

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)
A. Friends of Mike Sodrel

Mailing Address 702 North Shore Drive
 Suite 500

City Jeffersonville State IN Zip Code 47130-

Purpose of Disbursement
 Contribution

Candidate Name
 MICHAELE SODREL

Office Sought: House
 Senate
 President

State: IN District: D8

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: 100820044E237D
 Date of Disbursement
 09 / 21 / 2004

Amount of Each Disbursement this Period
 1000.00

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

Full Name (Last, First, Middle Initial)
B. Friends of Sheriff Presgraves

Mailing Address 1486 Fleeberg Rd.

City Shenandoah State VA Zip Code 22840-

Purpose of Disbursement
 Non Federal Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: 100820044E229D
 Date of Disbursement
 08 / 03 / 2004

Amount of Each Disbursement this Period
 1000.00

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

Full Name (Last, First, Middle Initial)
C. Georgians for Isakson

Mailing Address 8000 Lake Forrest Drive, #1 D8

City Atlanta State GA Zip Code 30328-

Purpose of Disbursement
 Contribution

Candidate Name
 JOHNHARDY ISAKSON

Office Sought: House
 Senate
 President

State: GA District: D0

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: 100820044E2375
 Date of Disbursement
 09 / 21 / 2004

Amount of Each Disbursement this Period
 1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

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