

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 146 / 152

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Mark Kennedy 06 | | Transaction ID: 60120.E3619 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5 |
| Mailing Address P.O. Box 49333 | | Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Minneapolis State MN Zip Code 55449- | Purpose of Disbursement Contribution Candidate Name Category/Type 011 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Mason for Delegate | | Transaction ID: 60120.E3573 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5 |
| Mailing Address 3976 Chain Bridge Road | | Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Fairfax State VA Zip Code 22030- | Purpose of Disbursement Non Federal Contribution Candidate Name Category/Type 011 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. McDonnell For Virginia | | Transaction ID: 60120.E3601 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 5 |
| Mailing Address P.O. Box 62386 | | Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Virginia Beach State VA Zip Code 23466- | Purpose of Disbursement Non Federal Contribution Candidate Name Category/Type 011 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 9000.00 |
| TOTAL This Period (last page this line number only) ▶ | |