

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)
 MCCOTTER CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)
 A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIO-
 NS
 Mailing Address 320 FIRST STREET SE
 City WASHINGTON State DC Zip Code 20003
 Purpose of Disbursement Transfer of campaign funds
 Candidate Name
 Office Sought: House Senate President
 State: District
 Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21.16171

Date of Disbursement

10 / 04 / 2004

Amount of Each Disbursement this Period

50000.00

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

008
 Category/
 Type

SUBTOTAL of Disbursements This Page (optional) ▶

50000.00

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

50000.00