

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Cantor Young Guns Victory Fund

ADDRESS (number and street) 25 E Main Street

Check if different than previously reported. (ACC)

Richmond VA 23219-2109

2. **FEC IDENTIFICATION NUMBER ▼** C C00488130 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

| | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) <small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) <small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

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

| | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

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

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

| | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

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

5. Covering Period M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014 through M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2014

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

Type or Print Name of Treasurer Rose Ann Janis

Signature of Treasurer Rose Ann Janis *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Cantor Young Guns Victory Fund

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2014"/> | <input type="text" value="5930"/> | <input type="text" value="5930"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="5900"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="31000"/> | <input type="text" value="31000"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="36900"/> | <input type="text" value="36930"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="255.95"/> | <input type="text" value="285.95"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="36644.05"/> | <input type="text" value="36644.05"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Cantor Young Guns Victory Fund

Report Covering the Period: From: 04 / 01 / 2014 To: 06 / 30 / 2014

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 28000 | 28000 |
| (ii) Unitemized | 0 | 0 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 28000 | 28000 |
| (b) Political Party Committees | 0 | 0 |
| (c) Other Political Committees (such as PACs)..... | 3000 | 3000 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 31000 | 31000 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0 | 0 |
| 13. All Loans Received | 0 | 0 |
| 14. Loan Repayments Received..... | 0 | 0 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0 | 0 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0 | 0 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0 | 0 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0 | 0 |
| (b) Levin Funds (from Schedule H5) | 0 | 0 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0 | 0 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 31000 | 31000 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 31000 | 31000 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0 | 0 |
| (ii) Non-Federal Share..... | 0 | 0 |
| (b) Other Federal Operating Expenditures | 255.95 | 285.95 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 255.95 | 285.95 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0 | 0 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0 | 0 |
| 24. Independent Expenditures (use Schedule E) | 0 | 0 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0 | 0 |
| 26. Loan Repayments Made..... | 0 | 0 |
| 27. Loans Made..... | 0 | 0 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0 | 0 |
| (b) Political Party Committees | 0 | 0 |
| (c) Other Political Committees (such as PACs)..... | 0 | 0 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0 | 0 |
| 29. Other Disbursements | 0 | 0 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0 | 0 |
| (ii) "Levin" Share..... | 0 | 0 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0 | 0 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0 | 0 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 255.95 | 285.95 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 255.95 | 285.95 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 31000 | 31000 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0 | 0 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 31000 | 31000 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 255.95 | 285.95 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0 | 0 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 255.95 | 285.95 |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 6 OF 10 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Cantor Young Guns Victory Fund

A. Marianne Short
Full Name (Last, First, Middle Initial)

Mailing Address 2215 Summit Avenue

City Saint Paul State MN Zip Code 55105-1002

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

Name of Employer United Health Group Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014

Transaction ID : 160-171-c

Amount of Each Receipt this Period
2000

B. David Wichmann
Full Name (Last, First, Middle Initial)

Mailing Address 7000 Antrim Road

City Minneapolis State MN Zip Code 55439-1708

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

Name of Employer United Health Group Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014

Transaction ID : 161-172-c

Amount of Each Receipt this Period
10000

C. Dirk McMahon
Full Name (Last, First, Middle Initial)

Mailing Address 60 Wildhurst Road

City Excelsior State MN Zip Code 55331-8461

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

Name of Employer United Health Group Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014

Transaction ID : 162-173-c

Amount of Each Receipt this Period
5000

SUBTOTAL of Receipts This Page (optional)..... ▶ **17000.00**

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

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

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

FOR LINE NUMBER: PAGE 7 OF 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Cantor Young Guns Victory Fund

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

Mailing Address 701 Pennsylvania Avenue NW
 Suite 200

City Washington State DC Zip Code 20004-3610

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

Name of Employer United Health Group Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2000

Date of Receipt
 06 / 10 / 2014
Transaction ID : 164-175-c

Amount of Each Receipt this Period
 2000

Full Name (Last, First, Middle Initial)
B. John Larsen

Mailing Address 11688 Tanglewood Drive

City Eden Prairie State MN Zip Code 55347-4726

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

Name of Employer Fiduciary Counselling Inc. Occupation Trust Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000

Date of Receipt
 06 / 10 / 2014
Transaction ID : 165-176-c

Amount of Each Receipt this Period
 5000

Full Name (Last, First, Middle Initial)
C. Hubert Joly

Mailing Address 7601 Penn Avenue S

City Minneapolis State MN Zip Code 55423-3645

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

Name of Employer Best Buy Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2000

Date of Receipt
 06 / 10 / 2014
Transaction ID : 166-177-c

Amount of Each Receipt this Period
 2000

SUBTOTAL of Receipts This Page (optional)..... ▶ 9000.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 10
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cantor Young Guns Victory Fund

A. Full Name (Last, First, Middle Initial)
William A. Munsell

Mailing Address 2119 Windsong Circle

City State Zip Code
Wayzata MN 55391-2259

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

Name of Employer Occupation
United Health Group Executive V.P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000

Date of Receipt
MM / DD / YYYY
06 / 13 / 2014

Transaction ID : 167-178-c

Amount of Each Receipt this Period
2000

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2000.00 |
| TOTAL This Period (last page this line number only).....▶ | 28000.00 |

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

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

FOR LINE NUMBER: PAGE 9 OF 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Cantor Young Guns Victory Fund

A. Best Buy Co., Inc Employee Political Forum
 Full Name (Last, First, Middle Initial)
 Mailing Address 7601 Penn Avenue S
 City Richfield State MN Zip Code 55423-3645
 FEC ID number of contributing federal political committee. **C** C00405076
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2014
Transaction ID : 163-174-c
 Amount of Each Receipt this Period
 3000

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cantor Young Guns Victory Fund

Full Name (Last, First, Middle Initial)

A. United Health Group

Mailing Address 9900 Bren Road E
MN008-T010

City Hopkins State MN Zip Code 55343-9664

Purpose of Disbursement
CYGVF Room Rental

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : SB21B-159-169-e

Amount of Each Disbursement this Period

150

Full Name (Last, First, Middle Initial)

B. United Health Group

Mailing Address 9900 Bren Road E
MN008-T010

City Hopkins State MN Zip Code 55343-9664

Purpose of Disbursement
CYGVF Food & Beverage

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 24 / 2014

Transaction ID : SB21B-159-179-e

Amount of Each Disbursement this Period

73.95

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

223.95

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

223.95