152	Amount of Each Disbursement this Period 369.61
	Purpose of Disbursement Ground Transportation Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> 002 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GROUND TRANSPORTATION

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
CLS Worldwide Services

Transaction ID: 81016.E7709
Date of Disbursement

Mailing Address P.O. Box 826152

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	8

City Philadelphia State PA Zip Code 19182-6152

Amount of Each Disbursement this Period

479.43

Purpose of Disbursement
Ground Transportation
Candidate Name

002

Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]

MEMO: GROUND TRANSPORTATION

B.

Full Name (Last, First, Middle Initial)
CLS Worldwide Services

Transaction ID: 81016.E7720
Date of Disbursement

Mailing Address P.O. Box 826152

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	8

City Philadelphia State PA Zip Code 19182-6152

Amount of Each Disbursement this Period

158.10

Purpose of Disbursement
Ground Transportation
Candidate Name

002

Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]

MEMO: GROUND TRANSPORTATION

C.

Full Name (Last, First, Middle Initial)
Capital Grille

Transaction ID: 81016.E7778
Date of Disbursement

Mailing Address 601 Pennsylvania Ave.

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	8

City Washington State DC Zip Code 20004-

Amount of Each Disbursement this Period

40.00

Purpose of Disbursement
Meeting Expense - Meals
Candidate Name

001

Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]

MEMO: MEETING EXPENSE - MEALS

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 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Capital Grille

Mailing Address 601 Pennsylvania Ave.

City Washington State DC Zip Code 20004-

Purpose of Disbursement Meeting Expense - Meals
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81016.E7785
Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

55.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEETING EXPENSE - MEALS

B.

Full Name (Last, First, Middle Initial)
Constant Contact

Mailing Address Reservoir Place
1601 Trapelo Road, Suite 246

City Waltham State MA Zip Code 02451-

Purpose of Disbursement Email Programming
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81016.E7713
Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

90.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EMAIL PROGRAMMING

C.

Full Name (Last, First, Middle Initial)
Cosi

Mailing Address 700 11th St.

City Washington State DC Zip Code 20001-

Purpose of Disbursement Meeting Expense - Meals
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81016.E7690
Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

31.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEETING EXPENSE - MEALS

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Cosi

Mailing Address 700 11th St.

City Washington State DC Zip Code 20001-

Purpose of Disbursement
Meeting Expense - Meals
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81016.E7691
Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

71.83

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEETING EXPENSE - MEALS

B.

Full Name (Last, First, Middle Initial)
Cosi

Mailing Address 700 11th St.

City Washington State DC Zip Code 20001-

Purpose of Disbursement
Meeting Expense - Meals
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81016.E7773
Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

97.65

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEETING EXPENSE - MEALS

C.

Full Name (Last, First, Middle Initial)
Cosi

Mailing Address 700 11th St.

City Washington State DC Zip Code 20001-

Purpose of Disbursement
Meeting Expense - Meals
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81016.E7689
Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

37.35

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEETING EXPENSE - MEALS

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Cosi	Transaction ID: 81016.E7698
	Mailing Address 700 11th St.	Date of Disbursement 10 / 10 / 2008
	City Washington State DC Zip Code 20001-	Amount of Each Disbursement this Period 38.01
	Purpose of Disbursement Meeting Expense - Meals Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: MEETING EXPENSE - MEALS
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type: 001	

B.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: 81016.E7718
	Mailing Address P. O. Box 20706	Date of Disbursement 10 / 10 / 2008
	City Atlanta State GA Zip Code 30320-	Amount of Each Disbursement this Period -339.50
	Purpose of Disbursement Airfare Refund Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: AIRFARE REFUND
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type: 002	

C.	Full Name (Last, First, Middle Initial) Dominos Pizza	Transaction ID: 81016.E7776
	Mailing Address 11442 W. Broad St.	Date of Disbursement 10 / 10 / 2008
	City Glen Allen State VA Zip Code 23060-	Amount of Each Disbursement this Period 54.28
	Purpose of Disbursement Meeting Expense - Meals Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: MEETING EXPENSE - MEALS
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type: 001	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Dominos Pizza	Transaction ID: 81016.E7774 Date of Disbursement 10 / 10 / 2008
	Mailing Address 1500 Pennsylvania Ave Se	Amount of Each Disbursement this Period 76.00
	City Washington State DC Zip Code 20005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meeting Expense - Meals Candidate Name	001 Category/Type
	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) ▼

[MEMO ITEM]
MEMO: MEETING EXPENSE - MEALS

B.	Full Name (Last, First, Middle Initial) Dominos Pizza	Transaction ID: 81016.E7775 Date of Disbursement 10 / 10 / 2008
	Mailing Address 1500 Pennsylvania Ave Se	Amount of Each Disbursement this Period 197.98
	City Washington State DC Zip Code 20005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meeting Expense - Meals Candidate Name	001 Category/Type
	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) ▼

[MEMO ITEM]
MEMO: MEETING EXPENSE - MEALS

C.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: 81016.E7743 Date of Disbursement 10 / 10 / 2008
	Mailing Address 3610 Hacks Cross Road Building A, First Floor	Amount of Each Disbursement this Period 858.59
	City Memphis State TN Zip Code 38120-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Shipping Candidate Name	001 Category/Type
	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) ▼

[MEMO ITEM]
MEMO: SHIPPING

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial) Four Seasons Mailing Address 57 East 57th Street City New York State NY Zip Code 10022- Purpose of Disbursement Event Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 81016.E7717 Date of Disbursement 10 / 10 / 2008
	Amount of Each Disbursement this Period 4434.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT CATERING

B. Full Name (Last, First, Middle Initial) Four Seasons Mailing Address 57 East 57th Street City New York State NY Zip Code 10022- Purpose of Disbursement Catering Credit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 81016.E7719 Date of Disbursement 10 / 10 / 2008
	Amount of Each Disbursement this Period -1502.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CATERING CREDIT

C. Full Name (Last, First, Middle Initial) Harris Teeter Mailing Address 600 N. Glebe Rd. City Arlington State VA Zip Code 22203- Purpose of Disbursement Event Supplies - Food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 81016.E7697 Date of Disbursement 10 / 10 / 2008
	Amount of Each Disbursement this Period 132.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT SUPPLIES - FOOD

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

<p>A. Full Name (Last, First, Middle Initial) J2 EFAX Plus Service</p> <p>Mailing Address 375 Park Avenue Suite 1505</p> <p>City New York State NY Zip Code 10152-</p> <p>Purpose of Disbursement Faxing Service Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81016.E7760 Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 16.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: FAXING SERVICE</p>
<p>B. Full Name (Last, First, Middle Initial) The Jefferson Hotel</p> <p>Mailing Address Franklin and Adams Streets</p> <p>City Richmond State VA Zip Code 23220-</p> <p>Purpose of Disbursement Event Catering Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81016.E7741 Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 704.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: EVENT CATERING</p>
<p>C. Full Name (Last, First, Middle Initial) Keith Fabry</p> <p>Mailing Address 7 E Cary St.</p> <p>City Richmond State VA Zip Code 23219-</p> <p>Purpose of Disbursement Printing Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81016.E7742 Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 37.01</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: PRINTING</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Northwest Airlines

Mailing Address 2700 Lone Oak Pkwy.

City State Zip Code
Saint Paul MN 55121-

Purpose of Disbursement

Airfare

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 81016.E7727

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

430.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: AIRFARE

B.

Full Name (Last, First, Middle Initial)
Oceanaire Seafood Room

Mailing Address 1201 F St. NW

City State Zip Code
Washington DC 20004-

Purpose of Disbursement

Event Catering

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 81016.E7749

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

2900.89

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EVENT CATERING

C.

Full Name (Last, First, Middle Initial)
Panera Bread

Mailing Address 11700 W. Broad Street

City State Zip Code
Richmond VA 23233-

Purpose of Disbursement

Meeting Expense - Meals

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 81016.E7736

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

41.23

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEETING EXPENSE - MEALS

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Party City	Transaction ID: 81016.E7768 Date of Disbursement
	Mailing Address 9130 W Broad St	<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23294-	Amount of Each Disbursement this Period
	Purpose of Disbursement Event Supplies - Candy	<input type="text" value="41.79"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> [MEMO ITEM] MEMO: EVENT SUPPLIES - CANDY
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type: 007	

B.	Full Name (Last, First, Middle Initial) Platinum Plus Business Card	Transaction ID: 81016.E7790 Date of Disbursement
	Mailing Address P. O. Box 15469	<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City Wilmington State DE Zip Code 19886-	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Service Fees	<input type="text" value="39.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> [MEMO ITEM] MEMO: CREDIT CARD SERVICE FEES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type: 001	

C.	Full Name (Last, First, Middle Initial) Postmaster	Transaction ID: 81016.E7764 Date of Disbursement
	Mailing Address 805 Glenburnie Rd.	<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23226-	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="1260.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> [MEMO ITEM] MEMO: POSTAGE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type: 001	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial) Postmaster <hr/> Mailing Address 805 Glenburnie Rd. <hr/> City Richmond State VA Zip Code 23226- <hr/> Purpose of Disbursement Postage 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: 81016.E7731 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1350.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: POSTAGE
	Category/Type 001

B. Full Name (Last, First, Middle Initial) Postmaster <hr/> Mailing Address 805 Glenburnie Rd. <hr/> City Richmond State VA Zip Code 23226- <hr/> Purpose of Disbursement Postage 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: 81016.E7730 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 4.80
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: POSTAGE
	Category/Type 001

C. Full Name (Last, First, Middle Initial) Postmaster <hr/> Mailing Address 805 Glenburnie Rd. <hr/> City Richmond State VA Zip Code 23226- <hr/> Purpose of Disbursement Postage 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: 81016.E7729 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1680.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: POSTAGE
	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Postmaster Mailing Address 805 Glenburnie Rd. City Richmond State VA Zip Code 23226- Purpose of Disbursement Postage 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) ▼	001 Category/ Type	Transaction ID: 81016.E7728 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 1806.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE
B.	Full Name (Last, First, Middle Initial) Postmaster Mailing Address 805 Glenburnie Rd. City Richmond State VA Zip Code 23226- Purpose of Disbursement Postage 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) ▼	001 Category/ Type	Transaction ID: 81016.E7732 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 13.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE
C.	Full Name (Last, First, Middle Initial) Postmaster Mailing Address 805 Glenburnie Rd. City Richmond State VA Zip Code 23226- Purpose of Disbursement Postage 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) ▼	001 Category/ Type	Transaction ID: 81016.E7745 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 540.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

<p>A. Full Name (Last, First, Middle Initial) Postmaster</p> <p>Mailing Address 805 Glenburnie Rd.</p> <p>City Richmond State VA Zip Code 23226-</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81016.E7746</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1140.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: POSTAGE</p>
<p>B. Full Name (Last, First, Middle Initial) RCN Internet Service</p> <p>Mailing Address 7921 Woodruff Ct.</p> <p>City Springfield State VA Zip Code 22151-</p> <p>Purpose of Disbursement Internet Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81016.E7693</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="43.90"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: INTERNET SERVICE</p>
<p>C. Full Name (Last, First, Middle Initial) Renaissance Hotel</p> <p>Mailing Address 1 West Wacker Dr</p> <p>City Chicago State IL Zip Code 60601-</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81016.E7694</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="301.74"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: LODGING</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Richmond Airport Parking	Transaction ID: 81016.E7772 Date of Disbursement 10 / 10 / 2008
	Mailing Address 1 Richard E. Byrd Terminal Drive	Amount of Each Disbursement this Period 36.00
	City Richmond State VA Zip Code 23250-2400	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PARKING
	Purpose of Disbursement Parking 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) ▼
		002 Category/Type

B.	Full Name (Last, First, Middle Initial) Richmond Airport Parking	Transaction ID: 81016.E7699 Date of Disbursement 10 / 10 / 2008
	Mailing Address 1 Richard E. Byrd Terminal Drive	Amount of Each Disbursement this Period 12.00
	City Richmond State VA Zip Code 23250-2400	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PARKING
	Purpose of Disbursement Parking 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) ▼
		002 Category/Type

C.	Full Name (Last, First, Middle Initial) Ridgewells	Transaction ID: 81016.E7750 Date of Disbursement 10 / 10 / 2008
	Mailing Address 5525 Dorsey Ln.	Amount of Each Disbursement this Period 1183.00
	City Bethesda State MD Zip Code 20816-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT CATERING
	Purpose of Disbursement Event Catering 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) ▼
		003 Category/Type

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Roberts Oxygen Company, Inc.	Transaction ID: 81016.E7747
	Mailing Address P.O. Box 5507	Date of Disbursement 10 / 10 / 2008
	City Rockville State MD Zip Code 20855-	Amount of Each Disbursement this Period 128.67
	Purpose of Disbursement Event Expense - Helium Tanks	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	007 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: EVENT EXPENSE - HELIUM TANKS
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Roberts Oxygen Company, Inc.	Transaction ID: 81016.E7769
	Mailing Address P.O. Box 5507	Date of Disbursement 10 / 10 / 2008
	City Rockville State MD Zip Code 20855-	Amount of Each Disbursement this Period 73.06
	Purpose of Disbursement Event Expense - Helium Tank	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	007 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: EVENT EXPENSE - HELIUM TANK
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: 81016.E7735
	Mailing Address 8045 W. Broad St.	Date of Disbursement 10 / 10 / 2008
	City Richmond State VA Zip Code 23294-	Amount of Each Disbursement this Period 67.56
	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: OFFICE SUPPLIES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Staples

Mailing Address 8045 W. Broad St.

City Richmond State VA Zip Code 23294-

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81016.E7734
Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

291.87

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

B.

Full Name (Last, First, Middle Initial)
Staples

Mailing Address 8045 W. Broad St.

City Richmond State VA Zip Code 23294-

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81016.E7733
Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

98.68

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

C.

Full Name (Last, First, Middle Initial)
Starbucks Coffee Co.

Mailing Address Capital Hill DC

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Meeting Expense - Coffee

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81016.E7688
Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

39.60

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEETING EXPENSE - COFFEE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Starbucks Coffee Co.	Transaction ID: 81016.E7751
	Mailing Address Capital Hill DC	Date of Disbursement 10 / 10 / 2008
	City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period 108.74
	Purpose of Disbursement Event Catering Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: EVENT CATERING

B.	Full Name (Last, First, Middle Initial) Starbucks Coffee Co.	Transaction ID: 81016.E7759
	Mailing Address Capital Hill DC	Date of Disbursement 10 / 10 / 2008
	City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period 151.03
	Purpose of Disbursement Event Catering Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: EVENT CATERING

C.	Full Name (Last, First, Middle Initial) Target	Transaction ID: 81016.E7766
	Mailing Address 5401 W. Broad St.	Date of Disbursement 10 / 10 / 2008
	City Richmond State VA Zip Code 23230-	Amount of Each Disbursement this Period 54.05
	Purpose of Disbursement Office Supplies Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) The Source Mailing Address 575 Pennsylvania Ave NW City Washington State DC Zip Code 20001- Purpose of Disbursement Event Catering 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) ▼	001 Category/ Type	Transaction ID: 81016.E7696 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 8464.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT CATERING
B.	Full Name (Last, First, Middle Initial) The Venetian Hotel Mailing Address 3355 Las Vegas Blvd. South City Las Vegas State NV Zip Code 89109- Purpose of Disbursement Lodging 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) ▼	002 Category/ Type	Transaction ID: 81016.E7705 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 216.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: LODGING
C.	Full Name (Last, First, Middle Initial) Town Point Club Mailing Address 101 W Main St # 300 City Norfolk State VA Zip Code 23510- Purpose of Disbursement Event Catering 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) ▼	003 Category/ Type	Transaction ID: 81016.E7770 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 344.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT CATERING

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) US Airways Mailing Address 2345 Crystal Dr. City Arlington State VA Zip Code 22227- Purpose of Disbursement Airfare 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) ▼	002 Category/ Type	Transaction ID: 81016.E7723 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 1265.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIRFARE
B.	Full Name (Last, First, Middle Initial) US Airways Mailing Address 2345 Crystal Dr. City Arlington State VA Zip Code 22227- Purpose of Disbursement Airfare 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) ▼	002 Category/ Type	Transaction ID: 81016.E7702 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 679.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIRFARE
C.	Full Name (Last, First, Middle Initial) US Airways Mailing Address 2345 Crystal Dr. City Arlington State VA Zip Code 22227- Purpose of Disbursement Airfare 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) ▼	002 Category/ Type	Transaction ID: 81016.E7701 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 339.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: 81016.E7725
	Mailing Address 2345 Crystal Dr.	Date of Disbursement 10 / 10 / 2008
	City Arlington State VA Zip Code 22227-	Amount of Each Disbursement this Period 925.50
	Purpose of Disbursement Airfare Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type 002
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIRFARE

B.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: 81016.E7724
	Mailing Address 2345 Crystal Dr.	Date of Disbursement 10 / 10 / 2008
	City Arlington State VA Zip Code 22227-	Amount of Each Disbursement this Period 1265.50
	Purpose of Disbursement Airfare Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type 002
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIRFARE

C.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: 81016.E7704
	Mailing Address 2345 Crystal Dr.	Date of Disbursement 10 / 10 / 2008
	City Arlington State VA Zip Code 22227-	Amount of Each Disbursement this Period 129.50
	Purpose of Disbursement Airfare Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type 002
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: 81016.E7700 Date of Disbursement 10 / 10 / 2008
	Mailing Address 2345 Crystal Dr.	Amount of Each Disbursement this Period 189.50
	City Arlington State VA Zip Code 22227-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Airfare Candidate Name	[MEMO ITEM] MEMO: AIRFARE
	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) ▼	

B.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: 81016.E7703 Date of Disbursement 10 / 10 / 2008
	Mailing Address 2345 Crystal Dr.	Amount of Each Disbursement this Period 129.50
	City Arlington State VA Zip Code 22227-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Airfare Candidate Name	[MEMO ITEM] MEMO: AIRFARE
	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) ▼	

C.	Full Name (Last, First, Middle Initial) Ukrops Supermarket	Transaction ID: 81016.E7748 Date of Disbursement 10 / 10 / 2008
	Mailing Address 7035 Three Chopt Rd.	Amount of Each Disbursement this Period 22.30
	City Richmond State VA Zip Code 23226-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meeting Expense - Meals Candidate Name	[MEMO ITEM] MEMO: MEETING EXPENSE - MEALS
	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) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: 81016.E7714 Date of Disbursement 10 / 10 / 2008
	Mailing Address 77 W. Wacker Dr.	Amount of Each Disbursement this Period 156.00
	City Chicago State IL Zip Code 60601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Airfare Candidate Name	[MEMO ITEM] MEMO: AIRFARE
	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) ▼

B.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: 81016.E7715 Date of Disbursement 10 / 10 / 2008
	Mailing Address 77 W. Wacker Dr.	Amount of Each Disbursement this Period 465.50
	City Chicago State IL Zip Code 60601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Airfare Candidate Name	[MEMO ITEM] MEMO: AIRFARE
	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) ▼

C.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: 81016.E7707 Date of Disbursement 10 / 10 / 2008
	Mailing Address 77 W. Wacker Dr.	Amount of Each Disbursement this Period 15.00
	City Chicago State IL Zip Code 60601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Airline Fee Candidate Name	[MEMO ITEM] MEMO: AIRLINE FEE
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: 81016.E7794 Date of Disbursement 10 / 10 / 2008
	Mailing Address 77 W. Wacker Dr.	Amount of Each Disbursement this Period 156.00
	City Chicago State IL Zip Code 60601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Airfare Candidate Name	[MEMO ITEM] MEMO: AIRFARE
	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) ▼

B.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: 81016.E7712 Date of Disbursement 10 / 10 / 2008
	Mailing Address 77 W. Wacker Dr.	Amount of Each Disbursement this Period 30.01
	City Chicago State IL Zip Code 60601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Airline Fees Candidate Name	[MEMO ITEM] MEMO: AIRLINE FEES
	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) ▼

C.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: 81016.E7706 Date of Disbursement 10 / 10 / 2008
	Mailing Address 77 W. Wacker Dr.	Amount of Each Disbursement this Period 1082.99
	City Chicago State IL Zip Code 60601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Airfare Candidate Name	[MEMO ITEM] MEMO: AIRFARE
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) United Airlines <hr/> Mailing Address 77 W. Wacker Dr. <hr/> City Chicago State IL Zip Code 60601- <hr/> Purpose of Disbursement Airfare 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: 81016.E7716 Date of Disbursement 10 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 108.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIRFARE
B.	Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address 7600 Montpelier Rd. <hr/> City Laurel State MD Zip Code 20723- <hr/> Purpose of Disbursement Cellular Equipment 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: 81016.E7788 Date of Disbursement 10 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 211.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CELLULAR EQUIPMENT
C.	Full Name (Last, First, Middle Initial) WalMart Supercenter <hr/> Mailing Address 11400 West Broad Street <hr/> City Glen Allen State VA Zip Code 23060- <hr/> Purpose of Disbursement Event Supplies - Candy 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: 81016.E7767 Date of Disbursement 10 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 127.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT SUPPLIES - CANDY

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Windows Catering Company Mailing Address 5724 General Washington Dr. City Alexandria State VA Zip Code 22312- Purpose of Disbursement Event Catering 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) ▼	003 Category/ Type	Transaction ID: 81016.E7765 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 2621.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT CATERING
B.	Full Name (Last, First, Middle Initial) Platinum Plus Business Card Mailing Address P. O. Box 15469 City Wilmington State DE Zip Code 19886- Purpose of Disbursement Credit Card:See Below 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) ▼	001 Category/ Type	Transaction ID: 81016.E7795 Date of Disbursement 10 / 15 / 2008 Amount of Each Disbursement this Period 247.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD:SEE BELOW
C.	Full Name (Last, First, Middle Initial) Ben Franklin Mailing Address 3500 Pump Road City Richmond State VA Zip Code 23233- Purpose of Disbursement Office Supplies 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) ▼	001 Category/ Type	Transaction ID: 81016.E7737 Date of Disbursement 10 / 15 / 2008 Amount of Each Disbursement this Period 99.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	247.64
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
FedEx

Mailing Address 3610 Hacks Cross Road
Building A, First Floor

City Memphis State TN Zip Code 38120-

Purpose of Disbursement
Shipping

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 81016.E7797
Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

24.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SHIPPING

B.

Full Name (Last, First, Middle Initial)
Platinum Plus Business Card

Mailing Address P. O. Box 15469

City Wilmington State DE Zip Code 19886-

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 81016.E7796
Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

10.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: CREDIT CARD PROCESSING FEES

C.

Full Name (Last, First, Middle Initial)
The Source

Mailing Address 575 Pennsylvania Ave NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement
Meeting Expense - Meals

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 81016.E7789
Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

114.60

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: MEETING EXPENSE - MEALS

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Printing Services Mailing Address 4109 Jacque St. City Richmond State VA Zip Code 23230- Purpose of Disbursement Printing 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: 81015.E7643 Date of Disbursement 10 / 06 / 2008 Amount of Each Disbursement this Period 332.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING	001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Qwest Mailing Address 1801 California St. City Denver State CO Zip Code 80202- Purpose of Disbursement Conferencing Service 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: 81015.E7640 Date of Disbursement 10 / 06 / 2008 Amount of Each Disbursement this Period 817.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CONFERENCING SERVICE	001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Wendy Roberts Mailing Address 6013 Shady Willow Place City Glen Allen State VA Zip Code 23059- Purpose of Disbursement Mileage 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: 81015.E7626 Date of Disbursement 10 / 01 / 2008 Amount of Each Disbursement this Period 117.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE	001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1267.35

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Wendy Roberts

Mailing Address 6013 Shady Willow Place

City State Zip Code
Glen Allen VA 23059-

Purpose of Disbursement
Payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E7625
Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

1901.24

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

B.

Full Name (Last, First, Middle Initial)
Tim Robinson

Mailing Address 2554 Blacksmith Shop Rd.

City State Zip Code
Goochland VA 23063-

Purpose of Disbursement
Temp. Admin. Work

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E7634
Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

390.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TEMP. ADMIN. WORK

C.

Full Name (Last, First, Middle Initial)
Tim Robinson

Mailing Address 2554 Blacksmith Shop Rd.

City State Zip Code
Goochland VA 23063-

Purpose of Disbursement
Mileage

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E7635
Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

71.10

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

MILEAGE

SUBTOTAL of Disbursements This Page (optional)

2362.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Tim Robinson

Transaction ID: 81015.E7648
Date of Disbursement

Mailing Address 2554 Blacksmith Shop Rd.

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	8

City Goochland State VA Zip Code 23063-

Amount of Each Disbursement this Period

92.87

Purpose of Disbursement Mileage
Candidate Name

001

Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

MILEAGE

B.

Full Name (Last, First, Middle Initial)
Tim Robinson

Transaction ID: 81015.E7647
Date of Disbursement

Mailing Address 2554 Blacksmith Shop Rd.

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	8

City Goochland State VA Zip Code 23063-

Amount of Each Disbursement this Period

480.00

Purpose of Disbursement Temp. Admin. Work
Candidate Name

001

Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

TEMP. ADMIN. WORK

C.

Full Name (Last, First, Middle Initial)
Tanyard Country Club

Transaction ID: 81015.E7655
Date of Disbursement

Mailing Address 404 E. Main Street

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	8

City Louisa State VA Zip Code 23093-

Amount of Each Disbursement this Period

1937.93

Purpose of Disbursement Event Catering
Candidate Name

003

Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

EVENT CATERING

SUBTOTAL of Disbursements This Page (optional)

2510.80

TOTAL This Period (last page this line number only)

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Technology Network PAC Mailing Address 2600 East Bayshore Road First Floor City Palo Alto State CA Zip Code 94303- Purpose of Disbursement ITEMIZE: Staff/Transportation 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: 81023.C25080IK Date of Disbursement 10 / 13 / 2008 Amount of Each Disbursement this Period 138.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 IN KIND: :STAFF/TRANSPORT- ATION
B.	Full Name (Last, First, Middle Initial) Verizon Mailing Address P.O. Box 17398 City Baltimore State MD Zip Code 21297- Purpose of Disbursement Phone Service 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: 81015.E7650 Date of Disbursement 10 / 09 / 2008 Amount of Each Disbursement this Period 235.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE
C.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address 7600 Montpelier Rd. City Laurel State MD Zip Code 20723- Purpose of Disbursement Cellular Service 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: 81015.E7670 Date of Disbursement 10 / 08 / 2008 Amount of Each Disbursement this Period 477.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELLULAR SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶	850.46
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address 7600 Montpelier Rd.

City State Zip Code
Laurel MD 20723-

Purpose of Disbursement
Cellular Service
Candidate Name

001
Category/
Type

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

Transaction ID: 81015.E7652
Date of Disbursement

10 / 09 / 2008

Amount of Each Disbursement this Period

160.11

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CELLULAR SERVICE

B.

Full Name (Last, First, Middle Initial)
Virginia Department of Taxation

Mailing Address 2220 West Broad Street

City State Zip Code
Richmond VA 23220-

Purpose of Disbursement
State Withholdings
Candidate Name

001
Category/
Type

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

Transaction ID: 81015.E7662
Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

1346.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

STATE WITHHOLDINGS

C.

Full Name (Last, First, Middle Initial)
Wachovia

Mailing Address P.O. Box 40031

City State Zip Code
Roanoke VA 24022-

Purpose of Disbursement
Federal Withholdings
Candidate Name

001
Category/
Type

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

Transaction ID: 81015.E7637
Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

9807.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

FEDERAL WITHHOLDINGS

SUBTOTAL of Disbursements This Page (optional)

11313.11

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Kristi Way	Transaction ID: 81015.E7621
	Mailing Address 9213 Stone Meadow Drive	Date of Disbursement 10 / 01 / 2008
	City Richmond State VA Zip Code 23228-	Amount of Each Disbursement this Period 1185.17
	Purpose of Disbursement Payroll Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

B.	Full Name (Last, First, Middle Initial) Cindy Wharton	Transaction ID: 81015.E7620
	Mailing Address 12204 Glen Abbey Place	Date of Disbursement 10 / 01 / 2008
	City Glen Allen State VA Zip Code 23059-	Amount of Each Disbursement this Period 5165.46
	Purpose of Disbursement Payroll Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

SUBTOTAL of Disbursements This Page (optional)	▶	6350.63
TOTAL This Period (last page this line number only)	▶	335485.22

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Get Lost MD Foundation	Transaction ID: 81015.E7632 Date of Disbursement
	Mailing Address 2825 Hathaway Road	<input type="checkbox"/> 10 / <input type="checkbox"/> 02 / <input type="checkbox"/> 2008
	City Richmond State VA Zip Code 23225-	Amount of Each Disbursement this Period
	Purpose of Disbursement Charitable Donation	<input type="checkbox"/> 19500.00
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="checkbox"/> 012
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Jim Gerlach for Congress Committee	Transaction ID: 81015.E7636 Date of Disbursement
	Mailing Address P.O. Box 87	<input type="checkbox"/> 10 / <input type="checkbox"/> 02 / <input type="checkbox"/> 2008
	City Uwchland State PA Zip Code 19480-	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="checkbox"/> 2000.00
	Candidate Name JIM GERLACH	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="checkbox"/> 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: PA District: 06	

C.	Full Name (Last, First, Middle Initial) John Shadeggs Friends	Transaction ID: 81010.E7610 Date of Disbursement
	Mailing Address P.O. Box 45444	<input type="checkbox"/> 10 / <input type="checkbox"/> 08 / <input type="checkbox"/> 2008
	City Phoenix State AZ Zip Code 85064-	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="checkbox"/> 2000.00
	Candidate Name JOHN B. SHADEGG	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="checkbox"/> 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: AZ District: 03	

SUBTOTAL of Disbursements This Page (optional)	<input type="checkbox"/> 23500.00
TOTAL This Period (last page this line number only)	<input type="checkbox"/>

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 90 / 91

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
National Republican Congressional Com.

Mailing Address 320 First St., SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Transfer of Excess Funds

Candidate Name
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E7631

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	0	8

Amount of Each Disbursement this Period

200000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

200000.00

TOTAL This Period (last page this line number only)

223500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 91 / 91

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input checked="" type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Friends of Chip Coleman

Transaction ID: 81016.E7686
Date of Disbursement

Mailing Address 1221 Oaklawn Drive

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	8

City State Zip Code
Culpeper VA 22701-

Amount of Each Disbursement this Period

1300.00

Purpose of Disbursement
Refund of Contribution 010:from 07/01/08

010

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

1300.00
