

**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)

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<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

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.	Full Name (Last, First, Middle Initial) 7th District Republican Committee	Transaction ID: 71015.E5975 Date of Disbursement 10 / 12 / 2007
	Mailing Address 5606 Boynton Place	Amount of Each Disbursement this Period 2000.00
	City Richmond State VA Zip Code 23225-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Transfer of Excess Funds Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		011 Category/ Type

B.	Full Name (Last, First, Middle Initial) 7th District Republican Committee	Transaction ID: 80120.E6116 Date of Disbursement 12 / 03 / 2007
	Mailing Address 5606 Boynton Place	Amount of Each Disbursement this Period 10000.00
	City Richmond State VA Zip Code 23225-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Transfer of Excess Funds Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		011 Category/ Type

C.	Full Name (Last, First, Middle Initial) Barbour for Governor	Transaction ID: 80120.E6073 Date of Disbursement 11 / 05 / 2007
	Mailing Address P.O. Box 1186	Amount of Each Disbursement this Period 5000.00
	City Jackson State MS Zip Code 39216-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Non Federal Contribution Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		011 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	35000.00
TOTAL This Period (last page this line number only)	