

**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

Mailing Address 5606 Boynton Place

City Richmond State VA Zip Code 23225-

Purpose of Disbursement  
Transfer of Excess Funds

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** 60120.E3576  
Date of Disbursement

11 / 14 / 2005

Amount of Each Disbursement this Period

7000.00

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

**B.** 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 of Excess Funds

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** 60109.E3516  
Date of Disbursement

10 / 13 / 2005

Amount of Each Disbursement this Period

25000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Bill Bolling for L.G. Committee

Mailing Address P.O. Box 8205

City Richmond State VA Zip Code 23226-

Purpose of Disbursement  
Non Federal Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** 60109.E3525  
Date of Disbursement

10 / 14 / 2005

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) ..... ▶

42000.00

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