

**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

Full Name (Last, First, Middle Initial) <b>A. Friends of Steve Martin</b>		<b>Transaction ID:</b> 70706.E5409 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address P.O. Box 700		Amount of Each Disbursement this Period 1000.00
City Chesterfield State VA Zip Code 23832-	<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	001 Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Heller For Congress</b>		<b>Transaction ID:</b> 70706.E5512 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address P.O. Box 3196		Amount of Each Disbursement this Period 2000.00
City Carson City State NV Zip Code 89702-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name DEAN HELLER	011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Marc Cadin For Delegate</b>		<b>Transaction ID:</b> 70706.E5500 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address P.O. Box 710175		Amount of Each Disbursement this Period 1000.00
City Herndon State VA Zip Code 20171-	<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	011 Category/Type	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....