

# 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)  
MICHIGAN REPUBLICAN PARTY

Mailing Address 520 Seymour St.

City Lansing State MI Zip Code 48933

Purpose of Disbursement  
Event Sponsorship  
Candidate Name

001  
Category/  
Type

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

Transaction ID: B-E-22640  
Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

5000.00

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  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: B-E-22351  
Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

473.30

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

001  
Category/  
Type

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

Transaction ID: B-E-22671  
Date of Disbursement

10 / 09 / 2008

Amount of Each Disbursement this Period

103.84

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

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

5577.14

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