

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Cantor For Congress

ADDRESS (number and street) P, O, Box 17813

Check if different than previously reported. (ACC)

Richmond VA 23226

2. **FEC IDENTIFICATION NUMBER** C00355461

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

CITY STATE ZIP CODE STATE DISTRICT

VA 07

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)

Termination Report (TER)

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

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on in the State of

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

General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 11 25 2008 through 12 31 2008

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 Jacquelyn E. Stone

Signature of Treasurer Electronically Filed by Jacquelyn E. Stone Date 01 30 2009

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Cantor For Congress

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	18806.50	44456.50
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	18806.50	44456.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	176915.93	263765.13
(b) Total Offsets to Operating Expenditures (from Line 14).....	937.00	937.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	175978.93	262828.13
8. Cash on Hand at Close of Reporting Period (from Line 27).....	378078.96	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Cantor For Congress

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

15050.00

37050.00

(ii) Unitemized.....

215.00

365.00

(iii) TOTAL of contributions

15265.00

37415.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACS).....

3541.50

7041.50

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)

18806.50

44456.50

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

0.00

39260.48

13. LOANS

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

937.00

937.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

51.10

51.10

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

19794.60

84705.08

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	176915.93	263765.13
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	38500.00	90888.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	215415.93	354653.13

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	573700.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	19794.60
25. SUBTOTAL (add Line 23 and Line 24).....	593494.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	215415.93
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	378078.96

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
Robert Carter

Mailing Address 5501 Ravine Ridge Cove

City Austin State TX Zip Code 78746

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

Name of Employer NFP Insurance Services Occupation Founding Director

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 12 / 08 / 2008
Transaction ID: 81209.C25350
Amount of Each Receipt this Period 2300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2951 Summerhurst Drive

City Midlothian State VA Zip Code 23113

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

Name of Employer Davis Walker, Ltd. Occupation Insurance Broker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt 12 / 09 / 2008
Transaction ID: 90115.C25360
Amount of Each Receipt this Period 800.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2306 Pendolina Lane

City Livermore State CA Zip Code 94550

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

Name of Employer Alain Pinel, Realtors Occupation Realtor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

Date of Receipt 12 / 18 / 2008
Transaction ID: 90115.C25364
Amount of Each Receipt this Period 1750.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4850.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

<p>A. Full Name (Last, First, Middle Initial) Jack Fine</p> <p>Mailing Address 1202 Loch Lomond Ct.</p> <p>City State Zip Code Richmond VA 23221</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Northwestern Mutual Financial</p> <p>Occupation Financial Planner</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 200.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 8</p> <p>Transaction ID: 81209.C25347</p> <p>Amount of Each Receipt this Period 200.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>B. Full Name (Last, First, Middle Initial) Robert Galiano</p> <p>Mailing Address P.O. Box 1116</p> <p>City State Zip Code Sumter SC 29151</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Russell and Jeffcoat Realtors</p> <p>Occupation Realtor</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 8</p> <p>Transaction ID: 90115.C25365</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>C. Full Name (Last, First, Middle Initial) Joel Gilley</p> <p>Mailing Address 6298 Domarray St.</p> <p>City State Zip Code Coopersburg PA 18036</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Promus Financial</p> <p>Occupation President</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 8</p> <p>Transaction ID: 81209.C25346</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SUBTOTAL of Receipts This Page (optional)	1700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 83

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Sam Haboush

Mailing Address World Foreign Car Service
7010 Three Chopt Rd.

City Richmond State VA Zip Code 23226

FEC ID number of contributing federal political committee. C

Name of Employer World Foreign Car Service Occupation Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
12 / 08 / 2008

Transaction ID: 81209.C25348

Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Richard Leidl

Mailing Address 7304 Durbin Terr.

City Bethesda State MD Zip Code 20817

FEC ID number of contributing federal political committee. C

Name of Employer Thelen Reid & Priest Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
12 / 11 / 2008

Transaction ID: 90115.C25356

Amount of Each Receipt this Period 500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Kimberly Linthicum

Mailing Address 2459 Turnlaw Road, NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. C

Name of Employer Medco Health Solutions, Inc. Occupation Director, Fed. Govt. Affairs

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
12 / 11 / 2008

Transaction ID: 90115.C25357

Amount of Each Receipt this Period 2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 83

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Richard Snyder

Mailing Address 2399 Camino Del Rio S.
#102

City San Diego State CA Zip Code 92108

FEC ID number of contributing federal political committee. C

Name of Employer R. A. Snyder Properties, Inc. Occupation Realtor

Receipt For: 2010 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 90115.C25369

Amount of Each Receipt this Period 2000.00

Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Theresa Spiro

Mailing Address 109 Whysall Lane

City Bloomfield Hills State MI Zip Code 48304

FEC ID number of contributing federal political committee. C

Name of Employer Century 21 Occupation Realtor

Receipt For: 2010 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 90115.C25361

Amount of Each Receipt this Period 1000.00

Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Theresa Spiro

Mailing Address 109 Whysall Lane

City Bloomfield Hills State MI Zip Code 48304

FEC ID number of contributing federal political committee. C

Name of Employer Century 21 Occupation Realtor

Receipt For: 2010 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 90115.C25368

Amount of Each Receipt this Period 1000.00

Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 4000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 83	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Max Thompson		Date of Receipt
	Mailing Address 4151 College Drive		<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Ogden	UT	84403
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Coldwell Banker		Occupation Realtor
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			
			Transaction ID: 90115.C25367
			Amount of Each Receipt this Period
			<input type="text" value="1000.00"/>
			Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="15050.00"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 83

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Genworth Financial Inc. PAC

Mailing Address 6620 W. Broad Street

City State Zip Code
Richmond VA 23230

FEC ID number of contributing federal political committee. **C** C00404194

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

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

Transaction ID: 90115.C25359

Amount of Each Receipt this Period

2500.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
NYSE Group, Inc. PAC

Mailing Address 801 Pennsylvania Ave., NW
Ste. 630

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00402974

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: 90115.C25358

Amount of Each Receipt this Period

1000.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Wyeth Good Government Fund PAC

Mailing Address Five Giralda Farms

City State Zip Code
Madison NJ 07940

FEC ID number of contributing federal political committee. **C** C00115303

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
41.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: 90115.C25377

Amount of Each Receipt this Period

41.50

In-Kind

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

ITEMIZE: Gift Bag Items

SUBTOTAL of Receipts This Page (optional)

3541.50

TOTAL This Period (last page this line number only)

3541.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 83	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full) Cantor For Congress

A.	Full Name (Last, First, Middle Initial) The Womans Club	Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 8
	Mailing Address 211 E. Franklin Street	Transaction ID: 90115.C25351
	City Richmond State VA Zip Code 23219-	Amount of Each Receipt this Period 937.00
	FEC ID number of contributing federal political committee. C	Offsets to Operating Expenditure <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation	NOTE: Refund of deposit
	Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 937.00

SUBTOTAL of Receipts This Page (optional)	937.00
TOTAL This Period (last page this line number only)	937.00

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

<p>A. Full Name (Last, First, Middle Initial) Raymond Allen</p> <p>Mailing Address 4409 Old Fox Trail</p> <p>City Midlothian State VA Zip Code 23112-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81209.E7923</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3780.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P. O. Box 650448</p> <p>City Dallas State TX Zip Code 75265-</p> <p>Purpose of Disbursement Credit Card:See Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90115.E7974</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="808.20"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CREDIT CARD:SEE BELOW</p>
<p>C. Full Name (Last, First, Middle Initial) Costco</p> <p>Mailing Address 9650 W. Broad Street</p> <p>City Glen Allen State VA Zip Code 23060-</p> <p>Purpose of Disbursement Event Beverages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90115.E8013</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="226.22"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: EVENT BEVERAGES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Ukrops Supermarket	Transaction ID: 90115.E8012
	Mailing Address 7035 Three Chopt Rd.	Date of Disbursement 12 / 22 / 2008
	City Richmond State VA Zip Code 23226-	Amount of Each Disbursement this Period 38.72
	Purpose of Disbursement Event Beverages	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/Type 007
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: EVENT BEVERAGES

B.	Full Name (Last, First, Middle Initial) Virginia ABC Store	Transaction ID: 90115.E8014
	Mailing Address 1901 West Main Street	Date of Disbursement 12 / 22 / 2008
	City Richmond State VA Zip Code 23221-	Amount of Each Disbursement this Period 460.35
	Purpose of Disbursement Event Beverages	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/Type 007
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: EVENT BEVERAGES

C.	Full Name (Last, First, Middle Initial) AP&M, Inc.	Transaction ID: 81209.E7948
	Mailing Address 12300 Ashton Mill Terrace	Date of Disbursement 12 / 08 / 2008
	City Glen Allen State VA Zip Code 23059-	Amount of Each Disbursement this Period 588.74
	Purpose of Disbursement Campaign GiveAways: Hacky Sacks	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/Type 006
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CAMPAIGN GIVEAWAYS: HACKY SACKS

SUBTOTAL of Disbursements This Page (optional)	588.74
TOTAL This Period (last page this line number only)	

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) AP&M, Inc.	Transaction ID: 90115.E7963
	Mailing Address 12300 Ashton Mill Terrace	Date of Disbursement 12 / 19 / 2008
	City: Glen Allen State: VA Zip Code: 23059-	Amount of Each Disbursement this Period 3108.87
	Purpose of Disbursement: Campaign Signs Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type: 006 CAMPAIGN SIGNS
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Aristotle International, Inc.	Transaction ID: 90115.E8003
	Mailing Address 205 Pennsylvania Ave. SE	Date of Disbursement 11 / 30 / 2008
	City: Washington State: DC Zip Code: 20003-	Amount of Each Disbursement this Period 0.30
	Purpose of Disbursement: Credit Card Service Fees Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type: 001 CREDIT CARD SERVICE FEES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Aristotle International, Inc.	Transaction ID: 90115.E7957
	Mailing Address 205 Pennsylvania Ave. SE	Date of Disbursement 12 / 09 / 2008
	City: Washington State: DC Zip Code: 20003-	Amount of Each Disbursement this Period 198.00
	Purpose of Disbursement: Credit Card Service Fees Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type: 001 CREDIT CARD SERVICE FEES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3307.17
TOTAL This Period (last page this line number only)	

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Aristotle International, Inc.

Transaction ID: 90115.E7958
Date of Disbursement

Mailing Address 205 Pennsylvania Ave. SE

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

City Washington State DC Zip Code 20003-

Amount of Each Disbursement this Period

697.00

Purpose of Disbursement
Credit Card Service Fees
Candidate Name

001

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

CREDIT CARD SERVICE FEES

B.

Full Name (Last, First, Middle Initial)
Frances Boswell

Transaction ID: 90115.E8007
Date of Disbursement

Mailing Address 5005 Hearthstone Ct.

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

City Glen Allen State VA Zip Code 23059-2511

Amount of Each Disbursement this Period

26.40

Purpose of Disbursement
Event Beverages
Candidate Name

001

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

EVENT BEVERAGES

C.

Full Name (Last, First, Middle Initial)
Frances Boswell

Transaction ID: 90115.E7989
Date of Disbursement

Mailing Address 5005 Hearthstone Ct.

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	0	8

City Glen Allen State VA Zip Code 23059-2511

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Temp. Admin. Work
Candidate Name

001

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

TEMP. ADMIN. WORK

SUBTOTAL of Disbursements This Page (optional)

1723.40

TOTAL This Period (last page this line number only)

--

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Broad Street West Mini Storage Mailing Address 3950 Deep Rock Rd. City Richmond State VA Zip Code 23233- Purpose of Disbursement Storage Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90115.E7953 Date of Disbursement 12 / 09 / 2008 Amount of Each Disbursement this Period 55.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 STORAGE FEE	001 Category/ Type
B.	Full Name (Last, First, Middle Initial) CareFirst Blue Cross Blue Shield Mailing Address P.O. Box 79749 City Baltimore State MD Zip Code 21279-0749 Purpose of Disbursement Health Insurance Premium Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90115.E7970 Date of Disbursement 12 / 19 / 2008 Amount of Each Disbursement this Period 185.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 HEALTH INSURANCE PREMIUM	001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Catercorp Mailing Address 15458 Journey Lane City Glen Allen State VA Zip Code 23059- Purpose of Disbursement Event Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81209.E7937 Date of Disbursement 12 / 03 / 2008 Amount of Each Disbursement this Period 9128.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT CATERING	003 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

9368.70

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

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Catercorp</p> <p>Mailing Address 15458 Journey Lane</p> <p>City State Zip Code Glen Allen VA 23059-</p> <p>Purpose of Disbursement Event Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90115.E8010</p> <p>Date of Disbursement 12 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 364.35</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EVENT CATERING</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sara Rose Cavalli</p> <p>Mailing Address 2512 Hawkesbury Ct.</p> <p>City State Zip Code Richmond VA 23233-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81209.E7924</p> <p>Date of Disbursement 12 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2340.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Coleman Brothers Flowers</p> <p>Mailing Address 2104 Dumbarton Rd.</p> <p>City State Zip Code Richmond VA 23228-</p> <p>Purpose of Disbursement Flowers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81209.E7949</p> <p>Date of Disbursement 12 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 66.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FLOWERS</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2771.35

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

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) DC Dept. of Taxation	Transaction ID: 81209.E7950 Date of Disbursement 12 / 08 / 2008
	Mailing Address Office of Tax and Revenue P.O. Box 7792	Amount of Each Disbursement this Period 1942.00
	City Washington State DC Zip Code 20044-7792	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement DC Withholdings Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	DC WITHHOLDINGS
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type: 001	

B.	Full Name (Last, First, Middle Initial) Earl Evans	Transaction ID: 90115.E7988 Date of Disbursement 12 / 23 / 2008
	Mailing Address 1920 Maple Shade Lane	Amount of Each Disbursement this Period 250.00
	City Richmond State VA Zip Code 23227-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Temp. Admin. Work Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	TEMP. ADMIN. WORK
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type: 001	

C.	Full Name (Last, First, Middle Initial) Event Specialties Co.	Transaction ID: 90115.E7960 Date of Disbursement 12 / 14 / 2008
	Mailing Address Jimmy Oliver 15168 Horseshoe Bridge Rd.	Amount of Each Disbursement this Period 750.00
	City Ashland State VA Zip Code 23005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Music for Event Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	MUSIC FOR EVENT
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type: 007	

SUBTOTAL of Disbursements This Page (optional)	2942.00
TOTAL This Period (last page this line number only)	

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

<p>A. Full Name (Last, First, Middle Initial) G.R. Seppala & Associates</p> <p>Mailing Address 1161 Wayzata Blvd. E. Box 210</p> <p>City Wayzata State MN Zip Code 55391-</p> <p>Purpose of Disbursement Fundraising Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81209.E7934</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9598.21"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FUNDRAISING CONSULTING</p>
<p>B. Full Name (Last, First, Middle Initial) Integrated Web Strategy</p> <p>Mailing Address 206 East Morris</p> <p>City Phoenix State AZ Zip Code 85012-</p> <p>Purpose of Disbursement Website Hosting & Development</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81209.E7930</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>WEBSITE HOSTING & DEVELOPMENT</p>
<p>C. Full Name (Last, First, Middle Initial) Jennifer Jones</p> <p>Mailing Address 4101 Cathedral Ave. NW Apt. 1107</p> <p>City Washington State DC Zip Code 20016-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81209.E7914</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6464.12"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Jennifer Jones	Transaction ID: 81209.E7915 Date of Disbursement 12 / 01 / 2008
	Mailing Address 4101 Cathedral Ave. NW Apt. 1107	Amount of Each Disbursement this Period 2241.75
	City Washington State DC Zip Code 20016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Candidate Name	Category/Type 001
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Keith Fabry	Transaction ID: 81209.E7939 Date of Disbursement 12 / 04 / 2008
	Mailing Address 7 E Cary St.	Amount of Each Disbursement this Period 181.44
	City Richmond State VA Zip Code 23219-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing Candidate Name	Category/Type 007
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PRINTING

C.	Full Name (Last, First, Middle Initial) Lythos, Inc.	Transaction ID: 90115.E8009 Date of Disbursement 12 / 10 / 2008
	Mailing Address 105 South Foushee Street	Amount of Each Disbursement this Period 813.96
	City Richmond State VA Zip Code 23220-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing Candidate Name	Category/Type 003
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PRINTING

SUBTOTAL of Disbursements This Page (optional)	▶	3237.15
TOTAL This Period (last page this line number only)	▶	

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Magic Special Events</p> <p>Mailing Address 3024 Bells Road</p> <p>City Richmond State VA Zip Code 23234-</p> <p>Purpose of Disbursement Event Rentals - tables & linens</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90115.E7954</p> <p>Date of Disbursement 12 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 1923.33</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EVENT RENTALS - TABLES & LINENS</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Marcus & Allen, LLC</p> <p>Mailing Address 25 E. Main Street Suite 200</p> <p>City Richmond State VA Zip Code 23219-</p> <p>Purpose of Disbursement Strategic/Fundraising Consult.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81209.E7945</p> <p>Date of Disbursement 12 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 3624.49</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>STRATEGIC/FUNDRAISING CONSULT.</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Melissa Nelson</p> <p>Mailing Address 977 Gorham Court</p> <p>City Midlothian State VA Zip Code 23114-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81209.E7922</p> <p>Date of Disbursement 12 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 4139.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9687.32

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

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Melissa Nelson <hr/> Mailing Address 977 Gorham Court <hr/> City Midlothian State VA Zip Code 23114- <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81209.E7921 Date of Disbursement 12 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 5984.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
B.	Full Name (Last, First, Middle Initial) Melissa Nelson <hr/> Mailing Address 977 Gorham Court <hr/> City Midlothian State VA Zip Code 23114- <hr/> Purpose of Disbursement Conference Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90115.E7972 Date of Disbursement 12 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 109.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CONFERENCE FEES
C.	Full Name (Last, First, Middle Initial) NOVA Information Systems <hr/> Mailing Address 7300 Chapman Highway <hr/> City Knoxville State TN Zip Code 37920- <hr/> Purpose of Disbursement Credit Card Service Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90115.E8004 Date of Disbursement 11 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 377.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD SERVICE FEES

SUBTOTAL of Disbursements This Page (optional) ▶	6470.12
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
NOVA Information Systems

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920-

Purpose of Disbursement
Credit Card Service Fees

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90115.E8011
Date of Disbursement

12 / 15 / 2008

Amount of Each Disbursement this Period

40.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CREDIT CARD SERVICE FEES

B.

Full Name (Last, First, Middle Initial)
Maryann Nuckolls

Mailing Address 8103 Hermitage Road

City Richmond State VA Zip Code 23228-

Purpose of Disbursement
Temp. Admin. Work

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81209.E7927
Date of Disbursement

12 / 01 / 2008

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TEMP. ADMIN. WORK

C.

Full Name (Last, First, Middle Initial)
Maryann Nuckolls

Mailing Address 8103 Hermitage Road

City Richmond State VA Zip Code 23228-

Purpose of Disbursement
Temp. Admin. Work

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90115.E7987
Date of Disbursement

12 / 23 / 2008

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TEMP. ADMIN. WORK

SUBTOTAL of Disbursements This Page (optional)

4040.00

TOTAL This Period (last page this line number only)

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Platinum Plus Business Card

Transaction ID: 81209.E7933
Date of Disbursement
12 / 01 / 2008

Mailing Address P. O. Box 15469

City Wilmington State DE Zip Code 19886-
Amount of Each Disbursement this Period
10000.51

Purpose of Disbursement
Credit Card: See Below
Candidate Name
Category/Type 001

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

CREDIT CARD: SEE BELOW

B.

Full Name (Last, First, Middle Initial)
AT&T Mobility

Transaction ID: 90119.E8160
Date of Disbursement
12 / 01 / 2008

Mailing Address P.O. Box 536216

City Atlanta State GA Zip Code 30353-6216
Amount of Each Disbursement this Period
238.98

Purpose of Disbursement
Cellular Service
Candidate Name
Category/Type 001

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

[MEMO ITEM]
MEMO: CELLULAR SERVICE

C.

Full Name (Last, First, Middle Initial)
American Airlines

Transaction ID: 90119.E8130
Date of Disbursement
12 / 01 / 2008

Mailing Address P. O. Box 619612

City Dallas State TX Zip Code 75261-
Amount of Each Disbursement this Period
584.50

Purpose of Disbursement
Airfare
Candidate Name
Category/Type 002

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

[MEMO ITEM]
MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional) ► 10000.51

TOTAL This Period (last page this line number only) ►

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: 90119.E8129 Date of Disbursement 12 / 01 / 2008
	Mailing Address P. O. Box 619612	Amount of Each Disbursement this Period 584.50
	City Dallas State TX Zip Code 75261-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Airfare Candidate Name	[MEMO ITEM] MEMO: AIRFARE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Best Buy	Transaction ID: 90119.E8145 Date of Disbursement 12 / 01 / 2008
	Mailing Address 11200 W. Broad Street	Amount of Each Disbursement this Period 29.38
	City Glen Allen State VA Zip Code 23060-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies Candidate Name	[MEMO ITEM] MEMO: OFFICE SUPPLIES
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) CLS Worldwide Services	Transaction ID: 90119.E8134 Date of Disbursement 12 / 01 / 2008
	Mailing Address P.O. Box 826152	Amount of Each Disbursement this Period 178.97
	City Philadelphia State PA Zip Code 19182-6152	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Ground Transportation Candidate Name	[MEMO ITEM] MEMO: GROUND TRANSPORTATI- ON
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) CLS Worldwide Services	Transaction ID: 90119.E8140 Date of Disbursement
	Mailing Address P.O. Box 826152	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
	City Philadelphia State PA Zip Code 19182-6152	Amount of Each Disbursement this Period
	Purpose of Disbursement Ground Transportation	<input type="text" value="348.04"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] MEMO: GROUND TRANSPORTATION
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) CLS Worldwide Services	Transaction ID: 90119.E8141 Date of Disbursement
	Mailing Address P.O. Box 826152	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
	City Philadelphia State PA Zip Code 19182-6152	Amount of Each Disbursement this Period
	Purpose of Disbursement Ground Transportation	<input type="text" value="743.21"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] MEMO: GROUND TRANSPORTATION
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) CLS Worldwide Services	Transaction ID: 90119.E8139 Date of Disbursement
	Mailing Address P.O. Box 826152	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
	City Philadelphia State PA Zip Code 19182-6152	Amount of Each Disbursement this Period
	Purpose of Disbursement Ground Transportation	<input type="text" value="142.36"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] MEMO: GROUND TRANSPORTATION
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First St. SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement Meeting Expense - Meals Candidate Name 001 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90119.E8194 Date of Disbursement 12 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 64.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEETING EXPENSE - MEALS
B.	Full Name (Last, First, Middle Initial) Constant Contact <hr/> Mailing Address Reservoir Place 1601 Trapelo Road, Suite 246 <hr/> City Waltham State MA Zip Code 02451- <hr/> Purpose of Disbursement Email Programming Candidate Name 001 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90119.E8136 Date of Disbursement 12 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 115.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EMAIL PROGRAMMING
C.	Full Name (Last, First, Middle Initial) Enterprise Rent-A-Car <hr/> Mailing Address 6109 W. Broad Street <hr/> City Richmond State VA Zip Code 23230- <hr/> Purpose of Disbursement Rental Car Candidate Name 007 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90119.E8167 Date of Disbursement 12 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 266.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: RENTAL CAR

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: 90119.E8159 Date of Disbursement 12 / 01 / 2008
	Mailing Address 3610 Hacks Cross Road Building A, First Floor	Amount of Each Disbursement this Period 1640.56
	City Memphis State TN Zip Code 38120-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Shipping Candidate Name	[MEMO ITEM] MEMO: SHIPPING
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) FedEx Kinkos	Transaction ID: 90119.E8185 Date of Disbursement 12 / 01 / 2008
	Mailing Address 10236 W Broad St.	Amount of Each Disbursement this Period 325.29
	City Glen Allen State VA Zip Code 23060-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing Candidate Name	[MEMO ITEM] MEMO: PRINTING
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) FedEx Kinkos	Transaction ID: 90119.E8179 Date of Disbursement 12 / 01 / 2008
	Mailing Address 10236 W Broad St.	Amount of Each Disbursement this Period 142.68
	City Glen Allen State VA Zip Code 23060-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing Candidate Name	[MEMO ITEM] MEMO: PRINTING
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
FedEx Kinkos

Transaction ID: 90119.E8119
Date of Disbursement

Mailing Address 10236 W Broad St.

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

City State Zip Code
Glen Allen VA 23060-

Amount of Each Disbursement this Period

23.72

Purpose of Disbursement
Printing

007

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

[MEMO ITEM]
MEMO: PRINTING

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
FedEx Kinkos

Transaction ID: 90119.E8148
Date of Disbursement

Mailing Address 10236 W Broad St.

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

City State Zip Code
Glen Allen VA 23060-

Amount of Each Disbursement this Period

40.69

Purpose of Disbursement
Printing

001

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

[MEMO ITEM]
MEMO: PRINTING

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
FedEx Kinkos

Transaction ID: 90119.E8127
Date of Disbursement

Mailing Address 10236 W Broad St.

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

City State Zip Code
Glen Allen VA 23060-

Amount of Each Disbursement this Period

30.49

Purpose of Disbursement
Printing

007

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

[MEMO ITEM]
MEMO: PRINTING

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

--

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Food Lion</p> <p>Mailing Address 9157 Staples Mill Rd.</p> <p>City Richmond State VA Zip Code 23228-</p> <p>Purpose of Disbursement Event Beverages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8183</p> <p>Date of Disbursement 12 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 40.04</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: EVENT BEVERAGES</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Food Lion</p> <p>Mailing Address 11371 Nuckols Rd.</p> <p>City Glen Allen State VA Zip Code 23059-</p> <p>Purpose of Disbursement Event Beverages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8146</p> <p>Date of Disbursement 12 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 68.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: EVENT BEVERAGES</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Food Lion</p> <p>Mailing Address 11371 Nuckols Rd.</p> <p>City Glen Allen State VA Zip Code 23059-</p> <p>Purpose of Disbursement Event Beverages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8156</p> <p>Date of Disbursement 12 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 48.47</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: EVENT BEVERAGES</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Four Seasons Silicon Valley Mailing Address Silicon Valley at East Palo Alto 2050 University Ave. City Palo Alto State CA Zip Code 94303- Purpose of Disbursement Event Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90119.E8135 Date of Disbursement 12 / 01 / 2008 Amount of Each Disbursement this Period 420.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT CATERING
B.	Full Name (Last, First, Middle Initial) Four Seasons Silicon Valley Mailing Address Silicon Valley at East Palo Alto 2050 University Ave. City Palo Alto State CA Zip Code 94303- Purpose of Disbursement Meeting Expense - Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90119.E8149 Date of Disbursement 12 / 01 / 2008 Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEETING EXPENSE - MEALS
C.	Full Name (Last, First, Middle Initial) Four Seasons Silicon Valley Mailing Address Silicon Valley at East Palo Alto 2050 University Ave. City Palo Alto State CA Zip Code 94303- Purpose of Disbursement Event Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90119.E8131 Date of Disbursement 12 / 01 / 2008 Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT CATERING

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
J2 EFAX Plus Service

Mailing Address 375 Park Avenue
Suite 1505

City New York State NY Zip Code 10152-

Purpose of Disbursement
Faxing Service
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90119.E8164
Date of Disbursement

12 / 01 / 2008

Amount of Each Disbursement this Period

16.95

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FAXING SERVICE

B.

Full Name (Last, First, Middle Initial)
The Jefferson Hotel

Mailing Address Franklin and Adams Streets

City Richmond State VA Zip Code 23220-

Purpose of Disbursement
Lodging
Candidate Name

002
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90119.E8158
Date of Disbursement

12 / 01 / 2008

Amount of Each Disbursement this Period

1417.14

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: LODGING

C.

Full Name (Last, First, Middle Initial)
Keith Fabry

Mailing Address 7 E Cary St.

City Richmond State VA Zip Code 23219-

Purpose of Disbursement
Printing
Candidate Name

007
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90119.E8154
Date of Disbursement

12 / 01 / 2008

Amount of Each Disbursement this Period

95.92

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Kroger	Transaction ID: 90119.E8157 Date of Disbursement 12 / 01 / 2008
	Mailing Address 1601 Willow Lawn Dr.	Amount of Each Disbursement this Period 24.41
	City Richmond State VA Zip Code 23230-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event Beverages Candidate Name	[MEMO ITEM] MEMO: EVENT BEVERAGES
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Lowe's	Transaction ID: 90119.E8166 Date of Disbursement 12 / 01 / 2008
	Mailing Address 4401 Pouncey Tract Rd.	Amount of Each Disbursement this Period 189.28
	City Glen Allen State VA Zip Code 23060-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies Candidate Name	[MEMO ITEM] MEMO: OFFICE SUPPLIES
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) New York Taxi and Limousine Service	Transaction ID: 90119.E8151 Date of Disbursement 12 / 01 / 2008
	Mailing Address 800 Annadale Road	Amount of Each Disbursement this Period 40.65
	City Staten Island State NY Zip Code 10312-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Ground Transportation Candidate Name	[MEMO ITEM] MEMO: GROUND TRANSPORTATION
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

<p>A. Full Name (Last, First, Middle Initial) New York Taxi and Limousine Service</p> <p>Mailing Address 800 Annadale Road</p> <p>City Staten Island State NY Zip Code 10312-</p> <p>Purpose of Disbursement Ground Transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8150</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="84.86"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: GROUND TRANSPORTATION</p>
<p>B. Full Name (Last, First, Middle Initial) Northwest Airlines</p> <p>Mailing Address 2700 Lone Oak Pkwy.</p> <p>City Saint Paul State MN Zip Code 55121-</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8123</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1599.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: AIRFARE</p>
<p>C. Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 9700 W. Broad Street</p> <p>City Glen Allen State VA Zip Code 23060-</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8147</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="162.49"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: OFFICE SUPPLIES</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial) Office Depot Mailing Address 4455 Connecticut Ave. City Washington State DC Zip Code 20008- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90119.E8163 Date of Disbursement 12 / 01 / 2008
	Amount of Each Disbursement this Period 45.97
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: OFFICE SUPPLIES

B. Full Name (Last, First, Middle Initial) Padows Mailing Address 5000 Willow Lawn Dr. City Richmond State VA Zip Code 23230- Purpose of Disbursement Meeting Expense - Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90119.E8182 Date of Disbursement 12 / 01 / 2008
	Amount of Each Disbursement this Period 58.04
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: MEETING EXPENSE - MEALS

C. Full Name (Last, First, Middle Initial) Padows Mailing Address 5000 Willow Lawn Dr. City Richmond State VA Zip Code 23230- Purpose of Disbursement Meeting Expense - Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90119.E8178 Date of Disbursement 12 / 01 / 2008
	Amount of Each Disbursement this Period 243.60
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: MEETING EXPENSE - MEALS

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial) Party City Mailing Address 9130 W Broad St City Richmond State VA Zip Code 23294-	Transaction ID: 90119.E8181 Date of Disbursement 12 / 01 / 2008
	Amount of Each Disbursement this Period 13.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT SUPPLIES - PAPER
Purpose of Disbursement Event Supplies - Paper Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 007

B. Full Name (Last, First, Middle Initial) Perlys Restaurant Mailing Address 111 E. Grace Street City Richmond State VA Zip Code 23219-	Transaction ID: 90119.E8173 Date of Disbursement 12 / 01 / 2008
	Amount of Each Disbursement this Period 102.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEETING EXPENSE - MEALS
Purpose of Disbursement Meeting Expense - Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

C. Full Name (Last, First, Middle Initial) Perlys Restaurant Mailing Address 111 E. Grace Street City Richmond State VA Zip Code 23219-	Transaction ID: 90119.E8153 Date of Disbursement 12 / 01 / 2008
	Amount of Each Disbursement this Period 22.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEETING EXPENSE - MEALS
Purpose of Disbursement Meeting Expense - Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

<p>A. Full Name (Last, First, Middle Initial) Perlys Restaurant</p> <p>Mailing Address 111 E. Grace Street</p> <p>City Richmond State VA Zip Code 23219-</p> <p>Purpose of Disbursement Meeting Expense - Meals Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8184 Date of Disbursement 12 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 33.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEETING EXPENSE - MEALS</p>
<p>B. Full Name (Last, First, Middle Initial) Postmaster</p> <p>Mailing Address 805 Glenburnie Rd.</p> <p>City Richmond State VA Zip Code 23226-</p> <p>Purpose of Disbursement Postage Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8142 Date of Disbursement 12 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 93.35</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: POSTAGE</p>
<p>C. Full Name (Last, First, Middle Initial) RCN Internet Service</p> <p>Mailing Address 7921 Woodruff Ct.</p> <p>City Springfield State VA Zip Code 22151-</p> <p>Purpose of Disbursement Internet Service Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8117 Date of Disbursement 12 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 47.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: INTERNET SERVICE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Richmond Airport Parking <hr/> Mailing Address 1 Richard E. Byrd Terminal Drive <hr/> City Richmond State VA Zip Code 23250-2400 Purpose of Disbursement Parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90119.E8116 Date of Disbursement 12 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 60.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PARKING
B.	Full Name (Last, First, Middle Initial) Richmond Airport Parking <hr/> Mailing Address 1 Richard E. Byrd Terminal Drive <hr/> City Richmond State VA Zip Code 23250-2400 Purpose of Disbursement Parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90119.E8118 Date of Disbursement 12 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 36.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PARKING
C.	Full Name (Last, First, Middle Initial) Roberts Oxygen Company, Inc. <hr/> Mailing Address P.O. Box 5507 <hr/> City Rockville State MD Zip Code 20855- Purpose of Disbursement Event Supplies - Helium Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90119.E8186 Date of Disbursement 12 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 73.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT SUPPLIES - HELIUM

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Roberts Oxygen Company, Inc.	Transaction ID: 90119.E8172
	Mailing Address P.O. Box 5507	Date of Disbursement 12 / 01 / 2008
	City Rockville State MD Zip Code 20855-	Amount of Each Disbursement this Period 89.84
	Purpose of Disbursement Event Expense - Helium	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM] MEMO: EVENT EXPENSE - HELIUM
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Robinsons Tavern & Grill	Transaction ID: 90119.E8155
	Mailing Address 32345 Constitution Highway	Date of Disbursement 12 / 01 / 2008
	City Locust Grove State VA Zip Code 22508-	Amount of Each Disbursement this Period 918.72
	Purpose of Disbursement Event Catering	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM] MEMO: EVENT CATERING
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Sonoma Restaurant	Transaction ID: 90119.E8192
	Mailing Address 223 Pennsylvania Ave SE	Date of Disbursement 12 / 01 / 2008
	City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period 43.30
	Purpose of Disbursement Meeting Expense - Meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM] MEMO: MEETING EXPENSE - MEALS
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Sparks Delicatessen Mailing Address 213 E Main St. City Louisa State VA Zip Code 23093- Purpose of Disbursement Event Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	007 Category/ Type	Transaction ID: 90119.E8175 Date of Disbursement 12 / 01 / 2008 Amount of Each Disbursement this Period 226.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT CATERING
B.	Full Name (Last, First, Middle Initial) Staples Mailing Address 8045 W. Broad St. City Richmond State VA Zip Code 23294- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type	Transaction ID: 90119.E8143 Date of Disbursement 12 / 01 / 2008 Amount of Each Disbursement this Period 273.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
C.	Full Name (Last, First, Middle Initial) Staples Mailing Address 8045 W. Broad St. City Richmond State VA Zip Code 23294- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type	Transaction ID: 90119.E8177 Date of Disbursement 12 / 01 / 2008 Amount of Each Disbursement this Period 42.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Staples Mailing Address 1250 H Street, NW City Washington State DC Zip Code 20005- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type	Transaction ID: 90119.E8161 Date of Disbursement 12 / 01 / 2008 Amount of Each Disbursement this Period 28.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
B.	Full Name (Last, First, Middle Initial) Target Mailing Address 5401 W. Broad St. City Richmond State VA Zip Code 23230- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type	Transaction ID: 90119.E8144 Date of Disbursement 12 / 01 / 2008 Amount of Each Disbursement this Period 35.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
C.	Full Name (Last, First, Middle Initial) Target Mailing Address 5401 W. Broad St. City Richmond State VA Zip Code 23230- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type	Transaction ID: 90119.E8170 Date of Disbursement 12 / 01 / 2008 Amount of Each Disbursement this Period 126.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

<p>A. Full Name (Last, First, Middle Initial) The Homestead</p> <p>Mailing Address 1766 Homestead Drive</p> <p>City Hot Springs State VA Zip Code 24445-</p> <p>Purpose of Disbursement Event Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8165</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="682.48"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: EVENT LODGING</p>
<p>B. Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 2345 Crystal Dr.</p> <p>City Arlington State VA Zip Code 22227-</p> <p>Purpose of Disbursement Airfare Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8133</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-1265.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: AIRFARE REFUND</p>
<p>C. Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 2345 Crystal Dr.</p> <p>City Arlington State VA Zip Code 22227-</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8138</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="339.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: AIRFARE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: 90119.E8128
	Mailing Address 2345 Crystal Dr.	Date of Disbursement 12 / 01 / 2008
	City Arlington State VA Zip Code 22227-	Amount of Each Disbursement this Period -925.50
	Purpose of Disbursement Airfare Refund Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> 002 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIRFARE REFUND

B.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: 90119.E8132
	Mailing Address 2345 Crystal Dr.	Date of Disbursement 12 / 01 / 2008
	City Arlington State VA Zip Code 22227-	Amount of Each Disbursement this Period -1265.50
	Purpose of Disbursement Airfare Refund Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> 002 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIRFARE REFUND

C.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: 90119.E8137
	Mailing Address 2345 Crystal Dr.	Date of Disbursement 12 / 01 / 2008
	City Arlington State VA Zip Code 22227-	Amount of Each Disbursement this Period 69.50
	Purpose of Disbursement Airfare Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> 002 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

<p>A. Full Name (Last, First, Middle Initial) Ukrops Supermarket</p> <p>Mailing Address 7035 Three Chopt Rd.</p> <p>City Richmond State VA Zip Code 23226-</p> <p>Purpose of Disbursement Meeting Expense - Meals Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8180 Date of Disbursement 12 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 15.08</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEETING EXPENSE - MEALS</p>
<p>B. Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 77 W. Wacker Dr.</p> <p>City Chicago State IL Zip Code 60601-</p> <p>Purpose of Disbursement Airfare Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8124 Date of Disbursement 12 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 294.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: AIRFARE</p>
<p>C. Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 77 W. Wacker Dr.</p> <p>City Chicago State IL Zip Code 60601-</p> <p>Purpose of Disbursement Airfare Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8125 Date of Disbursement 12 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 154.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: AIRFARE</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) United Airlines <hr/> Mailing Address 77 W. Wacker Dr. <hr/> City Chicago State IL Zip Code 60601- <hr/> Purpose of Disbursement Airfare Candidate Name 002 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90119.E8126 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 8 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">139.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIRFARE
B.	Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address 7600 Montpelier Rd. <hr/> City Laurel State MD Zip Code 20723- <hr/> Purpose of Disbursement Cellular Service Candidate Name 001 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90119.E8195 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 8 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">144.36</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CELLULAR SERVICE
C.	Full Name (Last, First, Middle Initial) Platinum Plus Business Card <hr/> Mailing Address P. O. Box 15469 <hr/> City Wilmington State DE Zip Code 19886- <hr/> Purpose of Disbursement Credit Card:See Below Candidate Name 001 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90115.E8008 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 8 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">36062.69</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD:SEE BELOW

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 2px;">36062.69</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) 18th Amendment Bar	Transaction ID: 90119.E8032 Date of Disbursement																			
	Mailing Address 613 Pennsylvania Ave SE	<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><tr><td>1</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	2		2	0	0	8												
	City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Event Catering	<table border="1"><tr><td>369.50</td></tr></table>	369.50																		
369.50																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type 003																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: EVENT CATERING																			

B.	Full Name (Last, First, Middle Initial) 18th Amendment Bar	Transaction ID: 90119.E8033 Date of Disbursement																			
	Mailing Address 613 Pennsylvania Ave SE	<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><tr><td>1</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	2		2	0	0	8												
	City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Meeting Expense - Meals	<table border="1"><tr><td>81.00</td></tr></table>	81.00																		
81.00																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type 001																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEETING EXPENSE - MEALS																			

C.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: 90119.E8088 Date of Disbursement																			
	Mailing Address P.O. Box 536216	<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><tr><td>1</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	2		2	0	0	8												
	City Atlanta State GA Zip Code 30353-6216	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Cellular Service	<table border="1"><tr><td>251.07</td></tr></table>	251.07																		
251.07																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type 001																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CELLULAR SERVICE																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) AirTran Airways	Transaction ID: 90119.E8041 Date of Disbursement 12 / 12 / 2008
	Mailing Address 9955 AirTran Blvd	Amount of Each Disbursement this Period 185.50
	City Orlando State FL Zip Code 32837-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Airfare Candidate Name	[MEMO ITEM] MEMO: AIRFARE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: 90119.E8053 Date of Disbursement 12 / 12 / 2008
	Mailing Address P. O. Box 619612	Amount of Each Disbursement this Period 344.50
	City Dallas State TX Zip Code 75261-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Airfare Candidate Name	[MEMO ITEM] MEMO: AIRFARE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: 90119.E8054 Date of Disbursement 12 / 12 / 2008
	Mailing Address P. O. Box 619612	Amount of Each Disbursement this Period 344.50
	City Dallas State TX Zip Code 75261-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Airfare Candidate Name	[MEMO ITEM] MEMO: AIRFARE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Ben Franklin Mailing Address 3500 Pump Road City Richmond State VA Zip Code 23233- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type	Transaction ID: 90119.E8067 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 417.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
B.	Full Name (Last, First, Middle Initial) Best Buy Mailing Address P.O. Box 949 City Minneapolis State MN Zip Code 55440- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type	Transaction ID: 90119.E8089 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 67.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
C.	Full Name (Last, First, Middle Initial) Budget Rent A Car Mailing Address 1 Richard E Byrd Terminal Drive City Richmond State VA Zip Code 23250- Purpose of Disbursement Rental Car Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	002 Category/ Type	Transaction ID: 90119.E8050 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 207.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: RENTAL CAR

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

<p>A. Full Name (Last, First, Middle Initial) CLS Worldwide Services</p> <p>Mailing Address P.O. Box 826152</p> <p>City Philadelphia State PA Zip Code 19182-6152</p> <p>Purpose of Disbursement Ground Transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8046</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="829.47"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: GROUND TRANSPORTATION</p>
<p>B. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First St. SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Meeting Expense - Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8110</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="26.71"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEETING EXPENSE - MEALS</p>
<p>C. Full Name (Last, First, Middle Initial) Constant Contact</p> <p>Mailing Address Reservoir Place 1601 Trapelo Road, Suite 246</p> <p>City Waltham State MA Zip Code 02451-</p> <p>Purpose of Disbursement Email Programming</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8048</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="115.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: EMAIL PROGRAMMING</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Cosi	Transaction ID: 90119.E8030 Date of Disbursement 12 / 12 / 2008
	Mailing Address 700 11th St.	Amount of Each Disbursement this Period 81.99
	City Washington State DC Zip Code 20001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meeting Expense - Meals Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
MEMO: MEETING EXPENSE - MEALS

B.	Full Name (Last, First, Middle Initial) Cosi	Transaction ID: 90119.E8026 Date of Disbursement 12 / 12 / 2008
	Mailing Address 700 11th St.	Amount of Each Disbursement this Period 24.72
	City Washington State DC Zip Code 20001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meeting Expense - Meals Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
MEMO: MEETING EXPENSE - MEALS

C.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: 90119.E8038 Date of Disbursement 12 / 12 / 2008
	Mailing Address P. O. Box 20706	Amount of Each Disbursement this Period 69.50
	City Atlanta State GA Zip Code 30320-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Airfare Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: 90119.E8040
	Mailing Address P. O. Box 20706	Date of Disbursement 12 / 12 / 2008
	City Atlanta State GA Zip Code 30320-	Amount of Each Disbursement this Period 857.50
	Purpose of Disbursement Airfare Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type 002
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIRFARE

B.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: 90119.E8039
	Mailing Address P. O. Box 20706	Date of Disbursement 12 / 12 / 2008
	City Atlanta State GA Zip Code 30320-	Amount of Each Disbursement this Period 159.50
	Purpose of Disbursement Airfare Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type 002
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIRFARE

C.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: 90119.E8037
	Mailing Address P. O. Box 20706	Date of Disbursement 12 / 12 / 2008
	City Atlanta State GA Zip Code 30320-	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Airline Fee Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type 002
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIRLINE FEE

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) FedEx Mailing Address 3610 Hacks Cross Road Building A, First Floor City Memphis State TN Zip Code 38120- Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90119.E8084 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 410.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SHIPPING	
B.	Full Name (Last, First, Middle Initial) FedEx Kinkos Mailing Address 10236 W Broad St. City Glen Allen State VA Zip Code 23060- Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90119.E8113 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 257.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PRINTING	
C.	Full Name (Last, First, Middle Initial) Food Lion Mailing Address 9157 Staples Mill Rd. City Richmond State VA Zip Code 23228- Purpose of Disbursement Event Beverages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90119.E8103 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 48.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT BEVERAGES	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Food Lion

Mailing Address 11371 Nuckols Rd.

City State Zip Code
Glen Allen VA 23059-

Purpose of Disbursement
Event Beverages

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90119.E8086
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

77.44

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: EVENT BEVERAGES

B.

Full Name (Last, First, Middle Initial)
Give My Regards To

Mailing Address 7179 Washington Avenue South

City State Zip Code
Minneapolis MN 55439-

Purpose of Disbursement
Printing

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90119.E8042
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

280.62

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: PRINTING

C.

Full Name (Last, First, Middle Initial)
Harris Teeter

Mailing Address 600 N. Glebe Rd.

City State Zip Code
Arlington VA 22203-

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90119.E8031
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

98.36

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Historical Chocolate	Transaction ID: 90119.E8070 Date of Disbursement 12 / 12 / 2008
	Mailing Address 2810-G Dorr Avenue	Amount of Each Disbursement this Period 663.69
	City Fairfax State VA Zip Code 22031-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gift Bags - Boxed Candy	[MEMO ITEM] MEMO: GIFT BAGS - BOXED CANDY
	Candidate Name	007 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hook Restaurant	Transaction ID: 90119.E8036 Date of Disbursement 12 / 12 / 2008
	Mailing Address 3241 M St NW	Amount of Each Disbursement this Period 729.30
	City Washington State DC Zip Code 20007-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event Catering	[MEMO ITEM] MEMO: EVENT CATERING
	Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) If Its Paper	Transaction ID: 90119.E8066 Date of Disbursement 12 / 12 / 2008
	Mailing Address 2413 Westwood Avenue	Amount of Each Disbursement this Period 38.57
	City Richmond State VA Zip Code 23230-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies	[MEMO ITEM] MEMO: OFFICE SUPPLIES
	Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Intuit		Transaction ID: 90119.E8065	
	Mailing Address P.O. Box 469		Date of Disbursement 12 / 12 / 2008	
	City Coppell	State TX	Zip Code 75019-0469	Amount of Each Disbursement this Period 366.45
	Purpose of Disbursement Payroll Software		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		[MEMO ITEM] MEMO: PAYROLL SOFTWARE		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

B.	Full Name (Last, First, Middle Initial) J2 EFAX Plus Service		Transaction ID: 90119.E8093	
	Mailing Address 375 Park Avenue Suite 1505		Date of Disbursement 12 / 12 / 2008	
	City New York	State NY	Zip Code 10152-	Amount of Each Disbursement this Period 16.95
	Purpose of Disbursement Faxing Service		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		[MEMO ITEM] MEMO: FAXING SERVICE		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

C.	Full Name (Last, First, Middle Initial) James River Bus Lines		Transaction ID: 90119.E8062	
	Mailing Address 915 N. Allen Ave.		Date of Disbursement 12 / 12 / 2008	
	City Richmond	State VA	Zip Code 23220-	Amount of Each Disbursement this Period 1406.00
	Purpose of Disbursement Groud Transportation		Category/ Type 003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		[MEMO ITEM] MEMO: GROUD TRANSPORTATION		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) JetBlue Airways</p> <p>Mailing Address P.O. Box 17435</p> <p>City Salt Lake City State UT Zip Code 84117-</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8055</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="649.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: AIRFARE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Kroger</p> <p>Mailing Address 1601 Willow Lawn Dr.</p> <p>City Richmond State VA Zip Code 23230-</p> <p>Purpose of Disbursement Event Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8097</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="179.33"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: EVENT CATERING</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) MSP Airport</p> <p>Mailing Address 7150 Humphrey Drive</p> <p>City Minneapolis State MN Zip Code 55450-</p> <p>Purpose of Disbursement Parking</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8080</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="71.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: PARKING</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
MSP Airport

Mailing Address 7150 Humphrey Drive

City State Zip Code
Minneapolis MN 55450-

Purpose of Disbursement
Parking

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90119.E8079
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

59.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: PARKING

B.

Full Name (Last, First, Middle Initial)
Marriott La Guardia

Mailing Address 9010 Grand Central Pkwy

City State Zip Code
East Elmhurst NY 11369-

Purpose of Disbursement
Lodging

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90119.E8078
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

446.85

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: LODGING

C.

Full Name (Last, First, Middle Initial)
Marriott Richmond West

Mailing Address 4240 Dominion Blvd.

City State Zip Code
Glen Allen VA 23060-

Purpose of Disbursement
Event Lodging

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90119.E8052
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

235.85

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: EVENT LODGING

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) New York Taxi and Limousine Service	Transaction ID: 90119.E8083 Date of Disbursement 12 / 12 / 2008
	Mailing Address 800 Annadale Road	Amount of Each Disbursement this Period 79.42
	City Staten Island State NY Zip Code 10312-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Ground Transportation Candidate Name	[MEMO ITEM] MEMO: GROUND TRANSPORTATION
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Northwest Airlines	Transaction ID: 90119.E8074 Date of Disbursement 12 / 12 / 2008
	Mailing Address 2700 Lone Oak Pkwy.	Amount of Each Disbursement this Period 1599.00
	City Saint Paul State MN Zip Code 55121-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Airfare Candidate Name	[MEMO ITEM] MEMO: AIRFARE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Northwest Airlines	Transaction ID: 90119.E8047 Date of Disbursement 12 / 12 / 2008
	Mailing Address 2700 Lone Oak Pkwy.	Amount of Each Disbursement this Period 1119.00
	City Saint Paul State MN Zip Code 55121-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Airfare Candidate Name	[MEMO ITEM] MEMO: AIRFARE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Northwest Airlines

Mailing Address 2700 Lone Oak Pkwy.

City State Zip Code
Saint Paul MN 55121-

Purpose of Disbursement
Airfare

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90119.E8049
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

150.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: AIRFARE

B.

Full Name (Last, First, Middle Initial)
Northwest Airlines

Mailing Address 2700 Lone Oak Pkwy.

City State Zip Code
Saint Paul MN 55121-

Purpose of Disbursement
Airfare

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90119.E8077
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

1303.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: AIRFARE

C.

Full Name (Last, First, Middle Initial)
Northwest Airlines

Mailing Address 2700 Lone Oak Pkwy.

City State Zip Code
Saint Paul MN 55121-

Purpose of Disbursement
Airfare

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90119.E8076
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

370.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Northwest Airlines Mailing Address 2700 Lone Oak Pkwy. City Saint Paul State MN Zip Code 55121- Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	002 Category/ Type	Transaction ID: 90119.E8075 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 819.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIRFARE
B.	Full Name (Last, First, Middle Initial) Office Max Mailing Address 6301 W. Broad St. City Richmond State VA Zip Code 23230- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type	Transaction ID: 90119.E8108 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 41.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
C.	Full Name (Last, First, Middle Initial) Panera Bread Mailing Address 11700 W. Broad Street City Richmond State VA Zip Code 23233- Purpose of Disbursement Event Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	007 Category/ Type	Transaction ID: 90119.E8073 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 143.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT CATERING

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 62 / 83

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Party City</p> <p>Mailing Address 9130 W Broad St</p> <p>City Richmond State VA Zip Code 23294-</p> <p>Purpose of Disbursement Event Supplies - Paper</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8072</p> <p>Date of Disbursement 12 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 210.77</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: EVENT SUPPLIES - PAPER</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Party City</p> <p>Mailing Address 9130 W Broad St</p> <p>City Richmond State VA Zip Code 23294-</p> <p>Purpose of Disbursement Event Supplies - Paper</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8102</p> <p>Date of Disbursement 12 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 20.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: EVENT SUPPLIES - PAPER</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Pats Florist</p> <p>Mailing Address 1721 W Main St.</p> <p>City Richmond State VA Zip Code 23220-</p> <p>Purpose of Disbursement Event Supplies - Flowers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8095</p> <p>Date of Disbursement 12 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 68.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: EVENT SUPPLIES - FLOWERS</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Pats Florist

Mailing Address 1721 W Main St.

City Richmond State VA Zip Code 23220-

Purpose of Disbursement
Event Supplies - Flowers

Candidate Name

003
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90119.E8094
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

141.75

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EVENT SUPPLIES - FLOWERS

B.

Full Name (Last, First, Middle Initial)
Pats Florist

Mailing Address 1721 W Main St.

City Richmond State VA Zip Code 23220-

Purpose of Disbursement
Event Supplies - Flowers

Candidate Name

003
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90119.E8096
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

577.45

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EVENT SUPPLIES - FLOWERS

C.

Full Name (Last, First, Middle Initial)
Postmaster

Mailing Address 805 Glenburnie Rd.

City Richmond State VA Zip Code 23226-

Purpose of Disbursement
Postage

Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90119.E8057
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

2227.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Postmaster Mailing Address 805 Glenburnie Rd. City Richmond State VA Zip Code 23226- Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90119.E8058 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 15.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE	001 Category/ Type
B.	Full Name (Last, First, Middle Initial) RCN Internet Service Mailing Address 7921 Woodruff Ct. City Springfield State VA Zip Code 22151- Purpose of Disbursement Internet Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90119.E8034 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 47.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: INTERNET SERVICE	001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Richmond Airport Parking Mailing Address 1 Richard E. Byrd Terminal Drive City Richmond State VA Zip Code 23250-2400 Purpose of Disbursement Parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90119.E8029 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 12.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PARKING	002 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Staples

Mailing Address 8045 W. Broad St.

City Richmond State VA Zip Code 23294-

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 90119.E8099
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

62.90

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

B.

Full Name (Last, First, Middle Initial)
Staples

Mailing Address 8045 W. Broad St.

City Richmond State VA Zip Code 23294-

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 90119.E8060
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

125.96

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

C.

Full Name (Last, First, Middle Initial)
Staples

Mailing Address 8045 W. Broad St.

City Richmond State VA Zip Code 23294-

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 90119.E8059
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

108.90

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Staples Mailing Address 8045 W. Broad St. City Richmond State VA Zip Code 23294- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type	Transaction ID: 90119.E8061 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 153.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
B.	Full Name (Last, First, Middle Initial) Starbucks Coffee Co. Mailing Address Capital Hill DC City Washington State DC Zip Code 20003- Purpose of Disbursement Event Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	003 Category/ Type	Transaction ID: 90119.E8091 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 144.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT CATERING
C.	Full Name (Last, First, Middle Initial) Target Mailing Address 5401 W. Broad St. City Richmond State VA Zip Code 23230- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type	Transaction ID: 90119.E8064 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 11.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial) The Homestead Mailing Address 1766 Homestead Drive City Hot Springs State VA Zip Code 24445- Purpose of Disbursement Event Catering Candidate Name	Transaction ID: 90119.E8106 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 5641.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial) The Homestead Mailing Address 1766 Homestead Drive City Hot Springs State VA Zip Code 24445- Purpose of Disbursement Lodging Candidate Name	Transaction ID: 90119.E8104 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 372.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial) The Homestead Mailing Address 1766 Homestead Drive City Hot Springs State VA Zip Code 24445- Purpose of Disbursement Event Lodging Candidate Name	Transaction ID: 90119.E8107 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 170.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
The Homestead

Mailing Address 1766 Homestead Drive

City Hot Springs State VA Zip Code 24445-

Purpose of Disbursement Meeting Expense - Meals
Candidate Name

007
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90119.E8105
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

30.64

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEETING EXPENSE - MEALS

B.

Full Name (Last, First, Middle Initial)
The Lotos Club

Mailing Address 5 E 66th St

City New York State NY Zip Code 10065-

Purpose of Disbursement Lodging
Candidate Name

002
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90119.E8082
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

368.22

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: LODGING

C.

Full Name (Last, First, Middle Initial)
The Source

Mailing Address 575 Pennsylvania Ave NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement Meeting Expense - Meals
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90119.E8111
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

45.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEETING EXPENSE - MEALS

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

<p>A. Full Name (Last, First, Middle Initial) The Source</p> <p>Mailing Address 575 Pennsylvania Ave NW</p> <p>City Washington State DC Zip Code 20001-</p> <p>Purpose of Disbursement Event Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8085 Date of Disbursement 12 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 5691.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: EVENT CATERING</p>
<p>B. Full Name (Last, First, Middle Initial) Things Remembered</p> <p>Mailing Address 11800 W. Broad Street</p> <p>City Richmond State VA Zip Code 23233-</p> <p>Purpose of Disbursement Gift Bags - Coffee Mugs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8063 Date of Disbursement 12 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 1192.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: GIFT BAGS - COFFEE MUGS</p>
<p>C. Full Name (Last, First, Middle Initial) U. S. House of Rep. Shop</p> <p>Mailing Address The Capitol</p> <p>City Washington State DC Zip Code 20515-</p> <p>Purpose of Disbursement Candy Dish</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90119.E8027 Date of Disbursement 12 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 13.73</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: CANDY DISH</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 2345 Crystal Dr.

City Arlington State VA Zip Code 22227-

Purpose of Disbursement
Airfare

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 90119.E8043
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

288.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: AIRFARE

B.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 2345 Crystal Dr.

City Arlington State VA Zip Code 22227-

Purpose of Disbursement
Airfare

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 90119.E8044
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

425.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: AIRFARE

C.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 2345 Crystal Dr.

City Arlington State VA Zip Code 22227-

Purpose of Disbursement
Airfare

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 90119.E8045
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

69.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Ukrops Supermarket

Transaction ID: 90119.E8100
Date of Disbursement

Mailing Address 7035 Three Chopt Rd.

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

City Richmond State VA Zip Code 23226-

Amount of Each Disbursement this Period

Purpose of Disbursement
Event Catering

007

Category/
Type

62.99

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]
MEMO: EVENT CATERING

B.

Full Name (Last, First, Middle Initial)
Ukrops Supermarket

Transaction ID: 90119.E8071
Date of Disbursement

Mailing Address 7035 Three Chopt Rd.

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

City Richmond State VA Zip Code 23226-

Amount of Each Disbursement this Period

Purpose of Disbursement
Event Catering

007

Category/
Type

254.66

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]
MEMO: EVENT CATERING

C.

Full Name (Last, First, Middle Initial)
Ukrops Supermarket

Transaction ID: 90119.E8068
Date of Disbursement

Mailing Address 7035 Three Chopt Rd.

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

City Richmond State VA Zip Code 23226-

Amount of Each Disbursement this Period

Purpose of Disbursement
Event Beverages

001

Category/
Type

14.72

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]
MEMO: EVENT BEVERAGES

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

--

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address 7600 Montpelier Rd.

City State Zip Code
Laurel MD 20723-

Purpose of Disbursement
Cellular Service

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90119.E8112
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

144.36

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: CELLULAR SERVICE

B.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address 7600 Montpelier Rd.

City State Zip Code
Laurel MD 20723-

Purpose of Disbursement
Cellular Charger

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90119.E8109
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

31.49

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: CELLULAR CHARGER

C.

Full Name (Last, First, Middle Initial)
Zengo Restaurant

Mailing Address 781 7th St NW

City State Zip Code
Washington DC 20001-

Purpose of Disbursement
Event Catering

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90119.E8035
Date of Disbursement

1 2 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

800.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EVENT CATERING

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Podium Master

Mailing Address 4871 Deer Run Road

City Altamont State TN Zip Code 37301-

Purpose of Disbursement
Seminar Fees
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90115.E7955
Date of Disbursement

12 / 10 / 2008

Amount of Each Disbursement this Period

3000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEMINAR FEES

B.

Full Name (Last, First, Middle Initial)
Polaris Government Affairs

Mailing Address 701 Pennsylvania Ave NW Suite 830

City Washington State DC Zip Code 20004-

Purpose of Disbursement
Meeting Expense - Meals
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90115.E7959
Date of Disbursement

12 / 10 / 2008

Amount of Each Disbursement this Period

238.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

MEETING EXPENSE - MEALS

C.

Full Name (Last, First, Middle Initial)
Qwest

Mailing Address 1801 California St.

City Denver State CO Zip Code 80202-

Purpose of Disbursement
Conferencing Services
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81209.E7931
Date of Disbursement

12 / 01 / 2008

Amount of Each Disbursement this Period

417.77

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CONFERENCING SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶

3655.77

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

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Revolution Media Group	Transaction ID: 90115.E7966 Date of Disbursement 12 / 19 / 2008
	Mailing Address 1090 Vermont Ave., NW Suite 230	Amount of Each Disbursement this Period 14983.32
	City Washington State DC Zip Code 20005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Media Production Candidate Name	007 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MEDIA PRODUCTION

B.	Full Name (Last, First, Middle Initial) Wendy Roberts	Transaction ID: 81209.E7925 Date of Disbursement 12 / 01 / 2008
	Mailing Address 6013 Shady Willow Place	Amount of Each Disbursement this Period 1574.20
	City Glen Allen State VA Zip Code 23059-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Wendy Roberts	Transaction ID: 81209.E7926 Date of Disbursement 12 / 01 / 2008
	Mailing Address 6013 Shady Willow Place	Amount of Each Disbursement this Period 195.25
	City Glen Allen State VA Zip Code 23059-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mileage Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MILEAGE

SUBTOTAL of Disbursements This Page (optional)	▶	16752.77
TOTAL This Period (last page this line number only)	▶	

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Silverleaf Quartet	Transaction ID: 81209.E7916 Date of Disbursement 12 / 01 / 2008
	Mailing Address Susan Bedell 10120 Silverleaf Terrace	Amount of Each Disbursement this Period 1175.00
	City Richmond State VA Zip Code 23236-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event Music Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		EVENT MUSIC

B.	Full Name (Last, First, Middle Initial) Simple And Sweet	Transaction ID: 81209.E7935 Date of Disbursement 12 / 03 / 2008
	Mailing Address 1107 E. Durwood Crescent	Amount of Each Disbursement this Period 301.88
	City Richmond State VA Zip Code 23229-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event Catering Candidate Name	007 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		EVENT CATERING

C.	Full Name (Last, First, Middle Initial) The Womans Club	Transaction ID: 81209.E7917 Date of Disbursement 12 / 01 / 2008
	Mailing Address 211 E. Franklin Street	Amount of Each Disbursement this Period 3000.00
	City Richmond State VA Zip Code 23219-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Room Rental Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		ROOM RENTAL

SUBTOTAL of Disbursements This Page (optional)	▶	4476.88
TOTAL This Period (last page this line number only)	▶	

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) The Womans Club	Transaction ID: 81209.E7918 Date of Disbursement 12 / 01 / 2008
	Mailing Address 211 E. Franklin Street	Amount of Each Disbursement this Period 812.00
	City Richmond State VA Zip Code 23219-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event Staff and Security	003 Category/Type
	Candidate Name	EVENT STAFF AND SECURITY
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 81209.E7932 Date of Disbursement 12 / 01 / 2008
	Mailing Address P.O. Box 17398	Amount of Each Disbursement this Period 173.22
	City Baltimore State MD Zip Code 21297-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone Service	001 Category/Type
	Candidate Name	PHONE SERVICE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 90115.E7952 Date of Disbursement 12 / 09 / 2008
	Mailing Address P.O. Box 17398	Amount of Each Disbursement this Period 236.83
	City Baltimore State MD Zip Code 21297-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone Service	001 Category/Type
	Candidate Name	PHONE SERVICE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	1222.05
TOTAL This Period (last page this line number only)	▶	

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 90115.E7976 Date of Disbursement 12 / 22 / 2008
	Mailing Address P.O. Box 17398	Amount of Each Disbursement this Period 175.59
	City Baltimore State MD Zip Code 21297-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHONE SERVICE

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 90115.E7956 Date of Disbursement 12 / 11 / 2008
	Mailing Address 7600 Montpelier Rd.	Amount of Each Disbursement this Period 486.42
	City Laurel State MD Zip Code 20723-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cellular Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CELLULAR SERVICE

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 90115.E7969 Date of Disbursement 12 / 19 / 2008
	Mailing Address 7600 Montpelier Rd.	Amount of Each Disbursement this Period 168.11
	City Laurel State MD Zip Code 20723-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cellular Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CELLULAR SERVICE

SUBTOTAL of Disbursements This Page (optional)	830.12
TOTAL This Period (last page this line number only)	

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
Virginia Department of Taxation

Mailing Address 2220 West Broad Street

City Richmond State VA Zip Code 23220-

Purpose of Disbursement State Withholdings Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81209.E7951
Date of Disbursement 12 / 08 / 2008

Amount of Each Disbursement this Period 3694.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

001 Category/Type

STATE WITHHOLDINGS

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

Mailing Address P.O. Box 40031

City Roanoke State VA Zip Code 24022-

Purpose of Disbursement Bank Service Fees Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90115.E8005
Date of Disbursement 11 / 30 / 2008

Amount of Each Disbursement this Period 26.42

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

001 Category/Type

BANK SERVICE FEES

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

Mailing Address P.O. Box 40031

City Roanoke State VA Zip Code 24022-

Purpose of Disbursement Federal Withholdings Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81209.E7938
Date of Disbursement 12 / 03 / 2008

Amount of Each Disbursement this Period 11735.12

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

001 Category/Type

FEDERAL WITHHOLDINGS

SUBTOTAL of Disbursements This Page (optional) ► 15455.54

TOTAL This Period (last page this line number only) ►

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Kristi Way	Transaction ID: 81209.E7920
	Mailing Address 9213 Stone Meadow Drive	Date of Disbursement 12 / 01 / 2008
	City Richmond State VA Zip Code 23228-	Amount of Each Disbursement this Period 1185.17
	Purpose of Disbursement Payroll Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type: 001 PAYROLL
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Cindy Wharton	Transaction ID: 81209.E7919
	Mailing Address 12204 Glen Abbey Place	Date of Disbursement 12 / 01 / 2008
	City Glen Allen State VA Zip Code 23059-	Amount of Each Disbursement this Period 5165.45
	Purpose of Disbursement Payroll Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type: 001 PAYROLL
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Cindy Wharton	Transaction ID: 81209.E7946
	Mailing Address 12204 Glen Abbey Place	Date of Disbursement 12 / 05 / 2008
	City Glen Allen State VA Zip Code 23059-	Amount of Each Disbursement this Period 218.89
	Purpose of Disbursement Mileage and Beverages Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type: 001 MILEAGE AND BEVERAGES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	6569.51
TOTAL This Period (last page this line number only)	

**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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) Wiley Rein LLP <hr/> Mailing Address 1776 K Street, NW <hr/> City Washington State DC Zip Code 20006- <hr/> Purpose of Disbursement Legal Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90115.E7968 Date of Disbursement 12 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 4002.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 LEGAL CONSULTING	001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Dan Williams <hr/> Mailing Address Capitol Hill Press Club Offices 209 Pennsylvania Ave., SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement Rent and Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90115.E7967 Date of Disbursement 12 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 1160.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT AND UTILITIES	001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Wyeth Good Government Fund PAC <hr/> Mailing Address Five Giralda Farms <hr/> City Madison State NJ Zip Code 07940- <hr/> Purpose of Disbursement GIFT BAG ITEMS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90115.C25377IK Date of Disbursement 12 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 41.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 IN KIND: GIFT BAG ITEMS	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

5204.06

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

175820.38

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

<p>A. Full Name (Last, First, Middle Initial) 7th District Republican Committee</p> <p>Mailing Address 5606 Boynton Place</p> <p>City Richmond State VA Zip Code 23225-</p> <p>Purpose of Disbursement Transfer of Excess Funds</p> <p>Candidate Name 7TH DISTRICT REPUBLICAN COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90115.E7962</p> <p>Date of Disbursement 12 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Barry Knight For Delegate</p> <p>Mailing Address 1852 Mill Landing Road</p> <p>City Virginia Beach State VA Zip Code 23457-1414</p> <p>Purpose of Disbursement Non Federal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90115.E7973</p> <p>Date of Disbursement 12 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) The Family Foundation</p> <p>Mailing Address One Capitol Square 830 E. Main St., Ste. 1201</p> <p>City Richmond State VA Zip Code 23219-</p> <p>Purpose of Disbursement Charitable Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90115.E7992</p> <p>Date of Disbursement 12 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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)

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

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

NAME OF COMMITTEE (In Full)
Cantor For Congress

A.

Full Name (Last, First, Middle Initial)
Howell For Delegate

Mailing Address 106 Carter Street

City Fredericksburg State VA Zip Code 22405-

Purpose of Disbursement
Non Federal Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90115.E8002
Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

10000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
McDonnell For Governor

Mailing Address 2819 North Parham Road
Suite 210

City Richmond State VA Zip Code 23294-

Purpose of Disbursement
Non Federal Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90115.E7977
Date of Disbursement

12 / 23 / 2008

Amount of Each Disbursement this Period

10000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
National Republican Congressional Com.

Mailing Address 320 First St., SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Transfer of Excess Funds

Candidate Name
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90115.E7961
Date of Disbursement

12 / 17 / 2008

Amount of Each Disbursement this Period

10000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

30000.00

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

38500.00