

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Cantor Victory Fund

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|---|
| 6. (a) Cash on Hand January 1, <input type="text" value="2013"/> | <input type="text" value="25620.03"/> | <input type="text" value="25620.03"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="463306.94"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="149406.6"/> | <input type="text" value="3192528.58"/> |
| (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="612713.54"/> | <input type="text" value="3218148.61"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="531688.43"/> | <input type="text" value="3137123.5"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="81025.11"/> | <input type="text" value="81025.11"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Cantor Victory Fund

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 70400 | 3099627.95 |
| (ii) Unitemized | 0 | 2795 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 70400 | 3102422.95 |
| (b) Political Party Committees | 0 | 0 |
| (c) Other Political Committees (such as PACs)..... | 79000 | 84000 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 149400 | 3186422.95 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0 | 5988.47 |
| 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 | 19.06 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0 | 0 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 6.6 | 98.1 |
| 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))..... ▶ | 149406.6 | 3192528.58 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 149406.6 | 3192528.58 |

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 | 110028.23 | 783665.65 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 110028.23 | 783665.65 |
| 22. Transfers to Affiliated/Other Party Committees..... | 421660.2 | 2335057.85 |
| 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 | 18400 |
| (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 | 18400 |
| 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)) .. | 531688.43 | 3137123.5 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 531688.43 | 3137123.5 |

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) | 149400 | 3186422.95 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0 | 18400 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 149400 | 3168022.95 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 110028.23 | 783665.65 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0 | 19.06 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 110028.23 | 783646.59 |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 20 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

NAME OF COMMITTEE (In Full)
Cantor Victory Fund

A. J. Ira Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Wells Road
 City Palm Beach State FL Zip Code 33480-3627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harris Investments Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2013
Transaction ID : 32-3412-c
 Amount of Each Receipt this Period
 10000

B. Lloyd C. Blankfein
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 West Street
 City New York State NY Zip Code 10282-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Goldman Sachs Occupation Investment Banker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10200

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2013
Transaction ID : 2759-3414-c
 Amount of Each Receipt this Period
 10200

C. Earle I. Mack
 Full Name (Last, First, Middle Initial)
 Mailing Address 2115 Linwood Avenue Suite 110
 City Fort Lee State NJ Zip Code 07024-5022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2013
Transaction ID : 281-3415-c
 Amount of Each Receipt this Period
 10000

SUBTOTAL of Receipts This Page (optional)..... ▶ 30200.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 20 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Edward M. Czucker | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2013 Transaction ID : 2760-3416-c |
| Mailing Address 121 S Beverly Drive | | Amount of Each Receipt this Period 10000 |
| City Beverly Hills | State CA | Zip Code 90212-3002 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 10000 |
| Name of Employer Legado Companies | Occupation Investor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 10000 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Mohammad Qazi | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2013 Transaction ID : 387-3419-c |
| Mailing Address 6405 Middlebelt Road | | Amount of Each Receipt this Period 15000 |
| City West Bloomfield | State MI | Zip Code 48322-2473 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 15000 |
| Name of Employer Ciena Healthcare | Occupation CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 15000 | |

| | | |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial) C. John J. Mack | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2013 Transaction ID : 2772-3423-c |
| Mailing Address 2 Sunset Lane | | Amount of Each Receipt this Period 5200 |
| City Rye | State NY | Zip Code 10580-1624 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 5200 |
| Name of Employer Morgan Stanley | Occupation Senior Advisor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5200 | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 30200.00 |
| 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 20
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

A. Full Name (Last, First, Middle Initial)
Joseph D. Conte

Mailing Address 550 Via Lugano

City Winter Park State FL Zip Code 32789-1532

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

Name of Employer Consulate Health Care Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2013

Transaction ID : 2774-3425-c

Amount of Each Receipt this Period
10000

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).....▶ | 10000.00 |
| TOTAL This Period (last page this line number only).....▶ | 70400.00 |

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 9 OF 20 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Kindred Healthcare, Inc. PAC | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 06 / 2013 Transaction ID : 2758-3413-c |
| Mailing Address 680 S 4th Street | | Amount of Each Receipt this Period 10000 |
| City Louisville | State KY | Zip Code 40202-2407 |
| FEC ID number of contributing federal political committee. C C00242271 | Name of Employer | Occupation |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 10000 | |

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) B. American Health Care Association Political Action Committee | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2013 Transaction ID : 2770-3421-c |
| Mailing Address 1201 L Street NW | | Amount of Each Receipt this Period 19000 |
| City Washington | State DC | Zip Code 20005-4024 |
| FEC ID number of contributing federal political committee. C C00006080 | Name of Employer | Occupation |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 19000 | |

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) c. Direct Supply, Inc. Partners PAC (DSI Partners PAC) | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2013 Transaction ID : 2767-3417-c |
| Mailing Address 6767 N Industrial Road | | Amount of Each Receipt this Period 10000 |
| City Milwaukee | State WI | Zip Code 53223-5815 |
| FEC ID number of contributing federal political committee. C C00409516 | Name of Employer | Occupation |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 10000 | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 39000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 10 OF 20 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

Full Name (Last, First, Middle Initial)
A. GHC Ancillary Corporation Political Action Committee

Mailing Address 101 E State Street

City Kennett Square State PA Zip Code 19348-3109

FEC ID number of contributing federal political committee. **C C00292094**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : 2769-3420-c

Amount of Each Receipt this Period
10000

Full Name (Last, First, Middle Initial)
B. HCR Manor Care PAC

Mailing Address 333 N Summit Street Floor 16

City Toledo State OH Zip Code 43604-1531

FEC ID number of contributing federal political committee. **C C00260141**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : 2768-3418-c

Amount of Each Receipt this Period
10000

Full Name (Last, First, Middle Initial)
C. National Health Corporation Political Action Committee

Mailing Address PO Box 1398

City Murfreesboro State TN Zip Code 37133-1398

FEC ID number of contributing federal political committee. **C C00153445**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : 2771-3422-c

Amount of Each Receipt this Period
10000

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

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

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

FOR LINE NUMBER: PAGE 11 OF 20
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

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

Mailing Address 4714 Gettysburg Road

City Mechanicsburg State PA Zip Code 17055-4325

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2013

Transaction ID : 2773-3424-c

Amount of Each Receipt this Period
 10000

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

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

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

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).....▶ | 10000.00 |
| TOTAL This Period (last page this line number only).....▶ | 79000.00 |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

Full Name (Last, First, Middle Initial)

A. Cathy Blaney & Assoc

Mailing Address 150 Broadway

City New York State NY Zip Code 10038-4381

Purpose of Disbursement
CVF Fundraising Consulting

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 03 / 2013

Transaction ID : SB21B-1355-3426-e

Amount of Each Disbursement this Period

5000

Full Name (Last, First, Middle Initial)

B. Creative Direct LLC

Mailing Address 25 E Main Street

City Richmond State VA Zip Code 23219-2109

Purpose of Disbursement
CVF Office Rent

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 03 / 2013

Transaction ID : SB21B-1635-3432-e

Amount of Each Disbursement this Period

150

Full Name (Last, First, Middle Initial)

C. Creative Direct LLC

Mailing Address 25 E Main Street

City Richmond State VA Zip Code 23219-2109

Purpose of Disbursement
CVF Parking

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 03 / 2013

Transaction ID : SB21B-1635-3433-e

Amount of Each Disbursement this Period

65

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

5215.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

Full Name (Last, First, Middle Initial)

A. Suntrust Merchant Services, LLC

Mailing Address 4000 Coral Ridge Drive

City State Zip Code
Coral Springs FL 33065-7614

Purpose of Disbursement
CVF Credit Card Processing Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-2194-3448-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Pluvious Group

Mailing Address 515 S Figueroa Street
Floor 16

City State Zip Code
Los Angeles CA 90071-3301

Purpose of Disbursement
CVF Fundraising Consulting

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-2690-3427-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address 200 Vesey Street

City State Zip Code
New York NY 10285-1000

Purpose of Disbursement
CVF Credit Card Charges

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-1671-3441-e

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

Full Name (Last, First, Middle Initial)

A. Park Hyatt Washington

Mailing Address 1201 24th Street NW

City Washington State DC Zip Code 20037-1104

Purpose of Disbursement
CVF Food & Beverages

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 2 | 1 | | 2 | 0 | 1 | 3 |

Transaction ID : SB21B-2728-2104-V

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 3 | 2 | 3 | 2 | 7 |
|---|---|---|---|---|---|

[MEMO ITEM]

Subitemization of American Express (12/18/13)

Full Name (Last, First, Middle Initial)

B. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94043-1126

Purpose of Disbursement
CVF Software

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 0 | 4 | | 2 | 0 | 1 | 3 |

Transaction ID : SB21B-2237-2101-V

Amount of Each Disbursement this Period

| | | |
|---|---|---|
| 9 | 9 | 5 |
|---|---|---|

[MEMO ITEM]

Subitemization of American Express (12/18/13)

Full Name (Last, First, Middle Initial)

C. idonatepro

Mailing Address 2033 San Elijo Avenue
203

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

Purpose of Disbursement
CVF Software

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 0 | 1 | | 2 | 0 | 1 | 3 |

Transaction ID : SB21B-2075-2103-V

Amount of Each Disbursement this Period

| | | |
|---|---|---|
| 2 | 5 | 0 |
|---|---|---|

[MEMO ITEM]

Subitemization of American Express (12/18/13)

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

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

| | | |
|---|---|---|
| 0 | 0 | 0 |
|---|---|---|

| | | |
|---|---|---|
| 0 | 0 | 0 |
|---|---|---|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

Full Name (Last, First, Middle Initial)

A. Pluvios Group

Mailing Address 515 S Figueroa Street
Floor 16

City Los Angeles State CA Zip Code 90071-3301

Purpose of Disbursement
CVF Fundraising Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B-2690-3428-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Wiley Rein LLP

Mailing Address 1776 K Street NW

City Washington State DC Zip Code 20006-2304

Purpose of Disbursement
CVF Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B-1707-3435-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Cathy Blaney & Assoc

Mailing Address 150 Broadway

City New York State NY Zip Code 10038-4381

Purpose of Disbursement
CVF Fundraising Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B-1355-3429-e**

Amount of Each Disbursement this Period

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

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

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

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

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

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

Full Name (Last, First, Middle Initial)

A. Alexander's Restaurant

Mailing Address 105 S Jefferson Street

City Roanoke State VA Zip Code 24011-1305

Purpose of Disbursement
CVF Food & Beverage

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : SB21B-2775-3431-e

Amount of Each Disbursement this Period

1594.58

Full Name (Last, First, Middle Initial)

B. U.S. Treasury

Mailing Address Internal Revenue Service

City Austin State TX Zip Code 73301-0001

Purpose of Disbursement
CVF Payroll Taxes

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : SB21B-1221-3442-e

Amount of Each Disbursement this Period

14734.38

Full Name (Last, First, Middle Initial)

C. Virginia Department of Taxation

Mailing Address PO Box 27264

City Richmond State VA Zip Code 23261-7264

Purpose of Disbursement
CVF Payroll Taxes

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : SB21B-1223-3443-e

Amount of Each Disbursement this Period

2465

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

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

18793.96

**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)

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| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

Full Name (Last, First, Middle Initial)

A. Kristin M. Young

Mailing Address 12407 Tiverton Lane

City State Zip Code
Glen Allen VA 23059-7017

Purpose of Disbursement
CVF Payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-1209-3445-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Melissa Nelson

Mailing Address 977 Gorham Court

City State Zip Code
Midlothian VA 23114-4648

Purpose of Disbursement
CVF Payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-1713-3446-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Rose Ann Janis

Mailing Address 5005 Amberwood Drive

City State Zip Code
Glen Allen VA 23059-7530

Purpose of Disbursement
CVF Payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-982-3444-e

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
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| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

Full Name (Last, First, Middle Initial)

A. William C. Cole

Mailing Address 301 S Boulevard
Apt. 5

City Richmond State VA Zip Code 23220-5764

Purpose of Disbursement
CVF Payroll

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-2733-3447-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

Full Name (Last, First, Middle Initial)

A. 7th District Republican Committee

Mailing Address 25 E Main Street

City Richmond State VA Zip Code 23219-2109

Purpose of Disbursement
Transfer to Joint Fundraising Participant

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2013

Transaction ID : SB22-986-3438-e

Amount of Each Disbursement this Period

80239.33

Full Name (Last, First, Middle Initial)

B. Cantor for Congress

Mailing Address PO Box 17813

City Richmond State VA Zip Code 23226-7813

Purpose of Disbursement
Transfer to Joint Fundraising Participant

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2013

Transaction ID : SB22-984-3436-e

Amount of Each Disbursement this Period

109169.79

Full Name (Last, First, Middle Initial)

C. Every Republican Is Crucial (ERICPAC)

Mailing Address 25 E Main Street
Suite 200

City Richmond State VA Zip Code 23219-2109

Purpose of Disbursement
Transfer to Joint Fundraising Participant

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2013

Transaction ID : SB22-6-3437-e

Amount of Each Disbursement this Period

73734.95

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

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

263144.07

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

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| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
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NAME OF COMMITTEE (In Full)
Cantor Victory Fund

Full Name (Last, First, Middle Initial)

A. National Republican Congressional Committee

Mailing Address 320 1st Street SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement
Transfer to Joint Fundraising Participant

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB22-8-3439-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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