

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
MCCOTTER CONGRESSIONAL COMMITTEE

ADDRESS (number and street) PO Box 530788
 Check if different than previously reported. (ACC)
Livonia MI 48153 0788

2. **FEC IDENTIFICATION NUMBER** C00365841
CITY **STATE** **ZIP CODE**
STATE **DISTRICT**
MI 11

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 04 2008 in the State of MI

5. Covering Period 10 16 2008 through 11 24 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Robert A. Bovitz
Signature of Treasurer Electronically Filed by Robert A. Bovitz Date 01 20 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

MCCOTTER CONGRESSIONAL COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	79774.00	1159008.01
(b) Total Contribution Refunds (from Line 20(d)).....	35.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	79739.00	1159008.01
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	228534.64	761064.03
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	228534.64	761064.03
8. Cash on Hand at Close of Reporting Period (from Line 27).....	190066.69	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

**POST-ELECTION DETAILED
SUMMARY PAGE**
Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name
MCCOTTER CONGRESSIONAL COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date of general election)	M	M	1	1	D	D	0	4	Y	Y	Y	Y	2	0	0	8	COLUMN C Total for <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>5</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date after general election) through <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (last day of reporting period)	M	M	1	1	D	D	0	5	Y	Y	Y	Y	2	0	0	8	M	M	1	1	D	D	2	4	Y	Y	Y	Y	2	0	0	8
M	M																																																	
1	1																																																	
D	D																																																	
0	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
0	5																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
2	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
11. CONTRIBUTIONS (other than loans) FROM:																																																		
(a) Individuals/Persons Other than Political Committees																																																		
(i) Itemized (Use Schedule A)																																																		
40175.00	396839.82	9200.00																																																
(ii) Unitemized																																																		
3299.00	87693.83	10.00																																																
(iii) Total of contributions from individuals																																																		
43474.00	484533.65	9210.00																																																
(b) Political Party Committees																																																		
0.00	1500.00	0.00																																																
(c) Other Political Committees																																																		
36300.00	672974.36	1000.00																																																

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
79774.00	1159008.01	10210.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
2581.16	25342.79	68.51
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
82355.16	1184350.80	10278.51

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

MCCOTTER CONGRESSIONAL COMMITTEE

Report the covering period

From:

MM 10

DD 16

YYYY 2008

To:

MM 11

DD 24

YYYY 2008

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
228534.64	761064.03	45972.76
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
2500.00	100000.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
35.00	0.00	35.00
(b) Political Party Committees		
0.00	0.00	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

35.00	0.00	35.00
-------	------	-------

21. OTHER DISBURSEMENTS

120875.00	171175.00	25.00
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22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

351944.64	1032239.03	46032.76
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

79739.00	1159008.01	10175.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

228534.64	761064.03	45972.76
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	459656.17
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	82355.16
25. SUBTOTAL(add Line 23 and Line 24)	542011.33
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	351944.64
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	190066.69

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 97
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mrs. Renee Alexandrowski

Mailing Address 1012 William Street

City Plymouth State MI Zip Code 48170-1153

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
10 / 26 / 2008

Transaction ID: A-C22786

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Adam R Bayer

Mailing Address 9896 High Meadow Drive

City Superior Twp State MI Zip Code 48198-3285

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
10 / 26 / 2008

Transaction ID: A-C22774

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mrs. Alice C. Bayer

Mailing Address 5910 Belleville Road

City Van Buren Twp State MI Zip Code 48111-1120

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
N/A Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
10 / 26 / 2008

Transaction ID: A-C22777

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mr. Richard E. Bayer	Date of Receipt MM / DD / YYYY 10 / 26 / 2008
	Mailing Address 47615 Capri Court	Transaction ID: A-C22775
	City State Zip Code Northville MI 48167-9820	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Bayloff Die & Machine Co., Inc	Occupation President	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Rob & Katherine A. Bovitz	Date of Receipt MM / DD / YYYY 11 / 01 / 2008
	Mailing Address 47992 Inveraray Road	Transaction ID: A-I23187
	City State Zip Code Canton MI 48188-4738	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Inkind: Accounting Oversight <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Bovitz & Co, CPA., P.C.	Occupation President	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2625.25	

C.	Full Name (Last, First, Middle Initial) Mr. Ernest J Codilis, Jr.	Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address 7657 Forest Hill Road	Transaction ID: A-C22952
	City State Zip Code Burr Ridge IL 60527-5172	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Stawirski & Associates, P.C	Occupation Attorney	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional)	4300.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Pamela J Codilis

Mailing Address 7657 Forest Hill Road

City State Zip Code
Burr Ridge IL 60527-5172

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Stawarski & Associates, P.C. Attorney

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	8

Transaction ID: A-C22953

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Charles L Dardas

Mailing Address 3668 S Creek Drive

City State Zip Code
Rochester MI 48306-1474

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Alpha Stamping Company Executive VP/COO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	8

Transaction ID: A-C22785

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Robert DeMattia

Mailing Address 11953 Lorenz Way

City State Zip Code
Plymouth MI 48170-3517

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
DeMattia Group Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	0	8

Transaction ID: A-I23185

Amount of Each Receipt this Period
500.00

Inkind: office space rental
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 4800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
James Deutchman

Mailing Address 26515 Scenic Highway

City State Zip Code
Franklin MI 48025-1365

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Transaction ID: A-C22632

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Mr. Marcus S Evangelista

Mailing Address 790 Davis Avenue

City State Zip Code
Birmingham MI 48009-2074

FEC ID number of contributing federal political committee. C

Name of Employer MAPLE MANOR REHAB CENTER Occupation ATTY & CHIEF FINANCIAL OFFICER

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 8

Transaction ID: A-C22784

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Peter Ewing

Mailing Address 7011 Biscayne Avenue

City State Zip Code
White Lake MI 48383-2809

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Finance

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 8

Transaction ID: A-C22635

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mr. Thadeus Figiel	Date of Receipt MM / DD / YYYY 10 / 27 / 2008
	Mailing Address 16795 Inkster Road	Transaction ID: A-C22827
	City Livonia State MI Zip Code 48154-3451	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Retired Occupation n/a Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 470.00	

B.	Full Name (Last, First, Middle Initial) Mr. Jay A. Frost, III	Date of Receipt MM / DD / YYYY 10 / 24 / 2008
	Mailing Address 9001 Moonlight Bay	Transaction ID: A-C22766
	City Pickney State MI Zip Code 48169	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer MI CAT Occupation Executive Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2650.00	

C.	Full Name (Last, First, Middle Initial) Mrs. Joan Grindel	Date of Receipt MM / DD / YYYY 10 / 24 / 2008
	Mailing Address 30757 Charleston Court	Transaction ID: A-C22770
	City Farmington Hills State MI Zip Code 48331-1510	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer N/A Occupation Retired Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	1150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 97
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	
							<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Michael S Hale

Mailing Address 48210 Binghampton Drive

City Northville State MI Zip Code 48168-8634

FEC ID number of contributing federal political committee. **C**

Name of Employer Cambridge Financial Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 10 / 26 / 2008

Transaction ID: A-C22782

Amount of Each Receipt this Period 1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mrs. Leslie S. Helppie

Mailing Address PO Box 607

City Bloomfield Hills State MI Zip Code 48303-0607

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 10 / 26 / 2008

Transaction ID: A-C22773

Amount of Each Receipt this Period 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Richard D. Helppie

Mailing Address PO Box 607

City Bloomfield Hills State MI Zip Code 48303-0607

FEC ID number of contributing federal political committee. **C**

Name of Employer Superior Consultant Company Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 10 / 26 / 2008

Transaction ID: A-C22772

Amount of Each Receipt this Period 700.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4500.00

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mrs. Amy Jordan
Mailing Address 370 Eaton Drive
City Northville State MI Zip Code 48167-1308
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 10 / 26 / 2008
Transaction ID: A-C22779
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Jerrold M. Jung
Mailing Address PO Box 7060
City Novi State MI Zip Code 48376-7060
FEC ID number of contributing federal political committee. **C**
Name of Employer Michigan CAT Occupation President
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5600.00
Date of Receipt 10 / 26 / 2008
Transaction ID: A-C22781
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Sam Kassab
Mailing Address 3977 W Tienken Road
City Rochester Hills State MI Zip Code 48306-3771
FEC ID number of contributing federal political committee. **C**
Name of Employer GUARDIAN ANGEL Occupation OWNER
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00
Date of Receipt 10 / 24 / 2008
Transaction ID: A-C22767
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2250.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. John Kelly

Mailing Address 29043 Hathaway Street

City Livonia State MI Zip Code 48150-3117

FEC ID number of contributing federal political committee. **C**

Name of Employer best efforts Occupation best efforts

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 10 / 20 / 2008
Transaction ID: A-C22961
 Amount of Each Receipt this Period: 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. James Khury

Mailing Address 248 Council Avenue

City Clawson State MI Zip Code 48017-1165

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 10 / 26 / 2008
Transaction ID: A-C22789
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mrs. Helen & C.F. Kleinbrook

Mailing Address 8201 Hazelton Street

City Dearborn Heights State MI Zip Code 48127-1548

FEC ID number of contributing federal political committee. **C**

Name of Employer na Occupation retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 10 / 26 / 2008
Transaction ID: A-C22778
 Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. William A Kostin

Mailing Address 13236 Braeburn Lane

City Plymouth State MI Zip Code 48170-6902

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt: 10 / 17 / 2008
Transaction ID: A-C22629
 Amount of Each Receipt this Period: 50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Janis Kukainis

Mailing Address 1907 Autumn Crest Lane

City Kalamazoo State MI Zip Code 49008-4810

FEC ID number of contributing federal political committee. **C**

Name of Employer na Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt: 10 / 17 / 2008
Transaction ID: A-C22630
 Amount of Each Receipt this Period: 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Dr. Sami Maassarani

Mailing Address 2038 Applewood Drive

City Troy State MI Zip Code 48085-7032

FEC ID number of contributing federal political committee. **C**

Name of Employer CONVENIENT FAMILY DENISTRY Occupation DENTIST

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 10 / 26 / 2008
Transaction ID: A-C22780
 Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 97
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. John & Marisa R. MacInnis

Mailing Address 43903 Galway Drive

City Northville State MI Zip Code 48167-3707

FEC ID number of contributing federal political committee. **C**

Name of Employer Detroit Concrete Prod. Co-
rp Occupation Executive

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt: 10 / 26 / 2008

Transaction ID: A-C22783

Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

850.00

B. Full Name (Last, First, Middle Initial)
Mr. James McCann

Mailing Address 18435 Mayfield

City Livonia State MI Zip Code 48152

FEC ID number of contributing federal political committee. **C**

Name of Employer Wayne County Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt: 10 / 24 / 2008

Transaction ID: A-C22768

Amount of Each Receipt this Period: 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

300.00

C. Full Name (Last, First, Middle Initial)
Mr. Matt Menchinger

Mailing Address 605 S Harvey Street

City Plymouth State MI Zip Code 48170-1719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt: 10 / 26 / 2008

Transaction ID: A-C22791

Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 97
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Thomas Mielke

Mailing Address 4951 S Haggerty Road
Lot 33

City State Zip Code
Canton MI 48188-2857

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 8

Transaction ID: A-C22956

Amount of Each Receipt this Period
25.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Kenneth Navarre

Mailing Address 1058 Foxwood Court

City State Zip Code
White Lake MI 48383-3050

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Michigan Motor Exchange President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: A-C22826

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. David J Pfeifer

Mailing Address 1915 Applebrook Drive

City State Zip Code
Commerce Twp MI 48382-1492

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 8

Transaction ID: A-C22788

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1225.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) The Honora Christopher Roosen		Date of Receipt	
	Mailing Address 44584 Spring Hill Road		M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: A-C22792
	Northville	MI	48167-4367	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Visteon Corporation		Occupation Account Manager		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼		
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	600.00		
<input type="checkbox"/> Other (specify) ▼				

B.	Full Name (Last, First, Middle Initial) Dr. William J. Rouhana		Date of Receipt	
	Mailing Address 416 Calle Canela		M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: A-C22703
	San Dimas	CA	91773-5107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
Name of Employer Private Practice		Occupation Doctor		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼		
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	300.00		
<input type="checkbox"/> Other (specify) ▼				

C.	Full Name (Last, First, Middle Initial) Mr. Anthony Rugiero		Date of Receipt	
	Mailing Address 1836 Kinmore Street		M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: A-C22801
	Dearborn Heights	MI	48127-3415	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Antonio's Restaurant		Occupation Owner		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼		
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	2000.00		
<input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional)	1800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 97
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Mark L. Rugiero

Mailing Address 1836 Kinmore Street

City State Zip Code
Dearborn Heights MI 48127-3415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Antonio's Restaurant Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: A-C22802

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Bob Saks

Mailing Address 35200 Grand River Avenue

City State Zip Code
Farmington Hills MI 48335-3212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bob Saks Auto Dealer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Transaction ID: A-C22631

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Wallace E. Smith

Mailing Address 25535 Shore Line Drive

City State Zip Code
Novi MI 48374-2169

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
E & E Manufacturing Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 8

Transaction ID: A-C22787

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 97
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Leo C Stawiarski, Jr.

Mailing Address 6560 Greenwood Plaza Boulevard
Suite 525

City Englewood State CO Zip Code 80111-7102

FEC ID number of contributing federal political committee. **C**

Name of Employer Stawiarski & Associates P.C. Occupation Attorney

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt 11 / 05 / 2008
Transaction ID: A-C22950
Amount of Each Receipt this Period 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mrs. Margaret F Stawiarski

Mailing Address 6560 Greenwood Plaza Boulevard
Suite 525

City Englewood State CO Zip Code 80111-7102

FEC ID number of contributing federal political committee. **C**

Name of Employer Stawiarski & Associates, PC Occupation Attorney

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt 11 / 05 / 2008
Transaction ID: A-C22951
Amount of Each Receipt this Period 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Brian & Jeanne R. Swanson

Mailing Address 25641 Hillside Drive

City Novi State MI Zip Code 48374-2158

FEC ID number of contributing federal political committee. **C**

Name of Employer E & E Manufacturing Co, Inc. Occupation Accountant

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt 10 / 26 / 2008
Transaction ID: A-C22790
Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **5600.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 97
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. David & Kathleen Trott

Mailing Address 158 Lake Park Drive

City Birmingham State MI Zip Code 48009-1202

FEC ID number of contributing federal political committee. **C**

Name of Employer Trott & Trott Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 10 / 27 / 2008

Transaction ID: A-C22796

Amount of Each Receipt this Period 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. David D. Woodruff

Mailing Address 2502 Valley Drive

City Alexandria State VA Zip Code 22302-2841

FEC ID number of contributing federal political committee. **C**

Name of Employer Volkswagen of America, Inc. Occupation Government Relations Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 10 / 24 / 2008

Transaction ID: A-C22761

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2800.00
TOTAL This Period (last page this line number only)	▶	40175.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
AFL-CIO Political Education Fund of the BCTD
Mailing Address 815 16th Street N.W.
City Washington State DC Zip Code 20006
FEC ID number of contributing federal political committee. **C** C00003806
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 10 / 27 / 2008
Transaction ID: A-C22794
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS CRNA PAC
Mailing Address 412 1st Street SE Suite 12
City Washington State DC Zip Code 20003-1804
FEC ID number of contributing federal political committee. **C** C00173153
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 10 / 24 / 2008
Transaction ID: A-C22762
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE
Mailing Address 401 N Lindbergh Boulevard
City Saint Louis State MO Zip Code 63141-7839
FEC ID number of contributing federal political committee. **C** C00293910
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 10 / 30 / 2008
Transaction ID: A-C22818
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3000.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 23 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
American Osteopathic Information Association - Osteopathic Political Action Committee

Mailing Address 1090 Vermont Avenue NW
Suite 510

City State Zip Code
Washington DC 20005-4949

FEC ID number of contributing federal political committee. **C** C00113803

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 5 / 2 0 0 8

Transaction ID: A-C22949

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Boilermakers Blacksmiths Forgers and Helpers of America, Local 169 Boilermakers PAC

Mailing Address 5936 Chase Road

City State Zip Code
Dearborn MI 48126-2160

FEC ID number of contributing federal political committee. **C** C00040949

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 8

Transaction ID: A-C22816

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
BROKE HOLDINGS INC AND JACKSON NATIONAL LIFE INSURANCE COMPANY SEPARATE SEGR

Mailing Address 1 Corporate Way

City State Zip Code
Lansing MI 48951

FEC ID number of contributing federal political committee. **C** C00254953

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 8 / 2 0 0 8

Transaction ID: A-C22803

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 24 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
CALIFORNIA DAIRIES INC FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address PO Box 2198

City State Zip Code
Los Banos CA 93635-2198

FEC ID number of contributing federal political committee. **C** C00349746

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: A-C22817

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 501 Third Street NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C70000211

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: A-C22797

Amount of Each Receipt this Period
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOBILE DEALERS ASSOCIATION

Mailing Address 8400 Westpark Drive

City State Zip Code
Mclean VA 22102-5116

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: A-C22763

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **6500.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 25 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
DRIVE Committee- Political Fund

Mailing Address 25 Louisiana Avenue NW

City Washington State DC Zip Code 20001-2130

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 11 / 01 / 2008
Transaction ID: A-C22876
 Amount of Each Receipt this Period 5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Growth And Prosperity Political Action Committee

Mailing Address 831 Linwood Court Suite 300

City Birmingham State AL Zip Code 35222-4428

FEC ID number of contributing federal political committee. **C** C00388793

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt 10 / 30 / 2008
Transaction ID: A-C22820
 Amount of Each Receipt this Period 5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
International Brotherhood of Boilermakers-Blacksmiths Legislative Education Action Progr

Mailing Address 753 State Avenue Suite 565

City Kansas City State KS Zip Code 66101-2511

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt 10 / 28 / 2008
Transaction ID: A-C22804
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 11000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 97

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)

Mailing Address 1401 H STREET NW SUITE 1200

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 8

Transaction ID: A-C22793

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
JP Morgan Chase & Co. Federal Political Action Committee

Mailing Address 10 S. Dearborn Street

City State Zip Code
Chicago IL 60603

FEC ID number of contributing federal political committee. **C** C00104299

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: A-C22805

Amount of Each Receipt this Period

3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
LIBERTY MUTUAL INSURANCE COMPANY-PAC

Mailing Address 175 Berkeley Steet

City State Zip Code
Boston MA 02117

FEC ID number of contributing federal political committee. **C** C00171843

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: A-C22795

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ►

5000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 97

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMMITTEE

Mailing Address 2901 Telestar Court

City State Zip Code
Falls Church VA 22042-1260

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: A-C22765

Amount of Each Receipt this Period

2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF MORTGAGE BROKERS PAC

Mailing Address 7900 Westpark Drive
Suite T309

City State Zip Code
McLean VA 22102-4264

FEC ID number of contributing federal political committee. **C** C00254201

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: A-C22819

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
NEA FUND FOR CHILDREN AND PUBLIC EDUCATION

Mailing Address 1201 16th St NW Ste 420

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 8

Transaction ID: A-C22877

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

5000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 97
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
VFW POLITICAL ACTION COMMITTEE

Mailing Address 200 Maryland Avenue NE

City	State	Zip Code
Washington	DC	20002-5724

FEC ID number of contributing federal political committee. **C** C00113001

Name of Employer	Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1300.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 8

Transaction ID: A-C22707

Amount of Each Receipt this Period
 1300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	36300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 97
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Charter One Bank		Date of Receipt
	Mailing Address 37307 Six Mile Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Livonia	MI	48152
	FEC ID number of contributing federal political committee. C		Transaction ID: A-M23132
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 327.65
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		Interest
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 1846.28	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Friends of WSUSOM		Date of Receipt
	Mailing Address PO Box 44406		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 3 / 2 0 0 8
	City	State	Zip Code
	Detroit	MI	48244-0406
	FEC ID number of contributing federal political committee. C C00452961		Transaction ID: A-M22947
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 500.00
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Roger M. Dooley		Date of Receipt
	Mailing Address 10996 W Brooks Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 2 / 2 0 0 8
	City	State	Zip Code
	Plymouth	MI	48170-3474
	FEC ID number of contributing federal political committee. C		Transaction ID: A-M22936
Name of Employer best efforts		Occupation best efforts	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 250.00
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1077.65
TOTAL This Period (last page this line number only)	<input type="text"/> 1077.65

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address PO Box 619616

City State Zip Code
Dfw Airport TX 75261-9616

Purpose of Disbursement
Administrative/Salary/Overhead: Flight
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-23076
Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

325.50

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

B.

Full Name (Last, First, Middle Initial)
AT & T

Mailing Address Bill Payment Center

City State Zip Code
Saginaw MI 48663-0003

Purpose of Disbursement
Telephone service
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-22668
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

153.90

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

C.

Full Name (Last, First, Middle Initial)
AT & T

Mailing Address Bill Payment Center

City State Zip Code
Saginaw MI 48663-0003

Purpose of Disbursement
Landline Phones
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-22868
Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

155.72

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

SUBTOTAL of Disbursements This Page (optional) ▶

635.12

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

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) BP - Northville Mailing Address 17233 Haggerty Road City Northville State MI Zip Code 48168-9542 Purpose of Disbursement Gas Card for Volunteers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22895 Date of Disbursement 10 / 27 / 2008 Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type
B.	Full Name (Last, First, Middle Initial) BP - Northville Mailing Address 17233 Haggerty Road City Northville State MI Zip Code 48168-9542 Purpose of Disbursement Gas Card for Volunteers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22896 Date of Disbursement 10 / 27 / 2008 Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type
C.	Full Name (Last, First, Middle Initial) BP - Northville Mailing Address 17233 Haggerty Road City Northville State MI Zip Code 48168-9542 Purpose of Disbursement Gas Cards for Volunteers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22897 Date of Disbursement 10 / 27 / 2008 Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

150.00

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

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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) BP - Northville</p> <p>Mailing Address 17233 Haggerty Road</p> <p>City Northville State MI Zip Code 48168-9542</p> <p>Purpose of Disbursement Gas Card for Volunteers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22901</p> <p>Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) BP - Northville</p> <p>Mailing Address 17233 Haggerty Road</p> <p>City Northville State MI Zip Code 48168-9542</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Gas Card</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-23079</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 175.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Budget Car & Truck Rental</p> <p>Mailing Address 34500 Plymouth Road</p> <p>City Livonia State MI Zip Code 48150-1419</p> <p>Purpose of Disbursement Truck Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22911</p> <p>Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 385.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

610.00

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

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Budget Car & Truck Rental</p> <p>Mailing Address 34500 Plymouth Road</p> <p>City Livonia State MI Zip Code 48150-1419</p> <p>Purpose of Disbursement Truck Rental for Mail Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-23085</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 321.45</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Budget Car & Truck Rental</p> <p>Mailing Address 34500 Plymouth Road</p> <p>City Livonia State MI Zip Code 48150-1419</p> <p>Purpose of Disbursement Truck Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22910</p> <p>Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 225.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Budget Car & Truck Rental</p> <p>Mailing Address 34500 Plymouth Road</p> <p>City Livonia State MI Zip Code 48150-1419</p> <p>Purpose of Disbursement Truck Rental for Mail Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-23075</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 345.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

892.04

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

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Buschs	Transaction ID: B-E-22848
	Mailing Address 15185 N Sheldon Road	Date of Disbursement 10 / 21 / 2008
	City Plymouth State MI Zip Code 48170-2483	Amount of Each Disbursement this Period 29.51
	Purpose of Disbursement Soft Drinks Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Buschs	Transaction ID: B-E-22898
	Mailing Address 15185 N Sheldon Road	Date of Disbursement 10 / 27 / 2008
	City Plymouth State MI Zip Code 48170-2483	Amount of Each Disbursement this Period 44.60
	Purpose of Disbursement Candy/Snacks for Office Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Buschs	Transaction ID: B-E-22850
	Mailing Address 15185 N Sheldon Road	Date of Disbursement 10 / 28 / 2008
	City Plymouth State MI Zip Code 48170-2483	Amount of Each Disbursement this Period 8.65
	Purpose of Disbursement Administrative/Salary/Overhead: Coffee Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	82.76
TOTAL This Period (last page this line number only)	

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Buschs</p> <p>Mailing Address 15185 N Sheldon Road</p> <p>City Plymouth State MI Zip Code 48170-2483</p> <p>Purpose of Disbursement Office Supplies/Snacks</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22836</p> <p>Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 15.24</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Buschs</p> <p>Mailing Address 15185 N Sheldon Road</p> <p>City Plymouth State MI Zip Code 48170-2483</p> <p>Purpose of Disbursement Soda for Office</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22908</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 13.18</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Campbell Holste</p> <p>Mailing Address 140 Littleton Road Suite 320</p> <p>City Parsippany State NJ Zip Code 07054</p> <p>Purpose of Disbursement Political Strategy Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22663</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2028.42

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

**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Campbell Holste <hr/> Mailing Address 140 Littleton Road Suite 320 <hr/> City Parsippany State NJ Zip Code 07054 <hr/> Purpose of Disbursement Political Strategy Consultatio Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22854 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8 <hr/> 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
B.	Full Name (Last, First, Middle Initial) Charter One Bank <hr/> Mailing Address 37307 Six Mile Road <hr/> City Livonia State MI Zip Code 48152 <hr/> Purpose of Disbursement Wire Transfer Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22646 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 21.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Charter One Bank <hr/> Mailing Address 37307 Six Mile Road <hr/> City Livonia State MI Zip Code 48152 <hr/> Purpose of Disbursement Banking Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-23078 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2046.00

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

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
City of Livonia

Mailing Address 33000 Civic Center Drive

City Livonia State MI Zip Code 48154-3060

Purpose of Disbursement
Absentee Ballots

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-22862
Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

110.00

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

B.

Full Name (Last, First, Middle Initial)
CompleteCampaigns.com

Mailing Address 610 Gateway Center Way Suite K

City San Diego State CA Zip Code 92102

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-22889
Date of Disbursement

10 / 18 / 2008

Amount of Each Disbursement this Period

80.25

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

C.

Full Name (Last, First, Middle Initial)
CompleteCampaigns.com

Mailing Address 610 Gateway Center Way Suite K

City San Diego State CA Zip Code 92102

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-22890
Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

23.25

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

SUBTOTAL of Disbursements This Page (optional) ▶

213.50

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

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CompleteCampaigns.com

Transaction ID: B-E-23143
Date of Disbursement

Mailing Address 610 Gateway Center Way
Suite K

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	8

City San Diego State CA Zip Code 92102

Amount of Each Disbursement this Period

38.36

Purpose of Disbursement
credit card processing

001

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
CompleteCampaigns.com

Transaction ID: B-E-22830
Date of Disbursement

Mailing Address 610 Gateway Center Way
Suite K

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	8

City San Diego State CA Zip Code 92102

Amount of Each Disbursement this Period

30.00

Purpose of Disbursement
credit card processing fee

001

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
CompleteCampaigns.com

Transaction ID: B-E-22881
Date of Disbursement

Mailing Address 610 Gateway Center Way
Suite K

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	8

City San Diego State CA Zip Code 92102

Amount of Each Disbursement this Period

16.00

Purpose of Disbursement
Credit Card processing Fees

001

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

84.36

TOTAL This Period (last page this line number only)

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CompleteCampaigns.com

Transaction ID: B-E-22880
Date of Disbursement

Mailing Address 610 Gateway Center Way
Suite K

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	8

City San Diego State CA Zip Code 92102

Amount of Each Disbursement this Period

4.75

Purpose of Disbursement
Credit Card Processing Fees

001

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
CompleteCampaigns.com

Transaction ID: B-E-22683
Date of Disbursement

Mailing Address 610 Gateway Center Way
Suite K

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	0	8

City San Diego State CA Zip Code 92102

Amount of Each Disbursement this Period

1130.35

Purpose of Disbursement
Database hosting fee/blast ema

001

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
CompleteCampaigns.com

Transaction ID: B-E-22879
Date of Disbursement

Mailing Address 610 Gateway Center Way
Suite K

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	0	8

City San Diego State CA Zip Code 92102

Amount of Each Disbursement this Period

2.25

Purpose of Disbursement
Credit Card Processing Fee

001

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1137.35

TOTAL This Period (last page this line number only)

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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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) eMC Strategies</p> <p>Mailing Address 33006 7 Mile Road # 302</p> <p>City Livonia State MI Zip Code 48152-1358</p> <p>Purpose of Disbursement Domain Registration and Campai</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-23041</p> <p>Date of Disbursement 11 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 2100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) eMC Strategies</p> <p>Mailing Address 33006 7 Mile Road # 302</p> <p>City Livonia State MI Zip Code 48152-1358</p> <p>Purpose of Disbursement Campaign Management Fees for No</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-23056</p> <p>Date of Disbursement 11 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Fazio Management, Inc.</p> <p>Mailing Address 121 Woodcreek Court</p> <p>City Commerce Twp State MI Zip Code 48390-1272</p> <p>Purpose of Disbursement Fundraising: Fundraising Commissions</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22915</p> <p>Date of Disbursement 11 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 7748.43</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11348.43

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

**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Fazio Management, Inc. Mailing Address 121 Woodcreek Court City Commerce Twp State MI Zip Code 48390-1272 Purpose of Disbursement Fundraising Commission Fees Po Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-23055 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 8	Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Golden Age Publishing Mailing Address 5152 Commerce Road City Flint State MI Zip Code 48507-2939 Purpose of Disbursement Email List Purchase Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22967 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 8	Amount of Each Disbursement this Period 4937.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Holiday Inn Express Hotel - Columbus, OH Mailing Address 701 E Hudson Street City Columbus State OH Zip Code 43211-1034 Purpose of Disbursement Volunteer Hotel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-23074 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 8	Amount of Each Disbursement this Period 231.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6668.66

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

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 43 / 97

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Hotels.com</p> <p>Mailing Address 10440 N Central Expressway Suite 400</p> <p>City Dallas State TX Zip Code 75231-2228</p> <p>Purpose of Disbursement Volunteer Hotel Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-23083 Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 354.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Innovative Marketing Services, Inc.</p> <p>Mailing Address PO Box 301</p> <p>City Walled Lake State MI Zip Code 48390-0301</p> <p>Purpose of Disbursement Postage Fees/Mail Services Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22903 Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 6468.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) International Jet Management</p> <p>Mailing Address 23800 Wind Sock Drive Suite 200</p> <p>City Sterling State VA Zip Code 20166-7542</p> <p>Purpose of Disbursement Jet Rental Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-23052 Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 9621.26</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

16444.22

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

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) International Jet Management</p> <p>Mailing Address 23800 Wind Sock Drive Suite 200</p> <p>City Sterling State VA Zip Code 20166-7542</p> <p>Purpose of Disbursement Catering Jet Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-23051 Date of Disbursement 11 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 149.26</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Irish Rover, LLC</p> <p>Mailing Address 446 New Jersey Avenue SE</p> <p>City Washington State DC Zip Code 20003-4008</p> <p>Purpose of Disbursement Room Rental/Food/Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22964 Date of Disbursement 11 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Laurel Manor Banquet & Conference Center</p> <p>Mailing Address 39000 Schoolcraft Road</p> <p>City Livonia State MI Zip Code 48150-1036</p> <p>Purpose of Disbursement Election Night Party</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22887 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2908.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4057.68

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

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Livonia Police Officers Association</p> <p>Mailing Address PO Box 531328</p> <p>City Livonia State MI Zip Code 48153-1328</p> <p>Purpose of Disbursement Community Benefit Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22869</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) MAI & Associates</p> <p>Mailing Address 3057 Nutley Street Suite 122</p> <p>City Fairfax State VA Zip Code 22031</p> <p>Purpose of Disbursement Labor Management Issues Consul</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22962</p> <p>Date of Disbursement 11 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Main Office Mailers, Inc.</p> <p>Mailing Address Main Office Mailers 41113 Kopperrick</p> <p>City Canton State MI Zip Code 48187</p> <p>Purpose of Disbursement Advertising: mail processing/postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22656</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1266.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6516.03

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

**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Main Office Mailers, Inc.</p> <p>Mailing Address Main Office Mailers 41113 Koppernick</p> <p>City Canton State MI Zip Code 48187</p> <p>Purpose of Disbursement Advertising: Mailer processing/postage Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22657 Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 746.36</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Main Office Mailers, Inc.</p> <p>Mailing Address Main Office Mailers 41113 Koppernick</p> <p>City Canton State MI Zip Code 48187</p> <p>Purpose of Disbursement Advertising: mailer processing/postage Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22658 Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 12273.07</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Main Office Mailers, Inc.</p> <p>Mailing Address Main Office Mailers 41113 Koppernick</p> <p>City Canton State MI Zip Code 48187</p> <p>Purpose of Disbursement Advertising: mailer processing/postage Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22659 Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 256.69</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

13276.12

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

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)

<input checked="" 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 type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Main Office Mailers, Inc.</p> <p>Mailing Address Main Office Mailers 41113 Koppernick</p> <p>City Canton State MI Zip Code 48187</p> <p>Purpose of Disbursement Mail Processing/Postage Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22647 Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1038.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Main Office Mailers, Inc.</p> <p>Mailing Address Main Office Mailers 41113 Koppernick</p> <p>City Canton State MI Zip Code 48187</p> <p>Purpose of Disbursement Mail Services Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22905 Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 9934.41</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Main Office Mailers, Inc.</p> <p>Mailing Address Main Office Mailers 41113 Koppernick</p> <p>City Canton State MI Zip Code 48187</p> <p>Purpose of Disbursement Postage/Mail Services Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22857 Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 3179.35</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	14152.13
TOTAL This Period (last page this line number only)	

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Main Office Mailers, Inc.</p> <p>Mailing Address Main Office Mailers 41113 Koppernick</p> <p>City Canton State MI Zip Code 48187</p> <p>Purpose of Disbursement Postage/Mail Services Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22858 Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 2214.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Marriott - Livonia, MI</p> <p>Mailing Address 17100 N Laurel Park Drive</p> <p>City Livonia State MI Zip Code 48152-2651</p> <p>Purpose of Disbursement Staff Hotel Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-23081 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 378.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Mary Dennings Cake Shoppe</p> <p>Mailing Address 8036 N Wayne Road</p> <p>City Westland State MI Zip Code 48185-1110</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Cupcakes Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22914 Date of Disbursement 11 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 160.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	2752.88
TOTAL This Period (last page this line number only)	

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mason Energy

Mailing Address 500 W 55th Street

City New York State NY Zip Code 10019-3532

Purpose of Disbursement

Media Consultation

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: B-E-23065

Date of Disbursement

11 / 22 / 2008

Amount of Each Disbursement this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Mike Gula & Associates

Mailing Address 700 12th Street NW Suite 700

City Washington State DC Zip Code 20005

Purpose of Disbursement

PAC Fundraising Commission Fee

Candidate Name

003
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-22655

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

14390.00

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

C.

Full Name (Last, First, Middle Initial)

Mike Gula & Associates

Mailing Address 700 12th Street NW Suite 700

City Washington State DC Zip Code 20005

Purpose of Disbursement

Fundraising: PAC Fundraising Commission

Candidate Name

003
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-22865

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

2760.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

18150.00

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

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Northville Chamber of Commerce Mailing Address 195 S Main Street City Northville State MI Zip Code 48167-1661 Purpose of Disbursement Membership Dues Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22882 Date of Disbursement 10 / 28 / 2008 Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Northwest Airlines Mailing Address 7500 Airline Drive City Minneapolis State MN Zip Code 55450-1101 Purpose of Disbursement Candidate Flight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-23077 Date of Disbursement 10 / 31 / 2008 Amount of Each Disbursement this Period 330.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Northwest Airlines Mailing Address 7500 Airline Drive City Minneapolis State MN Zip Code 55450-1101 Purpose of Disbursement Baggage Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-23067 Date of Disbursement 11 / 10 / 2008 Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Northwest Airlines	Transaction ID: B-E-23068 Date of Disbursement 11 / 10 / 2008
	Mailing Address 7500 Airline Drive	Amount of Each Disbursement this Period 40.00
	City Minneapolis State MN Zip Code 55450-1101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Baggage fees Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Northwest Airlines	Transaction ID: B-E-23069 Date of Disbursement 11 / 10 / 2008
	Mailing Address 7500 Airline Drive	Amount of Each Disbursement this Period 253.50
	City Minneapolis State MN Zip Code 55450-1101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Administrative/Salary/Overhead: Flight Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Novi Chamber of Commerce	Transaction ID: B-E-22673 Date of Disbursement 10 / 17 / 2008
	Mailing Address 43700 Expo Center Drive	Amount of Each Disbursement this Period 175.00
	City Novi State MI Zip Code 48375-1135	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Membership Dues Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

468.50

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

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Office Depot Mailing Address 17335 Haggerty Road City Northville State MI Zip Code 48168-9542 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22679 Date of Disbursement 10 / 16 / 2008 Amount of Each Disbursement this Period 85.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Office Depot Mailing Address 17335 Haggerty Road City Northville State MI Zip Code 48168-9542 Purpose of Disbursement Administrative/Salary/Overhead: Labels Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22899 Date of Disbursement 10 / 24 / 2008 Amount of Each Disbursement this Period 28.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Office Depot Mailing Address 17335 Haggerty Road City Northville State MI Zip Code 48168-9542 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-23090 Date of Disbursement 10 / 24 / 2008 Amount of Each Disbursement this Period 57.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

171.66

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

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 17335 Haggerty Road</p> <p>City Northville State MI Zip Code 48168-9542</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-23091</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 21.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 17335 Haggerty Road</p> <p>City Northville State MI Zip Code 48168-9542</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-23092</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 103.84</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 17335 Haggerty Road</p> <p>City Northville State MI Zip Code 48168-9542</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Labels</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22900</p> <p>Date of Disbursement 10 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 41.29</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

166.32

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

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: B-E-22872
	Mailing Address 17335 Haggerty Road	Date of Disbursement 10 / 27 / 2008
	City Northville State MI Zip Code 48168-9542	Amount of Each Disbursement this Period 31.70
	Purpose of Disbursement office supplies Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: B-E-23087
	Mailing Address 17335 Haggerty Road	Date of Disbursement 10 / 27 / 2008
	City Northville State MI Zip Code 48168-9542	Amount of Each Disbursement this Period 49.78
	Purpose of Disbursement Office Supplies Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: B-E-22849
	Mailing Address 17335 Haggerty Road	Date of Disbursement 10 / 28 / 2008
	City Northville State MI Zip Code 48168-9542	Amount of Each Disbursement this Period 49.75
	Purpose of Disbursement Office Supplies Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	131.23
TOTAL This Period (last page this line number only)	

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: B-E-22833
	Mailing Address 17335 Haggerty Road	Date of Disbursement 10 / 29 / 2008
	City Northville State MI Zip Code 48168-9542	Amount of Each Disbursement this Period 73.08
	Purpose of Disbursement Avery Labels, Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type 001
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: B-E-22832
	Mailing Address 17335 Haggerty Road	Date of Disbursement 10 / 30 / 2008
	City Northville State MI Zip Code 48168-9542	Amount of Each Disbursement this Period 47.66
	Purpose of Disbursement Avery Labels	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type 001
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: B-E-22834
	Mailing Address 17335 Haggerty Road	Date of Disbursement 10 / 30 / 2008
	City Northville State MI Zip Code 48168-9542	Amount of Each Disbursement this Period 6.35
	Purpose of Disbursement Avery Labels	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type 001
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	127.09
TOTAL This Period (last page this line number only)	▶	

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: B-E-22919 Date of Disbursement
	Mailing Address 17335 Haggerty Road	<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Northville State MI Zip Code 48168-9542	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies Candidate Name	<input type="text" value="65.71"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <input type="text" value="001"/>

B.	Full Name (Last, First, Middle Initial) Pas Photography Inc	Transaction ID: B-E-22846 Date of Disbursement
	Mailing Address 871 Kirts Boulevard	<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Troy State MI Zip Code 48084-4857	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Event: Photographers Candidate Name	<input type="text" value="542.93"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <input type="text" value="007"/>

C.	Full Name (Last, First, Middle Initial) Progressive Printing	Transaction ID: B-E-22660 Date of Disbursement
	Mailing Address 1326 Goldsmith	<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City Plymouth State MI Zip Code 48170	Amount of Each Disbursement this Period
	Purpose of Disbursement Advertising: Mailer Printing Candidate Name	<input type="text" value="2684.98"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <input type="text" value="004"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3293.62"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Progressive Printing Mailing Address 1326 Goldsmith City Plymouth State MI Zip Code 48170 Purpose of Disbursement Advertising: Mailer printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22661 Date of Disbursement 10 / 17 / 2008 Amount of Each Disbursement this Period 2345.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Progressive Printing Mailing Address 1326 Goldsmith City Plymouth State MI Zip Code 48170 Purpose of Disbursement Advertising: Mailer printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22662 Date of Disbursement 10 / 17 / 2008 Amount of Each Disbursement this Period 1749.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Progressive Printing Mailing Address 1326 Goldsmith City Plymouth State MI Zip Code 48170 Purpose of Disbursement Printing Costs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22855 Date of Disbursement 10 / 28 / 2008 Amount of Each Disbursement this Period 4387.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

8482.12

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

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Progressive Printing</p> <p>Mailing Address 1326 Goldsmith</p> <p>City Plymouth State MI Zip Code 48170</p> <p>Purpose of Disbursement Printing Costs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22866</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1445.84</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Progressive Printing</p> <p>Mailing Address 1326 Goldsmith</p> <p>City Plymouth State MI Zip Code 48170</p> <p>Purpose of Disbursement Printing Costs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-23062</p> <p>Date of Disbursement 11 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 9088.44</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Public Opinion Strategies, LLC</p> <p>Mailing Address 277 S Washington Street Suite 320</p> <p>City Alexandria State VA Zip Code 22314-3674</p> <p>Purpose of Disbursement Polling: Brushfire Survey</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22674</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 12500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

23034.28

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

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Public Opinion Strategies, LLC

Transaction ID: B-E-22883

Mailing Address 277 S Washington Street
Suite 320

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	0	8

City Alexandria State VA Zip Code 22314-3674

Amount of Each Disbursement this Period

9300.00

Purpose of Disbursement

Polling: Brushfire Survey

005
Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Red Roof Inn

Transaction ID: B-E-22853

Mailing Address 2909 Cassopolis Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	0	8

City Elkhart State IN Zip Code 46514-5531

Amount of Each Disbursement this Period

582.33

Purpose of Disbursement

Travel Lodging

001
Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Red Roof Inn - Elkhart, IN

Transaction ID: B-E-23072

Mailing Address 2902 Cassopolis Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	0	8

City Elkhart State IN Zip Code 46514-5523

Amount of Each Disbursement this Period

485.39

Purpose of Disbursement

Volunteer Hotel

001
Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

10367.72

TOTAL This Period (last page this line number only)

**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Redford Township Chamber of Commerce</p> <p>Mailing Address 26050 Five Mile Road</p> <p>City Redford State MI Zip Code 48239</p> <p>Purpose of Disbursement membership Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22840 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Saturn Printing</p> <p>Mailing Address 35175 Plymouth Road</p> <p>City Livonia State MI Zip Code 48150-1422</p> <p>Purpose of Disbursement Invite/Envelope Printing Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22666 Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 4141.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Saturn Printing</p> <p>Mailing Address 35175 Plymouth Road</p> <p>City Livonia State MI Zip Code 48150-1422</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Printing Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22906 Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 8910.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

13251.95

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

**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Saturn Printing</p> <p>Mailing Address 35175 Plymouth Road</p> <p>City Livonia State MI Zip Code 48150-1422</p> <p>Purpose of Disbursement Printing Costs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22856</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 6069.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Speedway</p> <p>Mailing Address 500 Speedway Drive</p> <p>City Enon State OH Zip Code 45323-1056</p> <p>Purpose of Disbursement Staff Gas Stipends/Gas Cards</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22871</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Speedway</p> <p>Mailing Address 500 Speedway Drive</p> <p>City Enon State OH Zip Code 45323-1056</p> <p>Purpose of Disbursement Gas Cards for Volunteers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22839</p> <p>Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6419.10

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

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Speedway</p> <p>Mailing Address 500 Speedway Drive</p> <p>City Enon State OH Zip Code 45323-1056</p> <p>Purpose of Disbursement Volunteer Gas Cards Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22909 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Sprint</p> <p>Mailing Address P.O. Box 740602</p> <p>City Cincinnati State OH Zip Code 45274-0602</p> <p>Purpose of Disbursement Cellular Phones Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22886 Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 122.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) The Congressional Club</p> <p>Mailing Address 2001 New Hampshire Avenue NW</p> <p>City Washington State DC Zip Code 20009-3414</p> <p>Purpose of Disbursement Cookbooks Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-23054 Date of Disbursement 11 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 440.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	862.40
TOTAL This Period (last page this line number only)	

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) The Print House</p> <p>Mailing Address 23014 Commerce Drive</p> <p>City Farmington Hills State MI Zip Code 48335-2720</p> <p>Purpose of Disbursement Printing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22859</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12656.80"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) U. S. Postal Service</p> <p>Mailing Address 37500 Pembroke Avenue</p> <p>City Livonia State MI Zip Code 48152-4061</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22680</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1260.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) U. S. Postal Service</p> <p>Mailing Address 37500 Pembroke Avenue</p> <p>City Livonia State MI Zip Code 48152-4061</p> <p>Purpose of Disbursement Postage Stamps</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22665</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1260.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) U. S. Postal Service <hr/> Mailing Address 37500 Pembroke Avenue <hr/> City Livonia State MI Zip Code 48152-4061 <hr/> Purpose of Disbursement Postage Stamps Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22645 Date of Disbursement 10 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 1260.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) US Post Office <hr/> Mailing Address 47526 Clipper Street <hr/> City Plymouth State MI Zip Code 48170-2469 <hr/> Purpose of Disbursement Postage/Stamps Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22892 Date of Disbursement 10 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 1368.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) US Post Office <hr/> Mailing Address 47526 Clipper Street <hr/> City Plymouth State MI Zip Code 48170-2469 <hr/> Purpose of Disbursement Postage/Stamps Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22893 Date of Disbursement 10 / 24 / 2008 <hr/> Amount of Each Disbursement this Period 810.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3438.00

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

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) US Post Office</p> <p>Mailing Address 47526 Clipper Street</p> <p>City Plymouth State MI Zip Code 48170-2469</p> <p>Purpose of Disbursement Postage/Stamps</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22894</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1260.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) US Post Office</p> <p>Mailing Address 47526 Clipper Street</p> <p>City Plymouth State MI Zip Code 48170-2469</p> <p>Purpose of Disbursement Postage/Stamps</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22851</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1260.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) US Post Office</p> <p>Mailing Address 47526 Clipper Street</p> <p>City Plymouth State MI Zip Code 48170-2469</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22837</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1260.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3780.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address P.O. Box 17577</p> <p>City Baltimore State MD Zip Code 21297-0513</p> <p>Purpose of Disbursement Cell Phone Bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22867</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 74.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) West Metro Printing</p> <p>Mailing Address 33100 Industrial Road</p> <p>City Livonia State MI Zip Code 48150-1608</p> <p>Purpose of Disbursement Mailer Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22651</p> <p>Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 3709.27</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) West Metro Printing</p> <p>Mailing Address 33100 Industrial Road</p> <p>City Livonia State MI Zip Code 48150-1608</p> <p>Purpose of Disbursement Printing Costs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-22863</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 230.39</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4013.96

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

**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) West Metro Printing <hr/> Mailing Address 33100 Industrial Road <hr/> City Livonia State MI Zip Code 48150-1608 <hr/> Purpose of Disbursement Printing Costs Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22902 Date of Disbursement 10 / 28 / 2008 <hr/> Amount of Each Disbursement this Period 2784.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) X-Pressive Printing <hr/> Mailing Address 15081 Northville Road <hr/> City Plymouth State MI Zip Code 48170-2548 <hr/> Purpose of Disbursement bumperstickers Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22654 Date of Disbursement 10 / 17 / 2008 <hr/> Amount of Each Disbursement this Period 282.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Mr. Rob & Katherine A. Bovitz <hr/> Mailing Address 47992 Inveraray Road <hr/> City Canton State MI Zip Code 48188-4738 <hr/> Purpose of Disbursement Inkind: Accounting Oversight Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-I-23187 Date of Disbursement 11 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4066.65

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

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mr. Robert DeMattia Mailing Address 11953 Lorenz Way City Plymouth State MI Zip Code 48170-3517 Purpose of Disbursement Inkind: office space rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-I-23185 Date of Disbursement 11 / 01 / 2008 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Mr. Christopher Gravell Mailing Address 1620 A Street NE City Washington State DC Zip Code 20002-6520 Purpose of Disbursement October Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22861 Date of Disbursement 10 / 28 / 2008 Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Mr. Christopher Gravell Mailing Address 1620 A Street NE City Washington State DC Zip Code 20002-6520 Purpose of Disbursement October Salary and Election Da Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22913 Date of Disbursement 11 / 08 / 2008 Amount of Each Disbursement this Period 7942.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

11442.61

TOTAL This Period (last page this line number only)

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mr. Christopher Gravell Mailing Address 1620 A Street NE City Washington State DC Zip Code 20002-6520 Purpose of Disbursement Credit Repayment for Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-23061 Date of Disbursement 11 / 22 / 2008 Amount of Each Disbursement this Period 1033.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Mr. Michael S Hale Mailing Address 48210 Binghampton Drive City Northville State MI Zip Code 48168-8634 Purpose of Disbursement Reimbursement for Reception Fo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22648 Date of Disbursement 10 / 21 / 2008 Amount of Each Disbursement this Period 5201.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Mr. Dennis McCotter Mailing Address 1477 Morrison Boulevard City Canton State MI Zip Code 48187-3427 Purpose of Disbursement Band Charges for Election Nigh Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22907 Date of Disbursement 11 / 04 / 2008 Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6835.13

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

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Mrs. Judith M. Swartz

Mailing Address 9562 Carol Court

City State Zip Code
White Lake MI 48386-2300

Purpose of Disbursement
Administrative/Salary/Overhead: Postage
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-22842
Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

372.98

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

B.

Full Name (Last, First, Middle Initial)
Mr. Randall Thompson

Mailing Address 13293 Crane Ridge Drive

City State Zip Code
Fenton MI 48430-1064

Purpose of Disbursement
Consulting Fees
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-22885
Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

1600.00

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

C.

Full Name (Last, First, Middle Initial)
Mrs. Valita Wolf

Mailing Address 34822 Phyllis Street

City State Zip Code
Wayne MI 48184-2463

Purpose of Disbursement
Reimburse-Food/AV lists
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-22649
Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

91.00

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

SUBTOTAL of Disbursements This Page (optional)

2063.98

TOTAL This Period (last page this line number only)

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mrs. Valita Wolf Mailing Address 34822 Phyllis Street City Wayne State MI Zip Code 48184-2463 Purpose of Disbursement Administrative/Salary/Overhead: Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22860 Date of Disbursement 10 / 28 / 2008 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Mrs. Valita Wolf Mailing Address 34822 Phyllis Street City Wayne State MI Zip Code 48184-2463 Purpose of Disbursement Administrative/Salary/Overhead: Absentee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22831 Date of Disbursement 10 / 31 / 2008 Amount of Each Disbursement this Period 41.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Mrs. Valita Wolf Mailing Address 34822 Phyllis Street City Wayne State MI Zip Code 48184-2463 Purpose of Disbursement Volunteer Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-22916 Date of Disbursement 11 / 05 / 2008 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1041.28
TOTAL This Period (last page this line number only) ▶	225097.45

**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 checked="" type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MICHIGAN REPUBLICAN PARTY

Mailing Address 520 Seymour St.

City State Zip Code
Lansing MI 48933

Purpose of Disbursement
Team Michigan Dues

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-22888

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	1		0	5		2	0	0	8

Amount of Each Disbursement this Period

2500.00

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

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

**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 checked="" type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
MCCOTTER CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Joan Frank

Mailing Address 1421 Hartsough Street

City Plymouth State MI Zip Code 48170-2147

Purpose of Disbursement
Contribution Refund - Duplicat

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-23058

Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

35.00

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

SUBTOTAL of Disbursements This Page (optional)

35.00

TOTAL This Period (last page this line number only)

35.00

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

<p>A. Full Name (Last, First, Middle Initial) ALASKANS FOR DON YOUNG INC.</p> <p>Mailing Address 2504 Fairbanks Street</p> <p>City Anchorage State AK Zip Code 99503-2822</p> <p>Purpose of Disbursement Political Contribution: General 2008</p> <p>Candidate Name ALASKANS FOR DON YOUNG INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-22983</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) ANDY HARRIS FOR CONGRESS</p> <p>Mailing Address PO Box 1527</p> <p>City Annapolis State MD Zip Code 21404-1527</p> <p>Purpose of Disbursement Political Contribution: General 2008</p> <p>Candidate Name ANDY HARRIS FOR CONGRESS</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-22999</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS</p> <p>Mailing Address 6053 Hudson Road Suite 360</p> <p>City Woodbury State MN Zip Code 55125-1031</p> <p>Purpose of Disbursement Political Contribution: General 2008</p> <p>Candidate Name BACHMANN FOR CONGRESS</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-23015</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>5000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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)

<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

<p>A. Full Name (Last, First, Middle Initial) BLAINE FOR CONGRESS, INC.</p> <p>Mailing Address PO Box 1526</p> <p>City Columbia State MO Zip Code 65205-1526</p> <p>Purpose of Disbursement Political Contribution: General 2008</p> <p>Candidate Name BLAINE FOR CONGRESS, INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-23006</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) BRIAN BILBRAY FOR CONGRESS</p> <p>Mailing Address 2466 Unicornio Street</p> <p>City Carlsbad State CA Zip Code 92009-5320</p> <p>Purpose of Disbursement Political Contribution: General 2008</p> <p>Candidate Name BRIAN BILBRAY FOR CONGRESS</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-23013</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) CHARLIE SUMMERS FOR CONGRESS COMMITTEE</p> <p>Mailing Address 107 Exchange Street</p> <p>City Portland State ME Zip Code 04101-5001</p> <p>Purpose of Disbursement Political Contribution: General 008</p> <p>Candidate Name CHARLIE SUMMERS FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-23039</p> <p>Date of Disbursement 10 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

**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

A.

Full Name (Last, First, Middle Initial)
CHRIS LEE FOR CONGRESS

Transaction ID: B-E-23001
Date of Disbursement

Mailing Address PO Box 15395

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	8

City Rochester State NY Zip Code 14615-0395

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Contribution: General 2008

011
Category/
Type

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

Candidate Name
CHRIS LEE FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
CHRIS MYERS FOR CONGRESS

Transaction ID: B-E-23012
Date of Disbursement

Mailing Address PO Box 785

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	8

City Mount Holly State NJ Zip Code 08060-0785

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Political Contribution: General 2008

011
Category/
Type

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

Candidate Name
CHRIS MYERS FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
CHRISTOPHER SHAYS FOR CONGRESS COMMITTEE

Transaction ID: B-E-22982
Date of Disbursement

Mailing Address 98 East Avenue
Rear BUILDING

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	8

City Norwalk State CT Zip Code 06851-5029

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Political Contribution: General 2008

011
Category/
Type

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

Candidate Name
CHRISTOPHER SHAYS FOR CONGRESS COMMITTEE

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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**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)

<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

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR ANDAL Mailing Address PO Box 1607 City Stockton State CA Zip Code 95201-1607 Purpose of Disbursement Political Contribution: General 2008 Candidate Name CITIZENS FOR ANDAL Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-22996 Date of Disbursement 10 / 24 / 2008 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT CONGRESSMAN DANA ROHRABACHER Mailing Address PO Box 823 City Huntington Beach State CA Zip Code 92648-0823 Purpose of Disbursement Political Contribution: General 2008 Candidate Name COMMITTEE TO RE-ELECT CONGRESSMAN DANA ROHRABACHER Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-22971 Date of Disbursement 10 / 24 / 2008 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
C.	Full Name (Last, First, Middle Initial) CULBERSON FOR CONGRESS Mailing Address PO Box 41964 City Houston State TX Zip Code 77241-1964 Purpose of Disbursement Political Contribution: General 2008 Candidate Name CULBERSON FOR CONGRESS Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-23018 Date of Disbursement 10 / 24 / 2008 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

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

**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)

<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

A.	Full Name (Last, First, Middle Initial) DUNCAN D HUNTER FOR CONGRESS Mailing Address PO Box 3917 City La Mesa State CA Zip Code 91944-3917 Purpose of Disbursement Political Contribution: General 2008 Candidate Name DUNCAN D HUNTER FOR CONGRESS Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-23004 Date of Disbursement 10 / 24 / 2008 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
B.	Full Name (Last, First, Middle Initial) FRIENDS OF BILL POSEY Mailing Address 1824 Fiske Boulevard City Rockledge State FL Zip Code 32955-3045 Purpose of Disbursement Political Contribution: General 2008 Candidate Name FRIENDS OF BILL POSEY Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-22990 Date of Disbursement 10 / 24 / 2008 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) FRIENDS OF DAVE REICHERT Mailing Address PO Box 53322 City Bellevue State WA Zip Code 98015-3322 Purpose of Disbursement Political Contribution: General 2008 Candidate Name FRIENDS OF DAVE REICHERT Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-22972 Date of Disbursement 10 / 24 / 2008 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

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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)

<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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN Mailing Address PO Box 44369 City Eden Prairie State MN Zip Code 55344-1369 Purpose of Disbursement Political Contribution: General 2008 Candidate Name FRIENDS OF ERIK PAULSEN Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-23016 Date of Disbursement 10 / 24 / 2008 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) FRIENDS OF FRANK WOLF Mailing Address PO Box 710235 City Oak Hill State VA Zip Code 20171-0235 Purpose of Disbursement Political Contribution: General 2008 Candidate Name FRIENDS OF FRANK WOLF Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-22984 Date of Disbursement 10 / 24 / 2008 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
C.	Full Name (Last, First, Middle Initial) FRIENDS OF MIKE SODREL Mailing Address 702 N Shore Drive Suite 500 City Jeffersonville State IN Zip Code 47130-3104 Purpose of Disbursement Political Contribution: General 2008 Candidate Name FRIENDS OF MIKE SODREL Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-22987 Date of Disbursement 10 / 24 / 2008 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

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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)

<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

A.	Full Name (Last, First, Middle Initial) GARD FOR CONGRESS	Transaction ID: B-E-23000 Date of Disbursement
	Mailing Address PO Box 277	<input type="text" value="10"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Green Bay State WI Zip Code 54305-0277	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution: General 2008	<input type="text" value="1000.00"/>
	Candidate Name GARD FOR CONGRESS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS	Transaction ID: B-E-23017 Date of Disbursement
	Mailing Address 3161 Dixie Highway Suite F	<input type="text" value="10"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Erlanger State KY Zip Code 41018-1841	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution: General 2008	<input type="text" value="2000.00"/>
	Candidate Name GEOFF DAVIS FOR CONGRESS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) GOODE FOR CONGRESS	Transaction ID: B-E-23037 Date of Disbursement
	Mailing Address 235 S Main Street	<input type="text" value="10"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Rocky Mount State VA Zip Code 24151-1708	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution: General 2008	<input type="text" value="2000.00"/>
	Candidate Name GOODE FOR CONGRESS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<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

A.	Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS	Transaction ID: B-E-23026 Date of Disbursement 10 / 24 / 2008
	Mailing Address 2345 Grand Boulevard Suite 2400	Amount of Each Disbursement this Period 2000.00
	City Kansas City State MO Zip Code 64108-2642	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Political Contribution: General 2008 Candidate Name GRAVES FOR CONGRESS Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
	Category/Type 011	

B.	Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS	Transaction ID: B-E-22991 Date of Disbursement 10 / 24 / 2008
	Mailing Address PO Box 9639	Amount of Each Disbursement this Period 2000.00
	City Bowling Green State KY Zip Code 42102-9639	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Political Contribution: General 2008 Candidate Name GUTHRIE FOR CONGRESS Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
	Category/Type 011	

C.	Full Name (Last, First, Middle Initial) HAYES FOR CONGRESS	Transaction ID: B-E-23025 Date of Disbursement 10 / 24 / 2008
	Mailing Address PO Box 2000	Amount of Each Disbursement this Period 1000.00
	City Concord State NC Zip Code 28026-2000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Political Contribution: General 2008 Candidate Name HAYES FOR CONGRESS Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
	Category/Type 011	

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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)

<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

<p>A. Full Name (Last, First, Middle Initial) Hulshof for Governor, Inc.</p> <p>Mailing Address PO Box 1347</p> <p>City Columbia State MO Zip Code 65205-1347</p> <p>Purpose of Disbursement Political Contribution: General 2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-23040</p> <p>Date of Disbursement 10 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) JAY LOVE FOR CONGRESS</p> <p>Mailing Address 1020 Monticello Court Suite 205</p> <p>City Montgomery State AL Zip Code 36117-1901</p> <p>Purpose of Disbursement Political Contribution: General 2008</p> <p>Candidate Name JAY LOVE FOR CONGRESS</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-23008</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) JEFF FORTENBERRY FOR UNITED STATES CONGRESS</p> <p>Mailing Address 1610 N Street</p> <p>City Lincoln State NE Zip Code 68508-1871</p> <p>Purpose of Disbursement Political Contribution: General 2008</p> <p>Candidate Name JEFF FORTENBERRY FOR UNITED STATES CONGRESS</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-23038</p> <p>Date of Disbursement 10 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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)

<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

<p>A. Full Name (Last, First, Middle Initial) JENNIFER HORN FOR CONGRESS</p> <p>Mailing Address 379 Amherst Street PMB 109</p> <p>City Nashua State NH Zip Code 03063-1226</p> <p>Purpose of Disbursement Political Contribution: General 2008</p> <p>Candidate Name JENNIFER HORN FOR CONGRESS</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-22997</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 87</p> <p>City Uwchland State PA Zip Code 19480-0087</p> <p>Purpose of Disbursement Political Contribution: General Event</p> <p>Candidate Name JIM GERLACH FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-23021</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) JOE WILSON FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 145</p> <p>City West Columbia State SC Zip Code 29171</p> <p>Purpose of Disbursement Political Contribution: General 2008</p> <p>Candidate Name JOE WILSON FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-22985</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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)

<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

A. Full Name (Last, First, Middle Initial)
KNOLLENBERG FOR CONGRESS COMMITTEE

Mailing Address 31000 Telegraph Road
Suite 110

City Bingham Farms State MI Zip Code 48025-4321

Purpose of Disbursement
Political Contribution: General 2008

Candidate Name
KNOLLENBERG FOR CONGRESS COMMITTEE

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: B-E-22974

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

800.00

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

B. Full Name (Last, First, Middle Initial)
KUHLMAN FOR CONGRESS

Mailing Address 10 Gavensvoort Street, Suite 101

City Bath State NY Zip Code 14810

Purpose of Disbursement
Political Contribution: General 2008

Candidate Name
KUHLMAN FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: B-E-23029

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

2000.00

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

C. Full Name (Last, First, Middle Initial)
LANCE FOR CONGRESS

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067-0225

Purpose of Disbursement
Political Contribution: General 2008

Candidate Name
LANCE FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: B-E-23002

Date of Disbursement

10 / 24 / 2008

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) ▶

3800.00

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

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)

<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

A.	Full Name (Last, First, Middle Initial) LEE TERRY FOR CONGRESS Mailing Address PO Box 540098 City Omaha State NE Zip Code 68154-0098 Purpose of Disbursement Political Contribution: General 2008 Candidate Name LEE TERRY FOR CONGRESS Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-22980 Date of Disbursement 10 / 24 / 2008 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
B.	Full Name (Last, First, Middle Initial) LINCOLN DIAZ-BALART FOR CONGRESS Mailing Address 95 Merrick Way Suite 250 City Coral Gables State FL Zip Code 33134-5314 Purpose of Disbursement Political Contribution: General 2008 Candidate Name Representa Lincoln Diaz-Balart Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-23024 Date of Disbursement 10 / 24 / 2008 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
C.	Full Name (Last, First, Middle Initial) LOU BARLETTA FOR CONGRESS Mailing Address PO Box 128 City Hazleton State PA Zip Code 18201-0128 Purpose of Disbursement Political Contribution: General 2008 Candidate Name LOU BARLETTA FOR CONGRESS Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-22995 Date of Disbursement 10 / 24 / 2008 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

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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)

<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

<p>A. Full Name (Last, First, Middle Initial) LUMMIS FOR CONGRESS</p> <p>Mailing Address 2015 Central Avenue Suite 200</p> <p>City Cheyenne State WY Zip Code 82001-3754</p> <p>Purpose of Disbursement Political Contribution: General 2008</p> <p>Candidate Name LUMMIS FOR CONGRESS</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-23007</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) LUNGREN FOR CONGRESS</p> <p>Mailing Address 9321 Silverbend Lane</p> <p>City Elk Grove State CA Zip Code 95624-3985</p> <p>Purpose of Disbursement Political Contribution: General 2008</p> <p>Candidate Name LUNGREN FOR CONGRESS</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-23035</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) LYNN JENKINS FOR CONGRESS</p> <p>Mailing Address PO Box 1441</p> <p>City Topeka State KS Zip Code 66601-1441</p> <p>Purpose of Disbursement Political Contribution: General 2008</p> <p>Candidate Name LYNN JENKINS FOR CONGRESS</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-23003</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

**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)

<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

A.	Full Name (Last, First, Middle Initial) MARIO DIAZ-BALART FOR CONGRESS	Transaction ID: B-E-23023 Date of Disbursement 10 / 24 / 2008
	Mailing Address 95 Merrick Way Suite 250	Amount of Each Disbursement this Period 2000.00
	City Coral Gables State FL Zip Code 33134-5314	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Political Contribution: General 2008 Candidate Name Representa Mario Diaz-Balart Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		011 Category/ Type

B.	Full Name (Last, First, Middle Initial) MCCAUL FOR CONGRESS, INC	Transaction ID: B-E-23034 Date of Disbursement 10 / 24 / 2008
	Mailing Address 815A Brazos Street PMB 230	Amount of Each Disbursement this Period 2000.00
	City Austin State TX Zip Code 78701-2502	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Political Contribution: General 2008 Candidate Name MCCAUL FOR CONGRESS, INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		011 Category/ Type

C.	Full Name (Last, First, Middle Initial) MCCLINTOCK FOR CONGRESS	Transaction ID: B-E-23005 Date of Disbursement 10 / 24 / 2008
	Mailing Address 150 River Plaza Dr., #150	Amount of Each Disbursement this Period 1000.00
	City Sacramento State CA Zip Code 95833	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Political Contribution: General 2008 Candidate Name MCCLINTOCK FOR CONGRESS Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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)

<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

A.	Full Name (Last, First, Middle Initial) MUSGRAVE FOR CONGRESS	Transaction ID: B-E-23033
	Mailing Address 257 Johnstown Center Drive Unit 211	Date of Disbursement 10 / 24 / 2008
	City Johnstown State CO Zip Code 80534-7848	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Political Contribution: General 2008	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name MUSGRAVE FOR CONGRESS Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) NORTHUP FOR CONGRESS	Transaction ID: B-E-23011
	Mailing Address PO Box 7913	Date of Disbursement 10 / 24 / 2008
	City Louisville State KY Zip Code 40257-0913	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Political Contribution: General 2008	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name NORTHUP FOR CONGRESS Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) OLSON FOR CONGRESS COMMITTEE	Transaction ID: B-E-23010
	Mailing Address PO Box 16381	Date of Disbursement 10 / 24 / 2008
	City Sugar Land State TX Zip Code 77496-6381	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Political Contribution: General 2008	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name OLSON FOR CONGRESS COMMITTEE Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

**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)

<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

A.	Full Name (Last, First, Middle Initial) SALI FOR CONGRESS	Transaction ID: B-E-22978 Date of Disbursement 10 / 24 / 2008
	Mailing Address PO Box 71	Amount of Each Disbursement this Period 2000.00
	City Kuna State ID OH Zip Code 83634-0071	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Political Contribution: General 2008 Candidate Name SALI FOR CONGRESS Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
	Category/Type 011	

B.	Full Name (Last, First, Middle Initial) SCHMIDT FOR CONGRESS COMMITTEE	Transaction ID: B-E-22975 Date of Disbursement 10 / 24 / 2008
	Mailing Address 771 Wards Corner Road	Amount of Each Disbursement this Period 1000.00
	City Loveland State ID OH Zip Code 45140-9049	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Political Contribution: General 2008 Candidate Name SCHMIDT FOR CONGRESS COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
	Category/Type 011	

C.	Full Name (Last, First, Middle Initial) SCHOCK FOR CONGRESS	Transaction ID: B-E-22988 Date of Disbursement 10 / 24 / 2008
	Mailing Address PO Box 10555	Amount of Each Disbursement this Period 2000.00
	City Peoria State ID IL Zip Code 61612-0555	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Political Contribution: General 2008 Candidate Name SCHOCK FOR CONGRESS Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
	Category/Type 011	

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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)

<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

A. Full Name (Last, First, Middle Initial)
SCOTT GARRETT FOR CONGRESS

Mailing Address PO Box 905

City Newton State NJ Zip Code 07860-0905

Purpose of Disbursement
Political Contribution: General 2008

011
Category/
Type

Candidate Name
SCOTT GARRETT FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: B-E-23027
Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

2000.00

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

B. Full Name (Last, First, Middle Initial)
SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339-1519

Purpose of Disbursement
Political Contribution: General 2008

011
Category/
Type

Candidate Name
SHELLEY MOORE CAPITO FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: B-E-23036
Date of Disbursement

10 / 25 / 2008

Amount of Each Disbursement this Period

2000.00

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

C. Full Name (Last, First, Middle Initial)
SOUDER FOR CONGRESS INC.

Mailing Address PO Box 40233

City Fort Wayne State IN Zip Code 46804-0233

Purpose of Disbursement
Political Contribution: General 2008

011
Category/
Type

Candidate Name
SOUDER FOR CONGRESS INC.

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: B-E-22981
Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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)

<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

<p>A. Full Name (Last, First, Middle Initial) TIM BEE FOR CONGRESS</p> <p>Mailing Address PO Box 31985</p> <p>City Tucson State AZ Zip Code 85751-1985</p> <p>Purpose of Disbursement Political Contribution: General 2008</p> <p>Candidate Name TIM BEE FOR CONGRESS</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-22994</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) TINSLEY FOR CONGRESS</p> <p>Mailing Address PO Box 708</p> <p>City Capitan State NM Zip Code 88316-0708</p> <p>Purpose of Disbursement Political Contribution: General 2008</p> <p>Candidate Name TINSLEY FOR CONGRESS</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-22992</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) TOM ROONEY FOR CONGRESS</p> <p>Mailing Address 2336 SE Ocean Boulevard # 313</p> <p>City Stuart State FL Zip Code 34996-3319</p> <p>Purpose of Disbursement Political Contribution: General 2008</p> <p>Candidate Name TOM ROONEY FOR CONGRESS</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-22989</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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)

<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

A.	Full Name (Last, First, Middle Initial) WALBERG FOR CONGRESS	Transaction ID: B-E-22847 Date of Disbursement
	Mailing Address 6769 Teachout Road	<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Tipton State MI Zip Code 49287-9807	Amount of Each Disbursement this Period
	Purpose of Disbursement General Contribution 2008 for	<input type="text" value="1000.00"/>
	Candidate Name WALBERG FOR CONGRESS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="011"/>
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) WALBERG FOR CONGRESS	Transaction ID: B-E-22979 Date of Disbursement
	Mailing Address 6769 Teachout Road	<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Tipton State MI Zip Code 49287-9807	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution: General 2008	<input type="text" value="2000.00"/>
	Candidate Name WALBERG FOR CONGRESS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="011"/>
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) WHITFIELD FOR CONGRESS COMMITTEE	Transaction ID: B-E-22986 Date of Disbursement
	Mailing Address PO Box 391	<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Hopkinsville State KY Zip Code 42241-0391	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution: General 2008	<input type="text" value="2000.00"/>
	Candidate Name WHITFIELD FOR CONGRESS COMMITTEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="011"/>
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="120800.00"/>