



RECEIVED
FEC MAIL CENTER
2009 JAN 15 AM 10:06

Via Express Mail

January 14, 2009

Federal Election Commission
999 E. Street, N.W.
Washington, D.C. 20463

**RE: 2008 YEAR-END (FEC Form 3X) REPORT FOR
CAVALIER TELEPHONE CORPORATION PAC - #C00435107**

To Whom It May Concern:

Attached is the FEC Form 3X-Report of Receipts and Disbursements for Cavalier Telephone Corporation PAC for the period November 25 – December 31, 2008 (Year-End Report).

If you have any questions, please contact Ms. Sharon J. Glover (804.422.4503).

Sincerely,

Cheryl C. Jones
Contracts Administrator
Legal/Regulatory/Law & Public Policy

29039981731

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CAVALIER TELEPHONE CORPORATION PAC

Report Covering the Period: From:

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

 To:

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

**COLUMN A
This Period**

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

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

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

For further information contact:

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

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

29039981733

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CAVALIER TELEPHONE CORPORATION PAC

Report Covering the Period: From: MM / DD / YYYY 11 / 25 / 2008 To: MM / DD / YYYY 12 / 31 / 2008

I. Receipts

**COLUMN A
Total This Period**

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

<p>11. Contributions (other than loans) From:</p> <p>(a) <i>Individuals/Persons Other Than Political Committees</i></p> <p>(i) Itemized (use Schedule A).....</p> <p>(ii) Unitemized.....</p> <p>(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶</p> <p>(b) Political Party Committees.....</p> <p>(c) Other Political Committees (such as PACs).....</p> <p>(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶</p> <p>12. Transfers From Affiliated/Other Party Committees.....</p> <p>13. All Loans Received.....</p> <p>14. Loan Repayments Received.....</p> <p>15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....</p> <p>16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....</p> <p>17. Other Federal Receipts (Dividends, Interest, etc.).....</p> <p>18. Transfers from Non-Federal and Levin Funds</p> <p>(a) Non-Federal Account (from Schedule H3).....</p> <p>(b) Levin Funds (from Schedule H5).....</p> <p>(c) Total Transfers (add 18(a) and 18(b))..</p> <p>19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶</p> <p>20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶</p>	<p>0 0 0</p>	<p>1 0 0 0 0 0</p> <p>0 0 0</p> <p>1 0 0 0 0 0</p> <p>0 0 0</p> <p>1 0 0 0 0 0</p> <p>1 0 0 0 0 0</p>
--	---	---

29039981734

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0 0 0	0 0 0
(ii) Non-Federal Share	0 0 0	0 0 0
(b) Other Federal Operating Expenditures	0 0 0	0 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0 0 0	0 0 0
22. Transfers to Affiliated/Other Party Committees	0 0 0	0 0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0 0 0	8 0 0 0 0 0
24. Independent Expenditures (use Schedule E)	0 0 0	0 0 0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0 0 0	0 0 0
26. Loan Repayments Made	0 0 0	0 0 0
27. Loans Made	0 0 0	0 0 0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0 0 0	0 0 0
(b) Political Party Committees	0 0 0	0 0 0
(c) Other Political Committees (such as PACs)	0 0 0	0 0 0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0 0 0	0 0 0
29. Other Disbursements	0 0 0	2 0 0 0 0 0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0 0 0	0 0 0
(ii) "Levin" Share	0 0 0	0 0 0
(b) Federal Election Activity Paid Entirely With Federal Funds	0 0 0	0 0 0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0 0 0	0 0 0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0 0 0	1 0 0 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0 0 0	1 0 0 0 0 0

29039981735

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0 0 0	1 0 0 0 0 0
34. Total Contribution Refunds (from Line 28(d))	0 0 0	0 0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0 0 0	1 0 0 0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0 0 0	0 0 0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0 0 0	0 0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0 0 0	0 0 0

29039981736

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (In Full)
CAVALIER TELEPHONE CORPORATION PAC

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

29039981737

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

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

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

NAME OF COMMITTEE (In Full)
CAVALIER TELEPHONE CORPORATION PAC

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

M	M	M	/	D	D	D	/	V	V	V	V	V	V	V	V
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

--

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M	M	M	/	D	D	D	/	V	V	V	V	V	V	V	V
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

--

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M	M	/	D	D	D	/	V	V	V	V	V	V	V	V
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

--

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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

--

--

29039981738

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
CAVALIER TELEPHONE CORPORATION PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS

Date Incurred M M M / D D / Y Y Y Y Y Y	Date Due M M M / D D / Y Y Y Y Y Y	Interest Rate <input type="text"/> % (apr)	Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---------------------------------------	---	--

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

29039981739

SUBTOTALS This Period This Page (optional)..... ▶	<input type="text"/>
TOTALS This Period (last page in this line only)..... ▶	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ____ of Schedule C

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

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan <input style="width:90%;" type="text"/>	Interest Rate (APR) <input style="width:90%;" type="text"/> %
--	---	--

Mailing Address	Date Incurred or Established MM / DD / YYYY
City State Zip Code	Date Due MM / DD / YYYY

A. Has loan been restructured? No Yes If yes, date originally incurred MM / DD / YYYY

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

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

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____

Date account established: MM / DD / YYYY Address: _____

City, State, Zip: _____

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

G. COMMITTEE TREASURER Typed Name Signature	DATE MM / DD / YYYY
--	-------------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

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

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE MM / DD / YYYY
Title	

29039981740

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
CAVALIER TELEPHONE CORPORATION PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Incurred This Period		
<input type="text"/>		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Incurred This Period		
<input type="text"/>		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Incurred This Period		
<input type="text"/>		

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

29039981741

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

PAGE OF
FOR LINE 24 OF FORM 3X

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

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City State Zip Code _____	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>
Purpose of Expenditure _____ Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>	

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City State Zip Code _____	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>
Purpose of Expenditure _____ Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>	

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

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

_____ Date

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

Signature

29039981742

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE OF
 FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) CAVALIER TELEPHONE CORPORATION PAC	<input type="checkbox"/> Check if 24-hour notice
---	---

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee Mailing Address City State ZIP Code
--	--

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address	Date	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
City State Zip Code	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Name of Federal Candidate Supported	Office Sought:	House State: _____ Senate District: _____ Presidential
Aggregate General Election Expenditure for this Candidate ▶	<input type="checkbox"/>	

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address	Date	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
City State Zip Code	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Name of Federal Candidate Supported	Office Sought:	House State: _____ Senate District: _____ Presidential
Aggregate General Election Expenditure for this Candidate ▶	<input type="checkbox"/>	

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address	Date	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
City State Zip Code	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Name of Federal Candidate Supported	Office Sought:	House State: _____ Senate District: _____ Presidential
Aggregate General Election Expenditure for this Candidate ▶	<input type="checkbox"/>	

SUBTOTAL of Expenditures This Page (optional).....▶	<input type="checkbox"/>
TOTAL This Period (last page this line number only).....▶	<input type="checkbox"/>

29039981743

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (In Full)
CAVALIER TELEPHONE CORPORATION PAC

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

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

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

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

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

Federal..... %
Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

29039981744

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)
CAVALIER TELEPHONE CORPORATION PAC

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

Methods of allocation:

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

29039981745

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

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

NAME OF COMMITTEE (In Full)
 CAVALIER TELEPHONE CORPORATION PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

ii) Generic Voter Drive

iii) Exempt Activities

iv) Direct Fundraising (List Activity or Event Identifier)

a) _____

b) _____

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a) _____

b) _____

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred).....

29039981745

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
CAVALIER TELEPHONE CORPORATION PAC

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

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

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

SUBTOTAL of Allocated Federal and NonFederal Activity This Page			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text"/>		<input type="text"/>	<input type="text"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text"/>		<input type="text"/>	<input type="text"/>

29039981747

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

NAME OF COMMITTEE (In Full)

CAVALIER TELEPHONE CORPORATION PAC

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM	DD	YYYY
----	----	------

--

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

--

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID

--

iii) GOTV

GOTV

Total Amount Transferred for GOTV

--

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity

--

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM	DD	YYYY
----	----	------

--

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

--

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID

--

iii) GOTV

GOTV

Total Amount Transferred for GOTV

--

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity

--

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

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

--

TOTAL This Period (Voter ID)

--

TOTAL This Period (GOTV).....

--

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

--

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

--

29039981748

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

NAME OF COMMITTEE (In Full)
CAVALIER TELEPHONE CORPORATION

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
TOTAL This Period for the Levin Share			

29039981749

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

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

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

29039981750

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

Use separate schedule(s) for each category of the Aggregation Page	PAGE OF
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 1a <input type="checkbox"/> 2

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

NAME OF COMMITTEE (In Full)
CAVALIER TELEPHONE CORPORATION PAC

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

29039981751

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

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

FOR LINE NUMBER: PAGE OF
(check only one) 4a 4c 5
 4b 4d

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

NAME OF COMMITTEE (In Full)
CAVALIER TELEPHONE CORPORATION PAC

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

29039981752

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

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

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

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed. Exp* Shipping Date
1/11/09
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JMP
 PREPARER *1/15/09*
 DATE PREPARED

29039981753