

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2008 JAN 30 AM 11:16

Office Use Only

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

CAVALIER TELEPHONE CORPORATION PAC

ADDRESS (number and street) 2134 WEST LABURNUM AVENUE

Check if different than previously reported. (ACC) RICHMOND VA 23227

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 0 0 4 3 5 1 0 7

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) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <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 MM / DD / YYYY 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 MM / DD / YYYY in the State of  

5. Covering Period MM / DD / YYYY 0 7 / 0 1 / 2 0 0 7 through MM / DD / YYYY 1 2 / 3 1 / 2 0 0 7

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 SHARON J. GLOVER

Signature of Treasurer 

Date MM / DD / YYYY 0 1 / 2 8 / 2 0 0 8

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 3X**  
Rev. 12/2004

28039610629

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CAVALIER TELEPHONE CORPORATION PAC

Report Covering the Period: From: 

M	M
0	7

 / 

D	D
0	1

 / 

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

 / 

D	D
3	1

 / 

Y	Y	Y	Y
2	0	0	7

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0			
Y	Y	Y	Y													
2	0	0	7													
0	0	0														
(b) Cash on Hand at Beginning of Reporting Period.....		<table border="1" style="border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0											
0	0	0														
(c) Total Receipts (from Line 19) .....	<table border="1" style="border-collapse: collapse;"><tr><td>2</td><td>8</td><td>0</td><td>2</td><td>0</td><td>0</td><td>0</td></tr></table>	2	8	0	2	0	0	0	<table border="1" style="border-collapse: collapse;"><tr><td>2</td><td>8</td><td>0</td><td>2</td><td>0</td><td>0</td><td>0</td></tr></table>	2	8	0	2	0	0	0
2	8	0	2	0	0	0										
2	8	0	2	0	0	0										
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="border-collapse: collapse;"><tr><td>2</td><td>8</td><td>0</td><td>2</td><td>0</td><td>0</td><td>0</td></tr></table>	2	8	0	2	0	0	0	<table border="1" style="border-collapse: collapse;"><tr><td>2</td><td>8</td><td>0</td><td>2</td><td>0</td><td>0</td><td>0</td></tr></table>	2	8	0	2	0	0	0
2	8	0	2	0	0	0										
2	8	0	2	0	0	0										
7. Total Disbursements (from Line 31).....	<table border="1" style="border-collapse: collapse;"><tr><td>7</td><td>6</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	7	6	0	0	0	0	0	<table border="1" style="border-collapse: collapse;"><tr><td>7</td><td>6</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	7	6	0	0	0	0	0
7	6	0	0	0	0	0										
7	6	0	0	0	0	0										
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="border-collapse: collapse;"><tr><td>2</td><td>0</td><td>4</td><td>2</td><td>0</td><td>0</td><td>0</td></tr></table>	2	0	4	2	0	0	0	<table border="1" style="border-collapse: collapse;"><tr><td>2</td><td>0</td><td>4</td><td>2</td><td>0</td><td>0</td><td>0</td></tr></table>	2	0	4	2	0	0	0
2	0	4	2	0	0	0										
2	0	4	2	0	0	0										
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	<table border="1" style="border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0								
0	0	0														
0	0	0														
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	<table border="1" style="border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0								
0	0	0														
0	0	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

28039610630

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CAVALIER TELEPHONE CORPORATION PAC

Report Covering the Period: From: M M M / D D D / Y Y Y Y Y Y 0 7 / 0 1 / 2 0 0 7 To: M M M / D D D / Y Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7

**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).....
  - (ii) Unitemized.....
  - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

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

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

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

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

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

12. Transfers From Affiliated/Other Party Committees.....

M M M / D D D / Y Y Y Y Y Y 0 0 0

M M M / D D D / Y Y Y Y Y Y 0 0 0

13. All Loans Received.....

M M M / D D D / Y Y Y Y Y Y 0 0 0

M M M / D D D / Y Y Y Y Y Y 0 0 0

14. Loan Repayments Received.....

M M M / D D D / Y Y Y Y Y Y 0 0 0

M M M / D D D / Y Y Y Y Y Y 0 0 0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

M M M / D D D / Y Y Y Y Y Y 0 0 0

M M M / D D D / Y Y Y Y Y Y 0 0 0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

M M M / D D D / Y Y Y Y Y Y 0 0 0

M M M / D D D / Y Y Y Y Y Y 0 0 0

17. Other Federal Receipts (Dividends, Interest, etc.).....

M M M / D D D / Y Y Y Y Y Y 0 0 0

M M M / D D D / Y Y Y Y Y Y 0 0 0

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

M M M / D D D / Y Y Y Y Y Y 0 0 0

M M M / D D D / Y Y Y Y Y Y 0 0 0

- (b) Levin Funds (from Schedule H5).....

M M M / D D D / Y Y Y Y Y Y 0 0 0

M M M / D D D / Y Y Y Y Y Y 0 0 0

- (c) Total Transfers (add 18(a) and 18(b))..

M M M / D D D / Y Y Y Y Y Y 0 0 0

M M M / D D D / Y Y Y Y Y Y 0 0 0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

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

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

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

M M M / D D D / Y Y Y Y Y Y 0 0 0

M M M / D D D / Y Y Y Y Y Y 0 0 0

FE901965082

**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 0	0 0 0
(ii) Non-Federal Share.....	0 0 0	0 0 0
(b) Other Federal Operating Expenditures .....	0 0 0	0 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0 0 0	0 0 0
22. Transfers to Affiliated/Other Party Committees.....	0 0 0	0 0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7 6 0 0 0 0	7 6 0 0 0 0
24. Independent Expenditures (use Schedule E) .....	0 0 0	0 0 0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0 0 0	0 0 0
26. Loan Repayments Made.....	0 0 0	0 0 0
27. Loans Made.....	0 0 0	0 0 0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0 0 0	0 0 0
(b) Political Party Committees .....	0 0 0	0 0 0
(c) Other Political Committees (such as PACs).....	0 0 0	0 0 0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0 0 0	0 0 0
29. Other Disbursements .....	0 0 0	0 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 0	0 0 0
(ii) "Levin" Share.....	0 0 0	0 0 0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0 0 0	0 0 0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0 0 0	0 0 0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7 6 0 0 0 0	7 6 0 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7 6 0 0 0 0	7 6 0 0 0 0

28039610632

**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) .....	2 8 0 2 0 0 0	2 8 0 2 0 0 0
34. Total Contribution Refunds (from Line 28(d)) .....	0 0 0	0 0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2 8 0 2 0 0 0	2 8 0 2 0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0 0 0	0 0 0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0 0 0	0 0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0 0 0	0 0 0

28039610633

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 1 OF 21

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)  
**CAVALIER TELEPHONE CORPORATION PAC**

Full Name (Last, First, Middle Initial)

**A. Severance, James**

Mailing Address  
 4220 Southaven Road

City Richmond State VA Zip Code 23235

FEC ID number of contributing federal political committee. **C 0 0 4 3 5 1 0 7**

Name of Employer Cavalier Telephone, LLC Occupation Telecommunications

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ **5 0 0**

Date of Receipt

**0 8 / 0 1 / 2 0 0 7**

Amount of Each Receipt this Period

**5 0 0**

Full Name (Last, First, Middle Initial)

**B. Berry, Shelly**

Mailing Address  
 5408 Edgefield St.

City Richmond State VA Zip Code 23227

FEC ID number of contributing federal political committee. **C 0 0 4 3 5 1 0 7**

Name of Employer Cavalier Telephone, LLC Occupation Telecommunications

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ **5 0 0**

Date of Receipt

**0 8 / 0 1 / 2 0 0 7**

Amount of Each Receipt this Period

**5 0 0**

Full Name (Last, First, Middle Initial)

**C. Metze, Jeff**

Mailing Address  
 1424 Pennsylvania Avenue

City Glen Allen State VA Zip Code 23060

FEC ID number of contributing federal political committee. **C 0 0 4 3 5 1 0 7**

Name of Employer Cavalier Telephone, LLC Occupation Telecommunications

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ **5 0 0**

Date of Receipt

**0 8 / 0 1 / 2 0 0 7**

Amount of Each Receipt this Period

**5 0 0**

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

**1 5 0 0**

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

**1 5 0 0**

28039610634

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 2 OF 21

(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)

CAVALIER TELEPHONE CORPORATION PAC

Full Name (Last, First, Middle Initial)

**A. Frye, Melanie**

Mailing Address

3134 Dupuy Road

City

Colonial Heights

State

VA

Zip Code

23834

FEC ID number of contributing federal political committee.

C 00435107

Name of Employer

Cavalier Telephone, LLC

Occupation

Telecommunications

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500

Date of Receipt

08 / 01 / 2007

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**B. Smith, Kisha**

Mailing Address

6745 Gills Gate Ct

City

Chesterfield

State

VA

Zip Code

23832

FEC ID number of contributing federal political committee.

C 00435107

Name of Employer

Cavalier Telephone, LLC

Occupation

Telecommunications

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500

Date of Receipt

08 / 01 / 2007

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**C. Cole, LaToya**

Mailing Address

316 Lancaster Gate Dr. #204

City

Midlothian

State

VA

Zip Code

23113

FEC ID number of contributing federal political committee.

C 00435107

Name of Employer

Cavalier Telephone, LLC

Occupation

Telecommunications

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500

Date of Receipt

08 / 01 / 2007

Amount of Each Receipt this Period

500

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

1500

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

52001962002

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 3 OF 21

(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)

CAVALIER TELEPHONE CORPORATION PAC

Full Name (Last, First, Middle Initial)

**A. Cole, Walt**

Mailing Address

316 Lancaster Gate Dr. #204

City

Midlothian

State

VA

Zip Code

23113

FEC ID number of contributing federal political committee.

C 0 0 4 3 5 1 0 7

Name of Employer

Cavalier Telephone, LLC

Occupation

Telecommunications

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

5 0 0

Date of Receipt

0 8 / 0 1 / 2 0 0 7

Amount of Each Receipt this Period

5 0 0

Full Name (Last, First, Middle Initial)

**B. McCaffrey, Amy**

Mailing Address

8400 Muldoon Ct. #111

City

Richmond

State

VA

Zip Code

23228

FEC ID number of contributing federal political committee.

C 0 0 4 3 5 1 0 7

Name of Employer

Cavalier Telephone, LLC

Occupation

Telecommunications

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

5 0 0

Date of Receipt

0 8 / 0 1 / 2 0 0 7

Amount of Each Receipt this Period

5 0 0

Full Name (Last, First, Middle Initial)

**C. Thomas, David**

Mailing Address

8103 Tillers Ridge Terrace

City

Richmond

State

VA

Zip Code

23235

FEC ID number of contributing federal political committee.

C 0 0 4 3 5 1 0 7

Name of Employer

Cavalier Telephone, LLC

Occupation

Telecommunications

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

5 0 0

Date of Receipt

0 8 / 0 1 / 2 0 0 7

Amount of Each Receipt this Period

5 0 0

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

1 5 0 0

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

28039610636

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 4 OF 21

(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)

CAVALIER TELEPHONE CORPORATION PAC

Full Name (Last, First, Middle Initial)

**A.** Wehrmeister, Robert J. (Bob)

Mailing Address

109 Indian Fields Dr.

City

King William

State

VA

Zip Code

23086

FEC ID number of contributing federal political committee.

C 00435107

Name of Employer

Cavalier Telephone, LLC

Occupation

Telecommunications

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000

Date of Receipt

08 / 01 / 2007

Amount of Each Receipt this Period

2000

Full Name (Last, First, Middle Initial)

**B.** Wilson, Regais

Mailing Address

3032 Chartwood Dr.

City

Sandston

State

VA

Zip Code

23150

FEC ID number of contributing federal political committee.

C 00435107

Name of Employer

Cavalier Telephone, LLC

Occupation

Telecommunications

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500

Date of Receipt

08 / 01 / 2007

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**C.** McGhee, Joseph (Jay)

Mailing Address

9165 Hoof Circle

City

Mechanicsville

State

VA

Zip Code

23116

FEC ID number of contributing federal political committee.

C 00435107

Name of Employer

Cavalier Telephone, LLC

Occupation

Telecommunications

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500

Date of Receipt

08 / 01 / 2007

Amount of Each Receipt this Period

500

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

3000

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

28039610637

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

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

FOR LINE NUMBER:		PAGE 5 OF 21	
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CAVALIER TELEPHONE CORPORATION PAC**

Full Name (Last, First, Middle Initial) <b>A. Scull, Drew</b>		Date of Receipt 08 / 01 / 2007
Mailing Address 3425 Kensington Ave. #308		Amount of Each Receipt this Period 5.00
City Richmond	State Zip Code VA 23221	
FEC ID number of contributing federal political committee. C 00435107		Amount of Each Receipt this Period 5.00
Name of Employer Cavalier Telephone, LLC	Occupation Telecommunications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5.00	

Full Name (Last, First, Middle Initial) <b>B. Davis, Benjamin</b>		Date of Receipt 08 / 01 / 2007
Mailing Address 2807 Cannon Road		Amount of Each Receipt this Period 25.00
City Glen Allen	State Zip Code VA 23060	
FEC ID number of contributing federal political committee. C 00435107		Amount of Each Receipt this Period 25.00
Name of Employer Cavalier Telephone, LLC	Occupation Telecommunications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

Full Name (Last, First, Middle Initial) <b>C. Panaro, Joseph</b>		Date of Receipt 08 / 01 / 2007
Mailing Address 9274 Three Chopt Rd. Apt. D		Amount of Each Receipt this Period 5.00
City Richmond	State Zip Code VA 23229	
FEC ID number of contributing federal political committee. C 00435107		Amount of Each Receipt this Period 5.00
Name of Employer Cavalier Telephone, LLC	Occupation Telecommunications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	35.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

28039610838

**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 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
**CAVALIER TELEPHONE CORPORATION PAC**

Full Name (Last, First, Middle Initial) <b>A. Gonzalez, Henry</b>		Date of Receipt 08 / 01 / 2007
Mailing Address 8730 Midway Rd.		Amount of Each Receipt this Period 5 0 0
City Richmond	State Zip Code VA 23229	
FEC ID number of contributing federal political committee. C 0 0 4 3 5 1 0 7		Amount of Each Receipt this Period 5 0 0
Name of Employer Cavalier Telephone, LLC	Occupation Telecommunications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5 0 0	

Full Name (Last, First, Middle Initial) <b>B. Connelly, Patti</b>		Date of Receipt 08 / 01 / 2007
Mailing Address 10502 Warren Road		Amount of Each Receipt this Period 5 0 0
City Glen Allen	State Zip Code VA 23060	
FEC ID number of contributing federal political committee. C 0 0 4 3 5 1 0 7		Amount of Each Receipt this Period 5 0 0
Name of Employer Cavalier Telephone, LLC	Occupation Telecommunications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5 0 0	

Full Name (Last, First, Middle Initial) <b>C. Dalton, Eric</b>		Date of Receipt 08 / 01 / 2007
Mailing Address 8078 Cody Wood Dr.		Amount of Each Receipt this Period 5 0 0
City Hanover	State Zip Code VA 23069	
FEC ID number of contributing federal political committee. C 0 0 4 3 5 1 0 7		Amount of Each Receipt this Period 5 0 0
Name of Employer Cavalier Telephone, LLC	Occupation Telecommunications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5 0 0	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1 5 0 0
<b>TOTAL</b> This Period (last page this line number only).....▶	

28039610639

**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 21

(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)

CAVALIER TELEPHONE CORPORATION PAC

Full Name (Last, First, Middle Initial)

**A. Owens, Chrissy Heisler**

Mailing Address

7821 Curtisdale Rd.

City

Richmond

State

VA

Zip Code

23231

FEC ID number of contributing federal political committee.

C 00435107

Name of Employer

Cavalier Telephone, LLC

Occupation

Telecommunications

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

5 0 0

Date of Receipt

08 / 01 / 2007

Amount of Each Receipt this Period

5 0 0

Full Name (Last, First, Middle Initial)

**B. Walters, Steve**

Mailing Address

6551 Glebe Point Road

City

Chesterfield

State

VA

Zip Code

23838

FEC ID number of contributing federal political committee.

C 00435107

Name of Employer

Cavalier Telephone, LLC

Occupation

Telecommunications

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

5 0 0

Date of Receipt

08 / 01 / 2007

Amount of Each Receipt this Period

5 0 0

Full Name (Last, First, Middle Initial)

**C. Ross, Tyree**

Mailing Address

605 Rossmore Road

City

Richmond

State

VA

Zip Code

23225

FEC ID number of contributing federal political committee.

C 00435107

Name of Employer

Cavalier Telephone, LLC

Occupation

Telecommunications

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

5 0 0

Date of Receipt

08 / 01 / 2007

Amount of Each Receipt this Period

5 0 0

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

1 5 0 0

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

28039610640

**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 21

(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)

CAVALIER TELEPHONE CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. Clift Jr., Martin W.

Mailing Address

15518 Chesdin Landing Court

City

Chesterfield

State

VA

Zip Code

23838

FEC ID number of contributing federal political committee.

C 0 0 4 3 5 1 0 7

Name of Employer

Cavalier Telephone, LLC

Occupation

Telecommunications

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

5 0 0

Date of Receipt

MM / DD / YYYY  
08 / 01 / 2007

Amount of Each Receipt this Period

5 0 0

Full Name (Last, First, Middle Initial)

B. Crocco, Gary

Mailing Address

1506 Goswick Ridge Road

City

Midlothian

State

VA

Zip Code

23114

FEC ID number of contributing federal political committee.

C 0 0 4 3 5 1 0 7

Name of Employer

Cavalier Telephone, LLC

Occupation

Telecommunications

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 0 0 0

Date of Receipt

MM / DD / YYYY  
08 / 01 / 2007

Amount of Each Receipt this Period

1 0 0 0

Full Name (Last, First, Middle Initial)

C. Mullins, Tammy

Mailing Address

2220 Buford Road

City

Richmond

State

VA

Zip Code

23235

FEC ID number of contributing federal political committee.

C 0 0 4 3 5 1 0 7

Name of Employer

Cavalier Telephone, LLC

Occupation

Telecommunications

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

5 0 0

Date of Receipt

MM / DD / YYYY  
08 / 01 / 2007

Amount of Each Receipt this Period

5 0 0

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

2 0 0 0

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

28039610641

**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 21

(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)  
CAVALIER TELEPHONE CORPORATION PAC

Full Name (Last, First, Middle Initial) <b>A. White, Cheryl</b>		Date of Receipt 08 / 01 / 2007
Mailing Address 5306 Autumn Leaf Drive		Amount of Each Receipt this Period 5 0 0
City Richmond	State VA	
Zip Code 23234		FEC ID number of contributing federal political committee. C 0 0 4 3 5 1 0 7
Name of Employer Cavalier Telephone, LLC		
Occupation Telecommunications		Aggregate Year-to-Date ▼ 5 0 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Pollard, Don</b>		Date of Receipt 08 / 01 / 2007
Mailing Address 4511 Jacobs Bend Drive		Amount of Each Receipt this Period 5 0 0 0
City Richmond	State VA	
Zip Code 23236		FEC ID number of contributing federal political committee. C 0 0 4 3 5 1 0 7
Name of Employer Cavalier Telephone, LLC		
Occupation Telecommunications		Aggregate Year-to-Date ▼ 5 0 0 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Snyder, Jeffrey</b>		Date of Receipt 08 / 01 / 2007
Mailing Address 10800 Millington Lane		Amount of Each Receipt this Period 5 0 0
City Richmond	State VA	
Zip Code 23233		FEC ID number of contributing federal political committee. C 0 0 4 3 5 1 0 7
Name of Employer Cavalier Telephone, LLC		
Occupation Telecommunications		Aggregate Year-to-Date ▼ 5 0 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	6 0 0 0
TOTAL This Period (last page this line number only).....▶	

28039610642

**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 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
**CAVALIER TELEPHONE CORPORATION PAC**

Full Name (Last, First, Middle Initial) <b>A. Rasnake, Lisa</b>		Date of Receipt 08 / 01 / 2007
Mailing Address 2655 Red Lane Rd.		Amount of Each Receipt this Period 500
City Powhatan	State VA	
FEC ID number of contributing federal political committee. C 00435107		Amount of Each Receipt this Period 500
Name of Employer Cavalier Telephone, LLC	Occupation Telecommunications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500	

Full Name (Last, First, Middle Initial) <b>B. Ridgely, Charles (Chuck)</b>		Date of Receipt 08 / 01 / 2007
Mailing Address 105 Macaulay Road		Amount of Each Receipt this Period 500
City Williamsburg	State VA	
FEC ID number of contributing federal political committee. C 00435107		Amount of Each Receipt this Period 500
Name of Employer Cavalier Telephone, LLC	Occupation Telecommunications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500	

Full Name (Last, First, Middle Initial) <b>C. Mondillo, Tiffany</b>		Date of Receipt 08 / 01 / 2007
Mailing Address 718 W. Catherine Street		Amount of Each Receipt this Period 500
City Richmond	State VA	
FEC ID number of contributing federal political committee. C 00435107		Amount of Each Receipt this Period 500
Name of Employer Cavalier Telephone, LLC	Occupation Telecommunications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500	

SUBTOTAL of Receipts This Page (optional).....▶	1500
TOTAL This Period (last page this line number only).....▶	

28039610643

**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 21

(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)  
CAVALIER TELEPHONE CORPORATION PAC

Full Name (Last, First, Middle Initial) <b>A. Tippet, Heather</b>		Date of Receipt 08 / 01 / 2007
Mailing Address 10209 Ronaldton Rd.		Amount of Each Receipt this Period 5 0 0
City Richmond	State Zip Code VA 23236	
FEC ID number of contributing federal political committee. C 0 0 4 3 5 1 0 7		
Name of Employer Cavalier Telephone, LLC	Occupation Telecommunications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5 0 0	

Full Name (Last, First, Middle Initial) <b>B. Logan, Andre</b>		Date of Receipt 08 / 01 / 2007
Mailing Address 5810 Westover Dr. Apt. B		Amount of Each Receipt this Period 5 0 0
City Richmond	State Zip Code VA 23225	
FEC ID number of contributing federal political committee. C 0 0 4 3 5 1 0 7		
Name of Employer Cavalier Telephone, LLC	Occupation Telecommunications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5 0 0	

Full Name (Last, First, Middle Initial) <b>C. Domzolski, Joey</b>		Date of Receipt 08 / 01 / 2007
Mailing Address 2617 Tracewood Circle		Amount of Each Receipt this Period 5 0 0
City Richmond	State Zip Code VA 23233	
FEC ID number of contributing federal political committee. C 0 0 4 3 5 1 0 7		
Name of Employer Cavalier Telephone, LLC	Occupation Telecommunications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5 0 0	

SUBTOTAL of Receipts This Page (optional).....▶	1 5 0 0
TOTAL This Period (last page this line number only).....▶	

28039610644

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

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

FOR LINE NUMBER: PAGE 12 OF 21

(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)  
**CAVALIER TELEPHONE CORPORATION PAC**

**A. Maclauchlan, Maria**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
**5211 Brandon Pines Drive**  
City **Providence Forge** State **VA** Zip Code **23140**  
FEC ID number of contributing federal political committee. **C 0 0 4 3 5 1 0 7**  
Name of Employer **Cavalier Telephone, LLC** Occupation **Telecommunications**  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **5 0 0**

Date of Receipt  
**08 / 01 / 2007**  
Amount of Each Receipt this Period  
**5 0 0**

**B. Stringer, Cory**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
**6303 Bliley Road**  
City **Richmond** State **VA** Zip Code **23225**  
FEC ID number of contributing federal political committee. **C 0 0 4 3 5 1 0 7**  
Name of Employer **Cavalier Telephone, LLC** Occupation **Telecommunications**  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1 5 0 0**

Date of Receipt  
**08 / 01 / 2007**  
Amount of Each Receipt this Period  
**1 5 0 0**

**C. Storm, Jason**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
**202 N. Mulberry Street**  
City **Richmond** State **VA** Zip Code **23220**  
FEC ID number of contributing federal political committee. **C 0 0 4 3 5 1 0 7**  
Name of Employer **Cavalier Telephone, LLC** Occupation **Telecommunications**  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **5 0 0**

Date of Receipt  
**08 / 01 / 2007**  
Amount of Each Receipt this Period  
**5 0 0**

**SUBTOTAL** of Receipts This Page (optional) **2 5 0 0**  
**TOTAL** This Period (last page this line number only)

28039610645

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

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

FOR LINE NUMBER: PAGE 13 OF 21

(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)  
CAVALIER TELEPHONE CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. Barnes, Vanessa

Mailing Address

1306 Careybrook Drive

City

Richmond

State

VA

Zip Code

23233

FEC ID number of contributing federal political committee.

C 00435107

Name of Employer

Cavalier Telephone, LLC

Occupation

Telecommunications

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

5 0 0

Date of Receipt

MM / DD / YYYY  
08 / 01 / 2007

Amount of Each Receipt this Period

5 0 0

Full Name (Last, First, Middle Initial)

B. Makle, Monique

Mailing Address

6931 Carnation St. Apt. C

City

Richmond

State

VA

Zip Code

23225

FEC ID number of contributing federal political committee.

C 00435107

Name of Employer

Cavalier Telephone, LLC

Occupation

Telecommunications

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

5 0 0

Date of Receipt

MM / DD / YYYY  
08 / 01 / 2007

Amount of Each Receipt this Period

5 0 0

Full Name (Last, First, Middle Initial)

C. Oxendine, Barbara

Mailing Address

11393 Vesley Lane

City

Glen Allen

State

VA

Zip Code

23059

FEC ID number of contributing federal political committee.

C 00435107

Name of Employer

Cavalier Telephone, LLC

Occupation

Telecommunications

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

5 0 0

Date of Receipt

MM / DD / YYYY  
08 / 01 / 2007

Amount of Each Receipt this Period

5 0 0

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

1 5 0 0

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

28039610646

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

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

FOR LINE NUMBER:		PAGE 14 OF 21	
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CAVALIER TELEPHONE CORPORATION PAC**

Full Name (Last, First, Middle Initial) <b>A. Ford, Michael</b>		Date of Receipt 08 / 01 / 2007
Mailing Address 2607 Edgewood Ave.		Amount of Each Receipt this Period 500
City Richmond	State Zip Code VA 23222	
FEC ID number of contributing federal political committee. C 00435107		Amount of Each Receipt this Period 500
Name of Employer Cavalier Telephone, LLC	Occupation Telecommunications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500	

Full Name (Last, First, Middle Initial) <b>B. Moses, Christina</b>		Date of Receipt 08 / 01 / 2007
Mailing Address 4013 Frederick Farms Dr.		Amount of Each Receipt this Period 500
City Midlothian	State Zip Code VA 23112	
FEC ID number of contributing federal political committee. C 00435107		Amount of Each Receipt this Period 500
Name of Employer Cavalier Telephone, LLC	Occupation Telecommunications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500	

Full Name (Last, First, Middle Initial) <b>C. Jones, Christine M.</b>		Date of Receipt 08 / 01 / 2007
Mailing Address 4020 Piney Road		Amount of Each Receipt this Period 500
City Richmond	State Zip Code VA 23222	
FEC ID number of contributing federal political committee. C 00435107		Amount of Each Receipt this Period 500
Name of Employer Cavalier Telephone, LLC	Occupation Telecommunications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500
<b>TOTAL</b> This Period (last page this line number only).....▶	

28039610647

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 OF 21

(check only one)

<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
CAVALIER TELEPHONE CORPORATION PAC

Full Name (Last, First, Middle Initial)

**A.** Alston, Torrie

Mailing Address

1121 #50 Westbriar Drive

City State Zip Code  
Richmond VA 23238

FEC ID number of contributing federal political committee. C 0 0 4 3 5 1 0 7

Name of Employer Occupation  
Cavalier Telephone, LLC Telecommunications

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5 0 0

Date of Receipt

0 8 / 0 1 / 2 0 0 7

Amount of Each Receipt this Period

5 0 0

Full Name (Last, First, Middle Initial)

**B.** Short, Lori

Mailing Address

917 Palace Way, Apt. A

City State Zip Code  
Richmond VA 23238

FEC ID number of contributing federal political committee. C 0 0 4 3 5 1 0 7

Name of Employer Occupation  
Cavalier Telephone, LLC Telecommunications

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5 0 0

Date of Receipt

0 8 / 0 1 / 2 0 0 7

Amount of Each Receipt this Period

5 0 0

Full Name (Last, First, Middle Initial)

**C.** Harrell, Mary Ann

Mailing Address

3803 Chamberlayne Avenue, #B24

City State Zip Code  
Richmond VA 23227

FEC ID number of contributing federal political committee. C 0 0 4 3 5 1 0 7

Name of Employer Occupation  
Cavalier Telephone, LLC Telecommunications

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5 0 0

Date of Receipt

0 8 / 0 1 / 2 0 0 7

Amount of Each Receipt this Period

5 0 0

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

1 5 0 0

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

28039610648

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

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

FOR LINE NUMBER:		PAGE 16 OF 21	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CAVALIER TELEPHONE CORPORATION PAC**

**A. Williams, Carolyn**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
206 E. Brookland Park Blvd.  
City Richmond State VA Zip Code 23223  
FEC ID number of contributing federal political committee. **C 00435107**  
Name of Employer Cavalier Telephone, LLC Occupation Telecommunications  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500**

Date of Receipt **08 / 01 / 2007**  
Amount of Each Receipt this Period **500**

**B. Acosta, Ronnier**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
1532 Southbury Ave.  
City Richmond State VA Zip Code 23231  
FEC ID number of contributing federal political committee. **C 00435107**  
Name of Employer Cavalier Telephone, LLC Occupation Telecommunications  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500**

Date of Receipt **08 / 01 / 2007**  
Amount of Each Receipt this Period **500**

**C. Macken, Craig**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
2516 Woodman Trace Dr.  
City Glen Allen State VA Zip Code 23060  
FEC ID number of contributing federal political committee. **C 00435107**  
Name of Employer Cavalier Telephone, LLC Occupation Telecommunications  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500**

Date of Receipt **08 / 01 / 2007**  
Amount of Each Receipt this Period **500**

**SUBTOTAL** of Receipts This Page (optional)..... **1500**  
**TOTAL** This Period (last page this line number only).....

28039610649

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

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

FOR LINE NUMBER:		PAGE 17 OF 21	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CAVALIER TELEPHONE CORPORATION PAC

Full Name (Last, First, Middle Initial) <b>A. Folden, Eric</b>		Date of Receipt 08 / 01 / 2007
Mailing Address 8200 Metcalf Dr.		Amount of Each Receipt this Period 500
City Richmond	State VA	
Zip Code 23227		FEC ID number of contributing federal political committee. C00435107
Name of Employer Cavalier Telephone, LLC		
Occupation Telecommunications		Aggregate Year-to-Date 500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Plotkin, Jason</b>		Date of Receipt 08 / 01 / 2007
Mailing Address 10105 Royerton Drive		Amount of Each Receipt this Period 1000
City Richmond	State VA	
Zip Code 23228		FEC ID number of contributing federal political committee. C00435107
Name of Employer Cavalier Telephone, LLC		
Occupation Telecommunications		Aggregate Year-to-Date 1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Pangelinan, Ginger</b>		Date of Receipt 08 / 01 / 2007
Mailing Address 8218 Postland Court		Amount of Each Receipt this Period 1000
City Chesterfield	State VA	
Zip Code 23128		FEC ID number of contributing federal political committee. C00435107
Name of Employer Cavalier Telephone, LLC		
Occupation Telecommunications		Aggregate Year-to-Date 1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	2500
TOTAL This Period (last page this line number only).....▶	

05901967067

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

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

FOR LINE NUMBER: PAGE 18 OF 21  
(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)  
**CAVALIER TELEPHONE CORPORATION PAC**

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

Mailing Address  
**2655 Red Lane Rd.**

City State Zip Code  
**Powhatan VA 23139**

FEC ID number of contributing federal political committee.  
**C 00435107**

Name of Employer Occupation  
**Cavalier Telephone, LLC Telecommunications**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1500**

Date of Receipt  
**08 / 01 / 2007**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Springston, Daniel**

Mailing Address  
**2300 Millcrest Terrace**

City State Zip Code  
**Midlothian VA 23112**

FEC ID number of contributing federal political committee.  
**C 00435107**

Name of Employer Occupation  
**Cavalier Telephone, LLC Telecommunications**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500**

Date of Receipt  
**08 / 01 / 2007**

Amount of Each Receipt this Period  
**2500**

**C.** Full Name (Last, First, Middle Initial)  
**Enderle, Steve**

Mailing Address  
**1809 Meadow Park Dr.**

City State Zip Code  
**Richmond VA 23225**

FEC ID number of contributing federal political committee.  
**C 00435107**

Name of Employer Occupation  
**Cavalier Telephone, LLC Telecommunications**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500**

Date of Receipt  
**08 / 01 / 2007**

Amount of Each Receipt this Period  
**2500**

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

**6000**

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

28039610651

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 19 OF 21

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAVALIER TELEPHONE CORPORATION PAC

Full Name (Last, First, Middle Initial)

**A. Frudden, Steve**

Mailing Address

12407 Caneron Bridge Place

City

Midlothian

State

VA

Zip Code

23112

FEC ID number of contributing federal political committee.

C 0 0 4 3 5 1 0 7

Name of Employer

Cavalier Telephone, LLC

Occupation

Telecommunications

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 0 0 0 0

Date of Receipt

0 8 / 0 1 / 2 0 0 7

Amount of Each Receipt this Period

1 0 0 0 0

Full Name (Last, First, Middle Initial)

**B. Morgan, Cathy E.**

Mailing Address

4417 Windsor Pkwy

City

Dallas

State

TX

Zip Code

75205-2027

FEC ID number of contributing federal political committee.

C 0 0 4 3 5 1 0 7

Name of Employer

Cavalier Telephone, LLC

Occupation

Telecommunications

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

2 5 0 0 0 0

Date of Receipt

0 9 / 1 0 / 2 0 0 7

Amount of Each Receipt this Period

2 5 0 0 0 0

Full Name (Last, First, Middle Initial)

**C. Morgan III, George E.**

Mailing Address

4417 Windsor Pkwy

City

Dallas

State

TX

Zip Code

75205-2027

FEC ID number of contributing federal political committee.

C 0 0 4 3 5 1 0 7

Name of Employer

Cavalier Telephone, LLC

Occupation

Telecommunications

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

5 0 0 0 0 0

Date of Receipt

0 9 / 1 0 / 2 0 0 7

Amount of Each Receipt this Period

5 0 0 0 0 0

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

7 6 0 0 0 0

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

28039610652

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 OF 21	
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CAVALIER TELEPHONE CORPORATION PAC**

Full Name (Last, First, Middle Initial) <b>A. Evans, Brad A.</b>		Date of Receipt 09 / 10 / 2007
Mailing Address 813 Colony Bluff Pl		Amount of Each Receipt this Period 5 000 00
City Richmond	State VA	
Zip Code 23233-5561		
FEC ID number of contributing federal political committee. C 00435107		
Name of Employer Cavalier Telephone, LLC	Occupation Telecommunications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5 000 00	

Full Name (Last, First, Middle Initial) <b>B. Evans, Susan</b>		Date of Receipt 09 / 11 / 2007
Mailing Address 813 Colony Bluff Pl		Amount of Each Receipt this Period 5 000 00
City Richmond	State VA	
Zip Code 23233-5561		
FEC ID number of contributing federal political committee. C 00435107		
Name of Employer Cavalier Telephone, LLC	Occupation Telecommunications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5 000 00	

Full Name (Last, First, Middle Initial) <b>C. Edward B. Meyercord, III</b>		Date of Receipt 09 / 26 / 2007
Mailing Address 305 Drakes Corner Rd.		Amount of Each Receipt this Period 5 000 00
City Princeton	State NJ	
Zip Code 08540		
FEC ID number of contributing federal political committee. C 00435107		
Name of Employer Cavalier Telephone, LLC	Occupation Telecommunications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5 000 00	

SUBTOTAL of Receipts This Page (optional).....▶	1 5000 00
TOTAL This Period (last page this line number only).....▶	

2803961065

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

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

FOR LINE NUMBER: PAGE 21 OF 21  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CAVALIER TELEPHONE CORPORATION PAC

**A.** Full Name (Last, First, Middle Initial)  
Andrea C. Meyercord

Mailing Address  
305 Drakes Corner Rd

City State Zip Code  
Princeton NJ 08540

FEC ID number of contributing federal political committee.  
C 00435107

Name of Employer Occupation  
Cavalier Telephone, LLC Telecommunications

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5 000 00

Date of Receipt  
09 / 26 / 2007

Amount of Each Receipt this Period  
5 000 00

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  
C 00435107

Name of Employer Occupation  
Cavalier Telephone, LLC Telecommunications

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  
C 00435107

Name of Employer Occupation  
Cavalier Telephone, LLC Telecommunications

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5 000 00
TOTAL This Period (last page this line number only).....▶	28 020 00

28039610654

**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)

PAGE 1 OF 2

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)  
CAVALIER TELEPHONE CORPORATION PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

Doyle for Congress Committee

09 / 13 / 2007

Mailing Address

P.O. Box #17426

City

State

Zip Code

Pittsburgh

PA

15235

Purpose of Disbursement

0 1 1

Amount of Each Disbursement this Period

Contribution

Candidate Name

Category/  
Type

2 3 0 0 0 0

Mike Doyle

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: PA

District: 14th

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

Friends of Cliff Stearns

09 / 13 / 2007

Mailing Address

P.O. Box 308

City

State

Zip Code

Silver Springs

FL

34489

Purpose of Disbursement

0 1 1

Amount of Each Disbursement this Period

Contribution

Candidate Name

Category/  
Type

1 0 0 0 0 0

Cliff Stearns

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: FL

District: 6th

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

The Markey Committee

09 / 19 / 2007

Mailing Address

P.O. Box 526

City

State

Zip Code

Medford

MA

02155

Purpose of Disbursement

0 1 1

Amount of Each Disbursement this Period

Contribution

Candidate Name

Category/  
Type

1 0 0 0 0 0

Ed Markey

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: MA

District:

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

4 3 0 0 0 0

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

28039610655

**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)

PAGE 2 OF 2

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
**CAVALIER TELEPHONE CORPORATION PAC**

Full Name (Last, First, Middle Initial)

**A.**

**Mike Rogers for Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	7

Mailing Address  
P.O. Box 2776

City State Zip Code  
Arlington VA 22202

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Purpose of Disbursement

Contribution

0	1	1
Category/ Type		

Candidate Name

Mike Rogers

Office Sought:  House  
 Senate  
 President  
State: AL District: 3rd

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B.**

**Stupak for Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	0	7

Mailing Address  
P.O. Box 156

City State Zip Code  
Menominee MI 49858

Amount of Each Disbursement this Period

2	3	0	0	0	0
---	---	---	---	---	---

Purpose of Disbursement

Contribution

0	1	1
Category/ Type		

Candidate Name

Bart Stupak

Office Sought:  House  
 Senate  
 President  
State: MI District: 1st

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

City State Zip Code

Amount of Each Disbursement this Period

--	--	--	--	--	--

Purpose of Disbursement

Candidate Name

Category/ Type		

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

3	3	0	0	0	0
---	---	---	---	---	---

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

7	6	0	0	0	0
---	---	---	---	---	---

28039610656

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)  
**CAVALIER TELEPHONE CORPORATION PAC**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Mailing Address  
City State ZIP Code

Election:  
 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

**TERMS** Date Incurred Date Due Interest Rate Secured:  
M M / D D / Y Y Y Y M M / D D / Y Y Y Y % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional) ..... ▶ [ ]

**TOTALS** This Period (last page in this line only) ..... ▶ [ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

28039610657

**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page \_\_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full)  CAVALIER TELEPHONE CORPORATION PAC	FEC IDENTIFICATION NUMBER <b>C 00435107</b>
---	--

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)  %
---	----------------	------------------------------

Mailing Address	Date Incurred or Established	M M / D D / Y Y Y Y Y Y	M M / D D / Y Y Y Y Y Y
City State Zip Code	Date Due	M M / D D / Y Y Y Y Y Y	M M / D D / Y Y Y Y Y Y

A. Has loan been restructured?  No  Yes If yes, date originally incurred M M / D D / Y Y Y Y Y Y

B. If line of credit, Amount of this Draw: [ ] Total Outstanding Balance: [ ]

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_  
 What is the value of this collateral? [ ]  
 Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_  
 What is the estimated value? [ ]

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  
 Date account established: M M / D D / Y Y Y Y Y Y  
 Location of account: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE M M / D D / Y Y Y Y Y Y
---	---------------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:  
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE M M / D D / Y Y Y Y Y Y
--	-------	---------------------------------

28039610658

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one)

9  
10

NAME OF COMMITTEE (In Full)

CAVALIER TELEPHONE CORPORATION PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶

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

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

  
  
  


28039610659

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CAVALIER TELEPHONE CORPORATION PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C 0 0 4 3 5 1 0 7</b> </div>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City _____ State _____ Zip Code _____	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     M M / D D / Y Y Y Y Y Y                 </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     _____                 </div>
--	--

Purpose of Expenditure _____ Name of Federal Candidate Supported or Opposed by Expenditure: _____ Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     _____                 </div>	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     _____                 </div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
---	---	--

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City _____ State _____ Zip Code _____	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     M M / D D / Y Y Y Y Y Y                 </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     _____                 </div>
--	--

Purpose of Expenditure _____ Name of Federal Candidate Supported or Opposed by Expenditure: _____ Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     _____                 </div>	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     _____                 </div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
---	---	--

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                     _____                 </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                     _____                 </div>
(c) <b>TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                     _____                 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     M M / D D / Y Y Y Y Y Y                 </div>
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**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

CAVALIER TELEPHONE CORPORATION PAC

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check   
**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal .....  %

This ratio applies to (check all that apply):

Administrative       Generic Voter Drive       Public Communications Referencing Party Only

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**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

PAGE OF

NAME OF COMMITTEE (In Full)  
CAVALIER TELEPHONE CORPORATION PAC

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT  
ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

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ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[ ] %	[ ] %

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 CAVALIER TELEPHONE CORPORATION PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED										
	<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> </table>	M	M	/	D	D	/	Y	Y	Y	Y	
M	M	/	D	D	/	Y	Y	Y	Y			

**BREAKDOWN OF TRANSFER RECEIVED**

I) Total Administrative .....	
II) Generic Voter Drive .....	
III) Exempt Activities .....	
IV) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
V) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support .....	
VI) Public Communications Referring Only to Party (Made by PAC) .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....	
TOTAL This Period (Generic Voter Drive) .....	
TOTAL This Period (Exempt Activities) .....	
TOTAL This Period (Direct Fundraising) .....	
TOTAL This Period (Direct Candidate Support) .....	
TOTAL This Period (Public Communications Referring Only to Party) .....	
TOTAL This Period (Total Amount Transferred) .....	

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• SCHEDULE H4 (FEC Form 3X)

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
CAVALIER TELEPHONE CORPORATION PAC

<b>A. Full Name (Last, First, Middle Initial)</b>		<b>Allocated Activity or Event:</b>	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City State Zip Code		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement:		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:		<b>Allocated Activity or Event Year-To-Date</b>	
		Date MM / DD / YYYY	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			

<b>B. Full Name (Last, First, Middle Initial)</b>		<b>Allocated Activity or Event:</b>	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City State Zip Code		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement:		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:		<b>Allocated Activity or Event Year-To-Date</b>	
		Date MM / DD / YYYY	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			

<b>C. Full Name (Last, First, Middle Initial)</b>		<b>Allocated Activity or Event:</b>	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City State Zip Code		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement:		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:		<b>Allocated Activity or Event Year-To-Date</b>	
		Date MM / DD / YYYY	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

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**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE OF  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)  
**CAVALIER TELEPHONE CORPORATION PAC**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

**BREAKDOWN OF THIS TRANSFER**

I) **Voter Registration** VOTER REGISTRATION  
Total Amount Transferred for Voter Registration.....

II) **Voter ID** VOTER ID  
Total Amount Transferred for Voter ID.....

III) **GOTV** GOTV  
Total Amount Transferred for GOTV.....

IV) **Generic Campaign Activity** GENERIC CAMPAIGN ACTIVITY  
Total Amount Transferred for Generic Campaign Activity.....

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

**BREAKDOWN OF THIS TRANSFER**

I) **Voter Registration** VOTER REGISTRATION  
Total Amount Transferred for Voter Registration.....

II) **Voter ID** VOTER ID  
Total Amount Transferred for Voter ID.....

III) **GOTV** GOTV  
Total Amount Transferred for GOTV.....

IV) **Generic Campaign Activity** GENERIC CAMPAIGN ACTIVITY  
Total Amount Transferred for Generic Campaign Activity.....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

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**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)

CAVALIER TELEPHONE CORPORATION

A. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

Voter Registration  GOTV  
 Voter ID  Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Date  /  /

Purpose of Disbursement

Category/  
Type

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

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

Type of Allocated Activity or Event:

Voter Registration  GOTV  
 Voter ID  Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Date  /  /

Purpose of Disbursement

Category/  
Type

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

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

Type of Allocated Activity or Event:

Voter Registration  GOTV  
 Voter ID  Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Date  /  /

Purpose of Disbursement

Category/  
Type

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE TOTAL AMOUNT

TOTAL This Period for the Levin Share

LEVIN SHARE

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**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full) CAVALIER TELEPHONE CORPORATION PAC
NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
<b>1. RECEIPTS FROM PERSONS</b>		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
<b>2. OTHER RECEIPTS .....</b>		
<b>3. TOTAL RECEIPTS .....</b> (Add Lines 1c and 2)		
<b>4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT</b> (Use Schedule L-B)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
<b>5. OTHER DISBURSEMENTS .....</b>		
<b>6. TOTAL DISBURSEMENTS .....</b> (Add Lines 4e and 5)		
<b>7. BEGINNING CASH ON HAND .....</b> (for Column B, use cash as of January 1st)		
<b>8. RECEIPTS .....</b> (from Line 3)		
<b>9. SUBTOTAL .....</b> (Add Lines 7 and 8)		
<b>10. DISBURSEMENTS .....</b> (From Line 6)		
<b>11. ENDING CASH ON HAND .....</b> (Subtract Line 10 From Line 9)		

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**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

PAGE OF

FOR LINE NUMBER:  
 (check only one)

1a  2

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)

CAVALIER TELEPHONE CORPORATION PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>	
<p>City State Zip Code</p>	<p>Amount of Each Receipt this Period</p>
<p>Name of Employer or Principal Place of Business</p>	<p>Aggregate Year-to-Date</p>
<p>Occupation</p>	
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>	
<p>City State Zip Code</p>	<p>Amount of Each Receipt this Period</p>
<p>Name of Employer or Principal Place of Business</p>	<p>Aggregate Year-to-Date</p>
<p>Occupation</p>	
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>	
<p>City State Zip Code</p>	<p>Amount of Each Receipt this Period</p>
<p>Name of Employer or Principal Place of Business</p>	<p>Aggregate Year-to-Date</p>
<p>Occupation</p>	
<p><b>D.</b></p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>	
<p>City State Zip Code</p>	<p>Amount of Each Receipt this Period</p>
<p>Name of Employer or Principal Place of Business</p>	<p>Aggregate Year-to-Date</p>
<p>Occupation</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>	

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**SCHEDULE L-B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**  
**OF LEVIN FUNDS**

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

FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)  
 CAVALIER TELEPHONE CORPORATION PAC

Full Name (Last, First, Middle Initial) / Full Organization Name <b>A.</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) / Full Organization Name <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) / Full Organization Name <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) / Full Organization Name <b>D.</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) / Full Organization Name <b>E.</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional).....		
TOTAL This Period (last page this line number only).....		

28039610670

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *FedEx* Shipping Date  
*1/29/08*  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*Jmp* *1/31/08*  
 PREPARER DATE PREPARED

28039610671