

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Cantor Joint Fundraising Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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)).....	42500.00	90275.00
(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)).....	42500.00	90275.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	1428.68	6633.39
(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)).....	1428.68	6633.39
8. Cash on Hand at Close of Reporting Period (from Line 27).....	11952.14	
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 Joint Fundraising Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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).....

42500.00

90100.00

(ii) Unitemized.....

0.00

175.00

(iii) TOTAL of contributions

42500.00

90275.00

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.....

(e) TOTAL CONTRIBUTIONS (other than loans)

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

42500.00

90275.00

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

0.00

0.00

13. LOANS

(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

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

0.00

0.00

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

3.06

8.56

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

42503.06

90283.56

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	1428.68	6633.39
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	33384.03	71698.03
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.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	34812.71	78331.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4261.79
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	42503.06
25. SUBTOTAL (add Line 23 and Line 24).....	46764.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	34812.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11952.14

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 11
	<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	

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NAME OF COMMITTEE (In Full)
Cantor Joint Fundraising Committee

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

Mailing Address 826 Winthrop Road

City State Zip Code
Teaneck NJ 07666

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

Name of Employer Occupation
Self-Employed MD

Receipt For: 2006
 Primary General
 Other (specify) ▼
Joint Fundraising Pr

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2006

Transaction ID: 61006.C21

Amount of Each Receipt this Period
500.00

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

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

Mailing Address P.O. Box 5595

City State Zip Code
Englewood NJ 07631

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

Name of Employer Occupation
PAC PAC

Receipt For: 2006
 Primary General
 Other (specify) ▼
Other

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2006

Transaction ID: CM561006.C21

Amount of Each Receipt this Period
500.00

Memo - Conduit memo total
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Earmarked Memo - Conduit total

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

Mailing Address 3020 Palisade Avenue

City State Zip Code
Bronx NY 10463

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼
Joint Fundraising Pr

Election Cycle-to-Date ▼
15000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2006

Transaction ID: 60929.C14

Amount of Each Receipt this Period
15000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **15500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 11
	(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

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NAME OF COMMITTEE (In Full)
Cantor Joint Fundraising Committee

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

Mailing Address 3020 Palisade Avenue

City State Zip Code
Bronx NY 10463

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

Name of Employer Occupation
IDT Corporation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Joint Fundraising Pr

Election Cycle-to-Date ▼
15000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2006

Transaction ID: 60929.C13

Amount of Each Receipt this Period
15000.00

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

NOTE: Joint Fundraiser Proceed

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

Mailing Address RR 1 Box 971A

City State Zip Code
Tidioute PA 16351

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

Name of Employer Occupation
Faison Group President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Joint Fundraising Pr

Election Cycle-to-Date ▼
12000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: 60929.C15

Amount of Each Receipt this Period
12000.00

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

NOTE: Joint Fundraising Proceed

SUBTOTAL of Receipts This Page (optional)	27000.00
TOTAL This Period (last page this line number only)	42500.00

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

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NAME OF COMMITTEE (In Full)
Cantor Joint Fundraising Committee

Full Name (Last, First, Middle Initial) A. Bankcard USA Merchant Services		Transaction ID: 60929.E23 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address 5701 Lindero CYN. #3		Amount of Each Disbursement this Period 30.00
City Thousand Oaks State CA Zip Code 91362-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD FEE	Candidate Name	CREDIT CARD FEE
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) ▼	

Full Name (Last, First, Middle Initial) B. Bankcard USA Merchant Services		Transaction ID: 60929.E24 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 5701 Lindero CYN. #3		Amount of Each Disbursement this Period 15.00
City Thousand Oaks State CA Zip Code 91362-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD FEE	Candidate Name	CREDIT CARD FEE
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) ▼	

Full Name (Last, First, Middle Initial) C. Bankcard USA Merchant Services		Transaction ID: 60929.E25 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 5701 Lindero CYN. #3		Amount of Each Disbursement this Period 11.45
City Thousand Oaks State CA Zip Code 91362-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD FEE	Candidate Name	CREDIT CARD FEE
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) ▶	56.45
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

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NAME OF COMMITTEE (In Full)
Cantor Joint Fundraising Committee

Full Name (Last, First, Middle Initial) A. Bankcard USA Merchant Services		Transaction ID: 60929.E26 Date of Disbursement
Mailing Address 5701 Lindero CYN. #3		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
City Thousand Oaks	State CA	Zip Code 91362-
Purpose of Disbursement CREDIT CARD FEE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="15.00"/>
Candidate Name	Category/ Type	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD FEE
State: District:		

Full Name (Last, First, Middle Initial) B. Bankcard USA Merchant Services		Transaction ID: 60929.E27 Date of Disbursement
Mailing Address 5701 Lindero CYN. #3		<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>
City Thousand Oaks	State CA	Zip Code 91362-
Purpose of Disbursement CREDIT CARD FEE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="5.00"/>
Candidate Name	Category/ Type	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD FEE
State: District:		

Full Name (Last, First, Middle Initial) C. Bankcard USA Merchant Services		Transaction ID: 60929.E28 Date of Disbursement
Mailing Address 5701 Lindero CYN. #3		<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2006"/>
City Thousand Oaks	State CA	Zip Code 91362-
Purpose of Disbursement CREDIT CARD FEE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="19.75"/>
Candidate Name	Category/ Type	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD FEE
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="39.75"/>
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

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NAME OF COMMITTEE (In Full)
Cantor Joint Fundraising Committee

Full Name (Last, First, Middle Initial) A. Bankcard USA Merchant Services		Transaction ID: 61006.E33 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 5701 Lindero CYN. #3		Amount of Each Disbursement this Period 50.00
City Thousand Oaks State CA Zip Code 91362-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD FEE	Candidate Name	CREDIT CARD FEE
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) ▼	

Full Name (Last, First, Middle Initial) B. Rose Ann Janis		Transaction ID: 60929.E22 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address 5005 Amberwood Drive		Amount of Each Disbursement this Period 44.98
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 REIMBURSE - SOFTWARE	Candidate Name	REIMBURSE - SOFTWARE
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) ▼	

Full Name (Last, First, Middle Initial) C. Rose Ann Janis		Transaction ID: 60929.E29 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 5005 Amberwood Drive		Amount of Each Disbursement this Period 425.00
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 ACCOUNTING FEE	Candidate Name	ACCOUNTING FEE
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) ▶	519.98
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 10 / 11

<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 Joint Fundraising Committee

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
ACCOUNTING FEE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 60929.E30

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	9		0	8		2	0	0	6

Amount of Each Disbursement this Period

812.50

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

ACCOUNTING FEE

SUBTOTAL of Disbursements This Page (optional) ►

812.50

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

1428.68

**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 11 / 11

<input type="checkbox"/> 17	<input checked="" 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 Joint Fundraising Committee

A. Full Name (Last, First, Middle Initial)
7th District Republican Committee

Mailing Address 5606 Boynton Place

City Richmond State VA Zip Code 23225-

Purpose of Disbursement
TRANSFER TO JOINT FUNDRAISING PARTI

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 60929.E31

Date of Disbursement

09 / 22 / 2006

Amount of Each Disbursement this Period

18815.07

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

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

Mailing Address 25 E. Main Street

City Richmond State VA Zip Code 23219-

Purpose of Disbursement
TRANSFER TO JOINT FUNDRAISING PARTI

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 60929.E32

Date of Disbursement

09 / 22 / 2006

Amount of Each Disbursement this Period

14568.96

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

SUBTOTAL of Disbursements This Page (optional)

33384.03

TOTAL This Period (last page this line number only)

33384.03