

# 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 Victory Fund

ADDRESS (number and street) 25 East Main Street

Check if different than previously reported. (ACC)

Richmond VA 23219

2. **FEC IDENTIFICATION NUMBER** C00420174

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

**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**

Richmond VA 23219 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 Rose Ann Janis

Signature of Treasurer Electronically Filed by Rose Ann Janis 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 Victory Fund

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)).....	150.00	150.00
(b) Total Contribution Refunds (from Line 20(d)).....	1000.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-850.00	-850.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	2987.38	16514.63
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2987.38	16514.63
8. Cash on Hand at Close of Reporting Period (from Line 27).....	212.63	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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 Victory Fund

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

<b>I. RECEIPTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A).....	150.00	150.00
(ii) Unitemized.....	150.00	150.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	150.00	150.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	<b>0.00</b>	<b>0.00</b>
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	<b>0.00</b>	<b>0.00</b>
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	<b>2.86</b>	<b>2.86</b>
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	<b>152.86</b>	<b>152.86</b>

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	2987.38	16514.63
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	241240.93
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.....	1000.00	1000.00
(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)).....	1000.00	1000.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	<b>3987.38</b>	<b>258755.56</b>

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4047.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	152.86
25. SUBTOTAL (add Line 23 and Line 24).....	4200.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3987.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	212.63

# 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 Victory Fund

A.	Full Name (Last, First, Middle Initial) Bankcard USA Merchant Services  Mailing Address 5701 Lindero CYN. #3  City Thousand Oaks State CA Zip Code 91362-  Purpose of Disbursement Credit Card Processing 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: 90121.E151 Date of Disbursement 11 / 25 / 2008  Amount of Each Disbursement this Period 608.80  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>CREDIT CARD PROCESSING FEE</b>
B.	Full Name (Last, First, Middle Initial) Bankcard USA Merchant Services  Mailing Address 5701 Lindero CYN. #3  City Thousand Oaks State CA Zip Code 91362-  Purpose of Disbursement Credit Card Processing 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: 90121.E148 Date of Disbursement 12 / 02 / 2008  Amount of Each Disbursement this Period 218.50  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>CREDIT CARD PROCESSING FEE</b>
C.	Full Name (Last, First, Middle Initial) Rose Ann Janis  Mailing Address 5005 Amberwood Drive  City Glen Allen State VA Zip Code 23059-  Purpose of Disbursement Accounting & Reporting 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: 90121.E150 Date of Disbursement 12 / 03 / 2008  Amount of Each Disbursement this Period 2150.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>ACCOUNTING &amp; REPORTING</b>

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

2977.30

**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)

PAGE 6 / 7

<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

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NAME OF COMMITTEE (In Full)  
Cantor Victory Fund

A.

Full Name (Last, First, Middle Initial)  
Rose Ann Janis

Mailing Address 5005 Amberwood Drive

City State Zip Code  
Glen Allen VA 23059-

Purpose of Disbursement  
Ink Stamp

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90121.E149

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	0	8

Amount of Each Disbursement this Period

10.08
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Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

INK STAMP

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

10.08

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

2987.38

**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)

PAGE 7 / 7

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

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NAME OF COMMITTEE (In Full)  
Cantor Victory Fund

A.

Full Name (Last, First, Middle Initial)  
Ben R. Lacy

Mailing Address 105 Gun Club Road

City Richmond State VA Zip Code 23221-

Purpose of Disbursement  
Refund of Contribution

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
Joint Fundraising Pr

Transaction ID: 90121.E152

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	1		2	5		2	0	0	8

Amount of Each Disbursement this Period

1000.00
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Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

1000.00
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TOTAL This Period (last page this line number only) .....

1000.00
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