

# 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)  
JUDY BIGGERT FOR CONGRESS

Mailing Address PO Box 637

City Hinsdale State IL Zip Code 60522-0637

Purpose of Disbursement  
Political Contribution: General 2008

Candidate Name  
JUDY BIGGERT FOR CONGRESS

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

State: District:

Transaction ID: B-E-23014  
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)  
KELLER FOR CONGRESS

Mailing Address PO Box 1453

City Orlando State FL Zip Code 32802-1453

Purpose of Disbursement  
Political Contribution: General 2008

Candidate Name  
KELLER FOR CONGRESS

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

State: District:

Transaction ID: B-E-23031  
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)  
KIRK FOR CONGRESS

Mailing Address PO Box 8

City Winnetka State IL Zip Code 60093-0008

Purpose of Disbursement  
Political Contribution: General 2008

Candidate Name  
KIRK FOR CONGRESS

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

State: District:

Transaction ID: B-E-23030  
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) ..... ▶