

**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 40 OF 163	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor for Congress

Full Name (Last, First, Middle Initial) A. Mr. John G. Finley		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 101 Central Park W		Amount of Each Disbursement this Period 258.96 Transaction ID : B-E-81519
City New York	State NY	
Zip Code 10023-4250	Purpose of Disbursement General Election Contrib. Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014	State: District:	

Full Name (Last, First, Middle Initial) B. Mr. David Fischer		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1795 Maplelawn Drive		Amount of Each Disbursement this Period 502.32 Transaction ID : B-E-81520
City Troy	State MI	
Zip Code 48084-4609	Purpose of Disbursement General Election Contrib. Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014	State: District:	

Full Name (Last, First, Middle Initial) C. Mrs. Jennifer Fischer		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1795 Maplelawn Drive		Amount of Each Disbursement this Period 219.44 Transaction ID : B-E-81521
City Troy	State MI	
Zip Code 48084-4609	Purpose of Disbursement General Election Contrib. Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	980.72
TOTAL This Period (last page this line number only).....	