

**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 312 OF 451	
	<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. Ms. Deborah Mihaloff		Date of Disbursement MM / DD / YYYY 08 / 06 / 2014
Mailing Address 15460 Campbell Lake Road		Amount of Each Disbursement this Period 2089.4 Transaction ID : B-E-80887
City Doswell	State VA	
Zip Code 23047-2045	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Mr. Jeffrey W. Miller		Date of Disbursement MM / DD / YYYY 08 / 06 / 2014
Mailing Address 405 Old Locke Lane		Amount of Each Disbursement this Period 2500 Transaction ID : B-E-80719
City Richmond	State VA	
Zip Code 23226-1716	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Mr. Scott D. Miller		Date of Disbursement MM / DD / YYYY 08 / 06 / 2014
Mailing Address 125 Broad Street Suite 3700		Amount of Each Disbursement this Period 2210 Transaction ID : B-E-80500
City New York	State NY	
Zip Code 10004-2400	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6799.40
TOTAL This Period (last page this line number only).....	