

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ARCH LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) PETERS FOR CONGRESS	Transaction ID: SB23.4264 Date of Disbursement
	Mailing Address PO BOX 226	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City BLOOMFIELD HILLS State MI Zip Code 48303	Amount of Each Disbursement this Period
	Purpose of Disbursement Political contribution	<input type="text" value="1000.00"/>
	Candidate Name GARY PETERS	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SCHAUER FOR CONGRESS	Transaction ID: SB23.4266 Date of Disbursement
	Mailing Address PO BOX 100	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City BATTLE CREEK State MI Zip Code 49016	Amount of Each Disbursement this Period
	Purpose of Disbursement Political contribution	<input type="text" value="1000.00"/>
	Candidate Name MARK HAMILTON SCHAUER	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Yeager for State Representative	Transaction ID: SB23.4274 Date of Disbursement
	Mailing Address 729 Reed Ave	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City St. Louis State MO Zip Code 63125	Amount of Each Disbursement this Period
	Purpose of Disbursement Non-federal political contribution	<input type="text" value="325.00"/>
	Candidate Name	<input type="text" value="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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2325.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="7050.00"/>