

# 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**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
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 [ ] [ ] [ ] in the State of [ ]

5. Covering Period 04 01 2010 through 06 30 2010

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 10 15 2010

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

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

MCCOTTER CONGRESSIONAL COMMITTEE

Report Covering the Period:

From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	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)).....	98896.90	973021.24
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	5235.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	98896.90	967786.24
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	87585.56	594113.80
(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)).....	87585.56	594113.80
8. Cash on Hand at Close of Reporting Period (from Line 27).....	600842.05	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
MCCOTTER CONGRESSIONAL COMMITTEE

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	22474.42	318601.42
(i) Itemized (use Schedule A).....	10422.48	82119.82
(ii) Unitemized.....	32896.90	400721.24
(iii) TOTAL of contributions from individuals..... ▶	0.00	5000.00
(b) Political Party Committees.....	66000.00	567300.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	98896.90	973021.24
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	5638.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	978.70	3963.67
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	99875.60	982622.91

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	87585.56	594113.80
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	235.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5235.00
21. OTHER DISBURSEMENTS.....	2962.00	8253.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	90547.56	607601.80

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	591514.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	99875.60
25. SUBTOTAL (add Line 23 and Line 24).....	691389.61
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	90547.56
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	600842.05

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

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

FOR LINE NUMBER: PAGE 5 / 86  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    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)  
Mitchell B. Bainwol

Mailing Address 8455 Lee Alan Drive

City State Zip Code  
Fairfax Station VA 22039-2643

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

Name of Employer Recording Industry of America  
Occupation CEO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1309.00

Date of Receipt  

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

**Transaction ID:** A-I26356

Amount of Each Receipt this Period  
309.00

Inkind: Food For Event

**B.** Full Name (Last, First, Middle Initial)  
Mitchell B. Bainwol

Mailing Address 8455 Lee Alan Drive

City State Zip Code  
Fairfax Station VA 22039-2643

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

Name of Employer Recording Industry of America  
Occupation CEO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1309.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

**Transaction ID:** A-C26110

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Marlene C. Bensch

Mailing Address 15024 Susanna Street

City State Zip Code  
Livonia MI 48154-4859

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

Name of Employer N/A  
Occupation Homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	1	0

**Transaction ID:** A-C26086

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1359.00**

**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 6 / 86  
(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. Carl & Lucy F. Berry

Mailing Address 45000 Governor Bradford Road

City Plymouth State MI Zip Code 48170-3712

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 06 / 23 / 2010  
**Transaction ID: A-C26014**  
 Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Greg Boll

Mailing Address 19400 Apple Blossom

City Northville State MI Zip Code 48167-8836

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

Name of Employer Cummins Bridgeway Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 06 / 27 / 2010  
**Transaction ID: A-C26099**  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Blair Bowman

Mailing Address 3279 Lakewood Shores Dr

City Howell State MI Zip Code 48843

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

Name of Employer Novi Expo Center Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1635.42

Date of Receipt 06 / 25 / 2010  
**Transaction ID: A-I26355**  
 Amount of Each Receipt this Period 1635.42  
 Inkind: Catering and Room Rental for Eve

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2085.42

**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 7 / 86  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MCCOTTER CONGRESSIONAL COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Ellis Breskman</p> <p>Mailing Address PO Box 401041</p> <p>City State Zip Code Redford MI 48240-9041</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Z Technologies Corp. President/CEO</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 6 / 2 7 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> A-C26042</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">250.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Victoria Burrows</p> <p>Mailing Address 2057 Pine Bluff Court</p> <p>City State Zip Code Highland MI 48357-4327</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation NA Homemaker</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 6 / 2 5 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> A-C26073</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">100.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Thomas Celani</p> <p>Mailing Address 2600 Turtle Lake Drive</p> <p>City State Zip Code Bloomfield Hills MI 48302-0775</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Luna Entertainment Owner</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 6 / 2 3 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> A-C26009</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">500.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">850.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 86  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**MCCOTTER CONGRESSIONAL COMMITTEE**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jeff Clemence</p> <p>Mailing Address 431 Prestwick Trail</p> <p>City Highland State MI Zip Code 48357-4765</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Cooper Tire Occupation Sales Manager</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 4 / 2 9 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> A-C25888</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">300.00</span></p> <p style="text-align: right;">300.00</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Charles Darda</p> <p>Mailing Address 3669 South Creek Drive</p> <p>City Rochester State MI Zip Code 48306-1474</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Multiple Industrial Occupation COO</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 6 / 2 3 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> A-C26036</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">1000.00</span></p> <p style="text-align: right;">1000.00</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Matthew Duda</p> <p>Mailing Address 3441 Loadstone Drive</p> <p>City Sherman Oaks State CA Zip Code 91403-4513</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Showtime Networks Inc. Occupation Executive Vice President</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 6 / 2 1 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> A-C25992</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">500.00</span></p> <p style="text-align: right;">500.00</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1800.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block; height: 20px;"></span>



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 86  
(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)  
Dr. Gerald G. Durak

Mailing Address 2350 Watkins Lake Road  
Apt. 224

City Waterford State MI Zip Code 48328-1426

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

Name of Employer N/A Occupation Doctor- Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt: 04 / 26 / 2010  
**Transaction ID: A-C25869**  
 Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Keith R. Emerson

Mailing Address 18850 Levan Road

City Livonia State MI Zip Code 48152-2892

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

Name of Employer Emerson Enterprises Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 06 / 07 / 2010  
**Transaction ID: A-C25982**  
 Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Peter Ewing

Mailing Address 7011 Biscayne Avenue

City White Lake State MI Zip Code 48383-2809

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

Name of Employer Self Occupation Finance

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 06 / 11 / 2010  
**Transaction ID: A-C26043**  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**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 / 86  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MCCOTTER CONGRESSIONAL COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Bruce Foulk</p> <p>Mailing Address 38667 Parkview Drive</p> <p>City State Zip Code Wayne MI 48184-1082</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer na Occupation retired</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 27 / 2010</span></p> <p><b>Transaction ID:</b> A-C26098</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">200.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Joe C. Galante</p> <p>Mailing Address 30 Bancroft Place</p> <p>City State Zip Code Nashville TN 37215-4600</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Sony BMG Occupation Chairman</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 02 / 2010</span></p> <p><b>Transaction ID:</b> A-C25973</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Narses Gedigian</p> <p>Mailing Address 47730 Vistas Circle Drive S</p> <p>City State Zip Code Canton MI 48188-1489</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer na Occupation retired</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">600.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 25 / 2010</span></p> <p><b>Transaction ID:</b> A-C26079</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">550.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 86  
(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. Richard A. Haas

Mailing Address 17716 Maple Hill Drive

City State Zip Code  
Northville MI 48168-3224

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

Name of Employer Occupation  
na Retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

**Transaction ID:** A-C26136

Amount of Each Receipt this Period  
100.00

450.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Edgar Hagopian

Mailing Address 850 S Old Woodward Avenue

City State Zip Code  
Birmingham MI 48009-6722

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

Name of Employer Occupation  
World Of Rugs Owner

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 26 / 2010

**Transaction ID:** A-C26040

Amount of Each Receipt this Period  
500.00

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Hugh L Harsha

Mailing Address 685 Mckinley Street

City State Zip Code  
Plymouth MI 48170-1521

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

Name of Employer Occupation  
na retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 23 / 2010

**Transaction ID:** A-C26033

Amount of Each Receipt this Period  
100.00

400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

**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 / 86  
(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: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2010  
**Transaction ID: A-C26176**  
 Amount of Each Receipt this Period 100.00

**B.** 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 Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 640.00

Date of Receipt 05 / 12 / 2010  
**Transaction ID: A-C25895**  
 Amount of Each Receipt this Period 30.00

**C.** 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 Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 640.00

Date of Receipt 06 / 30 / 2010  
**Transaction ID: A-C26150**  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 180.00

**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 14 / 86  
(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. Antoinette F. Kowalski

Mailing Address 45573 N Territorial Road

City Plymouth State MI Zip Code 48170-2955

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

Name of Employer na Occupation Homemaker

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

**Transaction ID:** A-C26096

Amount of Each Receipt this Period  
2300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert R Kowalski

Mailing Address 45573 N Territorial Road

City Plymouth State MI Zip Code 48170-2955

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

Name of Employer HCM Occupation CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

**Transaction ID:** A-C26091

Amount of Each Receipt this Period  
2300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Louis H. LaRiche

Mailing Address 17999 Stonebrook Court

City Northville State MI Zip Code 48167-4342

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

Name of Employer LaRiche Chevrolet Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 1 0

**Transaction ID:** A-C25824

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4700.00**

**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 15 / 86
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Ruth M. Lewis		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 15528 Dixie		<b>Transaction ID:</b> A-C26167		
	City Redford	State MI	Zip Code 48239-3602	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer N/A	Occupation Retired			
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 400.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. John & Marisa R. MacInnis		Date of Receipt MM / DD / YYYY 06 / 23 / 2010		
	Mailing Address 43903 Galway Drive		<b>Transaction ID:</b> A-C26006		
	City Northville	State MI	Zip Code 48167-3707	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Detroit Concrete Prod. Co-rp	Occupation Executive			
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 550.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. John & Marisa R. MacInnis		Date of Receipt MM / DD / YYYY 06 / 23 / 2010		
	Mailing Address 43903 Galway Drive		<b>Transaction ID:</b> A-C26021		
	City Northville	State MI	Zip Code 48167-3707	Amount of Each Receipt this Period 0.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Detroit Concrete Prod. Co-rp	Occupation Executive			
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 550.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> 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)

Dr. Carol Marston-Foucher

Mailing Address 46909 Greenridge Drive

City State Zip Code  
Northville MI 48167-1766

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

Name of Employer Self Occupation Optometrist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  
  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: A-C26026

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Hilda Matzo

Mailing Address 7319 Haverhill Court S

City State Zip Code  
Canton MI 48187-1044

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

Name of Employer Retired Occupation Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  
  General  
 Other (specify) ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: A-C26177

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Neil McCallum

Mailing Address 1635 Heather

City State Zip Code  
Milford MI 48381-2733

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

Name of Employer na Occupation retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  
  General  
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: A-C25861

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**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)

Judge James R. McCann

Mailing Address 32437 5 Mile Road

City Livonia State MI Zip Code 48154-3039

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

Name of Employer Retired Occupation Judge

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: A-C26085

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Catherine Michel

Mailing Address 39814 Crystal Drive

City Sterling Heights State MI Zip Code 48310-2306

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

Name of Employer Tribold Occupation CTO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

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

Transaction ID: A-C25894

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gabriel J. Michel

Mailing Address 47385 Fairlawn Court

City Canton State MI Zip Code 48188-2394

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

Name of Employer BAL Occupation Consultant

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

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

Transaction ID: A-C25900

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**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 18 / 86

(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. Gabriel J. Michel

Mailing Address 47385 Fairlawn Court

City State Zip Code  
Canton MI 48188-2394

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

Name of Employer Occupation  
BAL Consultant

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: A-C25991

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Colin Miltimore

Mailing Address 587 Cumberland Trail

City State Zip Code  
Milford MI 48381-3311

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

Name of Employer Occupation  
Miltimore Sales, Inc. President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1750.00

Date of Receipt

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

Transaction ID: A-C25987

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Yahya Mosha Basha

Mailing Address 30701 Woodward Avenue

City State Zip Code  
Royal Oak MI 48073-0987

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

Name of Employer Occupation  
Basha Diagnostics Physician

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: A-C26038

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**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 / 86  
(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. 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: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

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

**Transaction ID:** A-C25857

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David M. Ottenwess

Mailing Address 3208 Creston Circle

City State Zip Code  
Superior Township MI 48198-9656

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

Name of Employer Occupation  
Wulfmeier & Ottenwess Attorney

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 1 0

**Transaction ID:** A-C26041

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dale E. Owings

Mailing Address 20322 Pollyanna Drive

City State Zip Code  
Livonia MI 48152-1273

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

Name of Employer Occupation  
Hitachi Automotive Engineer

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

**Transaction ID:** A-C26010

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**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 / 86  
(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 T. Phillips

Mailing Address 43905 6 Mile Road

City Northville State MI Zip Code 48167-9591

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

Name of Employer Phillips Service Industries, Inc. Occupation Owner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 06 / 30 / 2010  
**Transaction ID: A-C26168**  
 Amount of Each Receipt this Period 1900.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William T. Phillips

Mailing Address 43905 6 Mile Road

City Northville State MI Zip Code 48167-9591

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

Name of Employer Phillips Service Industries, Inc. Occupation Owner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 06 / 30 / 2010  
**Transaction ID: A-C26169**  
 Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
John Quinn Jr

Mailing Address 46217 Greenridge Drive

City Northville State MI Zip Code 48167-3012

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

Name of Employer na Occupation retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 24 / 2010  
**Transaction ID: A-C26037**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**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 / 86  
(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)  
WM. and Mary Jane Robinson

Mailing Address 11665 Lorenz Way

City Plymouth State MI Zip Code 48170-3517

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt 06 / 30 / 2010  
**Transaction ID: A-C26126**  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
Kenneth Robold

Mailing Address 9226 Carrisbrook Lane

City Brentwood State TN Zip Code 37027-4883

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

Name of Employer Universal Music Occupation Executive Vice President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 16 / 2010  
**Transaction ID: A-C25986**  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James D. Russell

Mailing Address 8469 Pine Cove Drive

City Commerce Township State MI Zip Code 48382-4454

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

Name of Employer Arbor Oakland Group Occupation Owner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2010  
**Transaction ID: A-C26142**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **525.00**

**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 22 / 86  
(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)  
T.E. Salapatek  
 Mailing Address 7345 Emerson Drive  
 City State Zip Code  
 Canton MI 48187-2403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer na Occupation retired  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 550.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 3 / 2 0 1 0  
**Transaction ID: A-C25802**  
 Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
T.E. Salapatek  
 Mailing Address 7345 Emerson Drive  
 City State Zip Code  
 Canton MI 48187-2403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer na Occupation retired  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 550.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 1 0  
**Transaction ID: A-C26154**  
 Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Steffert  
 Mailing Address 740 Randall Drive  
 City State Zip Code  
 Troy MI 48085-4853  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NA Occupation Retired  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 3600.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 3 / 2 0 1 0  
**Transaction ID: A-C26007**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00  
**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 / 86  
(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. Don Strand

Mailing Address 44429 Erik Pass

City Plymouth State MI Zip Code 48170-3935

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

Name of Employer na Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt: 04 / 16 / 2010  
Transaction ID: A-C25820  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Linda A. Tuttle

Mailing Address 2900 S Hill Road

City Milford State MI Zip Code 48381-3412

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt: 06 / 23 / 2010  
Transaction ID: A-C26008  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Richard White

Mailing Address 5035 Macomb Street NW

City Washington State DC Zip Code 20016-2674

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

Name of Employer Alpine Group, Inc Occupation Consultant

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 06 / 28 / 2010  
Transaction ID: A-C26107  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00

**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 / 86  
(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)  
Ms. Karen M. Wilson  
 Mailing Address 27929 Elba Drive  
 City State Zip Code  
 Grosse Ile MI 48138-1928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Central Distributors of Beer, Inc. President/CEO  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 700.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 1 0  
**Transaction ID:** A-C26130  
 Amount of Each Receipt this Period  
 200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David D. Woodruff  
 Mailing Address 2502 Valley Drive  
 City State Zip Code  
 Alexandria VA 22302-2841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Volkswagen of America, Inc. Government Relations Manager  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 0 / 2 0 1 0  
**Transaction ID:** A-C25862  
 Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Marion S. Yerkes  
 Mailing Address 3679 Blackfoot Court SW  
 City State Zip Code  
 Grandville MI 49418-1721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A Retired  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 0 / 2 0 1 0  
**Transaction ID:** A-C25849  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00  
**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 / 86	
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Marion S. Yerkes		Date of Receipt																					
	Mailing Address 3679 Blackfoot Court SW		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		1	2		2	0	1	0														
	City State Zip Code Grandville MI 49418-1721		<b>Transaction ID:</b> A-C25892																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00																					
Name of Employer Occupation N/A Retired																								
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	22474.42

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

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

FOR LINE NUMBER: PAGE 26 / 86  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
Air Line Pilots Association PAC

Mailing Address 1625 Massachusetts Avenue NW

City State Zip Code  
Washington DC 20036-2212

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

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

**Transaction ID:** A-C25974

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
AM General Corporation PAC

Mailing Address AM General Corporation PAC  
105 N. Niles Ave.

City State Zip Code  
South Bend IN 46617

FEC ID number of contributing federal political committee. **C** C00282210

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** A-C25877

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
American Dental Political Action Committee

Mailing Address 1111 14th Street NW  
Suite 1100

City State Zip Code  
Washington DC 20005-5627

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 3 / 2 0 1 0

**Transaction ID:** A-C26002

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

**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 / 86
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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

<b>A.</b>	Full Name (Last, First, Middle Initial) American Financial Services Association PAC		Date of Receipt
	Mailing Address 919 18th Street NW Suite 300		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20006-5526
	FEC ID number of contributing federal political committee.		<b>C</b> C00038604
	Name of Employer		Occupation
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="4000.00"/>	<b>Transaction ID:</b> A-C26178
		Amount of Each Receipt this Period	<input type="text" value="1000.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) AMERICAN HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE (AHAPAC)		Date of Receipt
	Mailing Address 325 7th Street NW Suite 700		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004-2801
	FEC ID number of contributing federal political committee.		<b>C</b> C00106146
	Name of Employer		Occupation
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="2500.00"/>	<b>Transaction ID:</b> A-C26004
		Amount of Each Receipt this Period	<input type="text" value="500.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) American Physical Therapy Association, PTPAC		Date of Receipt
	Mailing Address 1111 N Fairfax Street		<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Alexandria	VA	22314-1484
	FEC ID number of contributing federal political committee.		<b>C</b> C00012880
	Name of Employer		Occupation
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>	<b>Transaction ID:</b> A-C25956
		Amount of Each Receipt this Period	<input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 28 / 86  
(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)  
ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 333 John Carlyle Street  
Suite 200

City Alexandria State VA Zip Code 22314-5770

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 9 / 2 0 1 0

**Transaction ID:** A-C25953

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 333 John Carlyle Street  
Suite 200

City Alexandria State VA Zip Code 22314-5770

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 5 / 2 0 1 0

**Transaction ID:** A-C26377

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 175 E. Houston  
RM. 7-A-50

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 1 0

**Transaction ID:** A-C26183

Amount of Each Receipt this Period  
 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

**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 29 / 86  
(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)  
Build Political Action Committee of the National Association of Home Builders

Mailing Address 1201 15th Street NW

City Washington State DC Zip Code 20005-2842

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 6 / 2 0 1 0

**Transaction ID:** A-C26378

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS

Mailing Address 101 Constitution Ave NW  
Tenth Floor West

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 1 0

**Transaction ID:** A-C26163

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS

Mailing Address 101 Constitution Ave NW  
Tenth Floor West

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 1 0

**Transaction ID:** A-C26164

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10000.00

**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 30 / 86  
(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)  
CLIFFSPAC

Mailing Address 1100 Superior  
15th FL

City Cleveland State OH Zip Code 44114

FEC ID number of contributing federal political committee. **C** C00039016

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 30 / 2010  
**Transaction ID:** A-C26114  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
COMCAST CORP. POLITICAL ACTION COMMITTEE

Mailing Address 1500 Market Street

City Philadelphia State PA Zip Code 19102-2100

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt: 06 / 23 / 2010  
**Transaction ID:** A-C26000  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ctia - The Wireless Association Political Action Committee

Mailing Address 1400 16th Street NW  
Suite 600

City Washington State DC Zip Code 20036-2225

FEC ID number of contributing federal political committee. **C** C00262295

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 06 / 30 / 2010  
**Transaction ID:** A-C26379  
Amount of Each Receipt this Period: 1000.00

**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 31 / 86  
(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)  
Ford Motor Company Civic Action Fund

Mailing Address 1 American Road  
Room 300

City State Zip Code  
Dearborn MI 48126-2701

FEC ID number of contributing federal political committee. **C** C00046474

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

**Transaction ID:** A-C26162

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Honeywell International Political Action Committee

Mailing Address 101 Constitution Avenue NW  
Suite 500

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	7	/	2	0	1	0

**Transaction ID:** A-C25985

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
I.B.E.W. - C.O.P.E.

Mailing Address 900 7th Street NW

City State Zip Code  
Washington DC 20001-3886

FEC ID number of contributing federal political committee. **C** C00027342

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
0	6	/	0	2	/	2	0	1	0

**Transaction ID:** A-C25977

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

**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 32 / 86  
(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)  
International Association of Fire Fighters (FIREPAC)  
Mailing Address 1750 NEW YORK NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C70003108

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

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

**Transaction ID:** A-C25876

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
International Brotherhood of Boilermakers-Blacksmiths Legislative Education Action Progr  
Mailing Address 753 State Avenue  
Suite 565

City State Zip Code  
Kansas City KS 66101-2511

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

**Transaction ID:** A-C25958

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)  
Mailing Address 1401 H Street NW  
# 1200

City State Zip Code  
Washington DC 20005-2110

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

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

**Transaction ID:** A-C25979

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8000.00**

**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 33 / 86  
(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)  
ITC Holdings Corp. PAC

Mailing Address 201 Townsend Street  
Suite 900

City State Zip Code  
Lansing MI 48933-1529

FEC ID number of contributing federal political committee. **C** C00388462

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

**Transaction ID:** A-C26165

Amount of Each Receipt this Period  

1000.00
---------

**B.** Full Name (Last, First, Middle Initial)  
Johnson & Johnson Political Action Committee

Mailing Address 1 Johnson And Johnson Plaza

City State Zip Code  
New Brunswick NJ 08933-7204

FEC ID number of contributing federal political committee. **C** C00010983

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

**Transaction ID:** A-C26179

Amount of Each Receipt this Period  

1000.00
---------

**C.** Full Name (Last, First, Middle Initial)  
NAPUS PAC for Postmasters

Mailing Address 8 Herbert Street

City State Zip Code  
Alexandria VA 22305-2628

FEC ID number of contributing federal political committee. **C** C00100404

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

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

**Transaction ID:** A-C25878

Amount of Each Receipt this Period  

1000.00
---------

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

3000.00
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**TOTAL** This Period (last page this line number only) ..... ► 

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

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

FOR LINE NUMBER: PAGE 34 / 86  
(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)  
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFEPAC)  
Date of Receipt: 06 / 30 / 2010  
Mailing Address 606 NORTH WASHINGTON STREET  
Transaction ID: A-C26115  
Amount of Each Receipt this Period: 1000.00  
City: ALEXANDRIA State: VA Zip Code: 22314  
FEC ID number of contributing federal political committee: C C00091561  
Name of Employer: Occupation:  
Receipt For: 2010 Election Cycle-to-Date: 1000.00  
 Primary  General  
 Other (specify) ▼

**B.** Full Name (Last, First, Middle Initial)  
National Air Traffic Controllers Association PAC  
Date of Receipt: 05 / 19 / 2010  
Mailing Address 1325 Massachusetts Avenue NW  
Transaction ID: A-C25954  
Amount of Each Receipt this Period: 7000.00  
City: Washington State: DC Zip Code: 20005-4171  
FEC ID number of contributing federal political committee: C C00238725  
Name of Employer: Occupation:  
Receipt For: 2010 Election Cycle-to-Date: 7000.00  
 Primary  General  
 Other (specify) ▼

**C.** Full Name (Last, First, Middle Initial)  
National Association of Chain Drug Stores PAC - NACDS  
Date of Receipt: 06 / 30 / 2010  
Mailing Address 413 N Lee Street  
Transaction ID: A-C26181  
Amount of Each Receipt this Period: 1000.00  
City: Alexandria State: VA Zip Code: 22314-2301  
FEC ID number of contributing federal political committee: C C00022368  
Name of Employer: Occupation:  
Receipt For: 2010 Election Cycle-to-Date: 1000.00  
 Primary  General  
 Other (specify) ▼

**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 35 / 86

(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)  
National Association Of Postal Supervisors

Mailing Address 1727 King Street  
Suite 400

City State Zip Code  
Alexandria VA 22314-2700

FEC ID number of contributing federal political committee. **C** C00092957

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  
0 5 / 1 9 / 2 0 1 0

Transaction ID: A-C25955

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
National Association Of Professional Surplus Lines Offices (NAPSLO) PAC

Mailing Address 805 15th Street NW  
Suite 700

City State Zip Code  
Washington DC 20005-2282

FEC ID number of contributing federal political committee. **C** C00417634

Name of Employer Occupation

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: A-C26003

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 North Michigan Avenue

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: A-C26001

Amount of Each Receipt this Period

1000.00

**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 36 / 86  
(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)  
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 North Michigan Avenue

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 1 0

**Transaction ID:** A-C26113

Amount of Each Receipt this Period  
 3000.00

**B.** Full Name (Last, First, Middle Initial)  
National Beer Wholesalers Association PAC

Mailing Address 1101 King Street  
Suite 600

City State Zip Code  
Alexandria VA 22314-2965

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

**Transaction ID:** A-C25990

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
National Rifle Association Fund of America Political Victory Fund

Mailing Address 11250 Waples Mill Road

City State Zip Code  
Fairfax VA 22030-7400

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 3 / 2 0 1 0

**Transaction ID:** A-C26005

Amount of Each Receipt this Period  
 1000.00

**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 37 / 86  
(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)  
PROFESSIONAL AVIATION SAFETY SPECIALISTS

Mailing Address 1150 17th Street NW  
Suite 702

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00286807

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** A-C25875

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Recording Industry Association of America PAC

Mailing Address 1025 F Street NW  
Floor 10

City State Zip Code  
Washington DC 20004-1433

FEC ID number of contributing federal political committee. **C** C00009357

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  
 0 6 / 3 0 / 2 0 1 0

**Transaction ID:** A-C26111

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
The National League of Postmasters PAC

Mailing Address 5904 Richmond Highway  
Suite 500

City State Zip Code  
Alexandria VA 22303-1864

FEC ID number of contributing federal political committee. **C** C00164152

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** A-C25978

Amount of Each Receipt this Period  
 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

**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 38 / 86  
(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)  
The National Postal Mail Handlers  
Mailing Address 905 16th Street NW  
City Washington State DC Zip Code 20006-1703  
FEC ID number of contributing federal political committee. **C** C00345306  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 06 / 02 / 2010  
Transaction ID: A-C25975  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Tuesday Group Political Action Committee  
Mailing Address PO Box 11586  
City Washington State DC Zip Code 20008-0786  
FEC ID number of contributing federal political committee. **C** C00433060  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 8000.00  
Date of Receipt 04 / 20 / 2010  
Transaction ID: A-C25851  
Amount of Each Receipt this Period 3000.00

**C.** Full Name (Last, First, Middle Initial)  
UBS Americas Fund for Better Government  
Mailing Address 1501 K Street NW Suite 1100  
City Washington State DC Zip Code 20005-1410  
FEC ID number of contributing federal political committee. **C** C00012245  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00  
Date of Receipt 06 / 16 / 2010  
Transaction ID: A-C25989  
Amount of Each Receipt this Period 2500.00

**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 39 / 86  
(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)  
UNISYS CORPORATION EMPLOYEES PAC

Mailing Address 1200 South Hayes Street  
Suite 1100

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00345603

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

**Transaction ID:** A-C25880

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
Universal Music Group

Mailing Address PO Box 560519

City Charlotte State NC Zip Code 28256-0519

FEC ID number of contributing federal political committee. **C** C00392464

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  
 0 6 / 3 0 / 2 0 1 0

**Transaction ID:** A-C26161

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
VERIZON COMMUNICATIONS INC GOOD GOVERNMENT CLUB (FKA BELL ATLANTIC CORPORATION)

Mailing Address 1717 Arch Street  
# 47S

City Philadelphia State PA Zip Code 19103-2713

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 1 0

**Transaction ID:** A-C26182

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**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 40 / 86  
(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)  
Warner Music Group, PAC

Mailing Address 75 Rockefeller Plaza

City State Zip Code  
New York NY 10019-6908

FEC ID number of contributing federal political committee. **C** C00411074

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
0	6	/	3	0	/	2	0	1	0

**Transaction ID:** A-C26112

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE

Mailing Address 805 15th Street NW  
Suite 430

City State Zip Code  
Washington DC 20005-2273

FEC ID number of contributing federal political committee. **C** C00147173

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
0	5	/	1	9	/	2	0	1	0

**Transaction ID:** A-C25952

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	66000.00



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

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

FOR LINE NUMBER: PAGE 41 / 86  
(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)  
Delta Airlines

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30354-1989

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2811.80

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

**Transaction ID: A-M26192**

Amount of Each Receipt this Period  
 405.00

Flight Reimbursement

**B.**

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

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30354-1989

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2811.80

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 3 / 2 0 1 0

**Transaction ID: A-M26218**

Amount of Each Receipt this Period  
 573.70

Flight Reimbursement

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>978.70</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>978.70</b>

# 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Air Services Inc  Mailing Address 1100 Airport Access Road  City Traverse City State MI Zip Code 49686-3514  Purpose of Disbursement Travel: Travel for Rep 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) ▼	<b>Transaction ID:</b> B-E-26300 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 0  Amount of Each Disbursement this Period  4219.40  002 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) American Airlines  Mailing Address PO Box 619616  City Dfw Airport State TX Zip Code 75261-9616  Purpose of Disbursement Travel: Travel for Rep 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) ▼	<b>Transaction ID:</b> B-E-26187 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0  Amount of Each Disbursement this Period  112.70  002 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) American Airlines  Mailing Address PO Box 619616  City Dfw Airport State TX Zip Code 75261-9616  Purpose of Disbursement Travel: Travel for Rep 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) ▼	<b>Transaction ID:</b> B-E-26322 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 1 0  Amount of Each Disbursement this Period  912.70  002 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5244.80</b>
<b>TOTAL</b> 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) American Airlines	Transaction ID: B-E-26325 Date of Disbursement 06 / 11 / 2010
	Mailing Address PO Box 619616	Amount of Each Disbursement this Period 20.00
	City Dfw Airport State TX Zip Code 75261-9616	
	Purpose of Disbursement Travel: Flight Fee Candidate Name	002 Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Aristotle	Transaction ID: B-E-26186 Date of Disbursement 04 / 05 / 2010
	Mailing Address 610 Gateway Center Way Suite K	Amount of Each Disbursement this Period 575.00
	City San Diego State CA Zip Code 92102-4548	
	Purpose of Disbursement Bulk Email Candidate Name	001 Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Aristotle	Transaction ID: B-E-26265 Date of Disbursement 05 / 03 / 2010
	Mailing Address 610 Gateway Center Way Suite K	Amount of Each Disbursement this Period 575.00
	City San Diego State CA Zip Code 92102-4548	
	Purpose of Disbursement Bulk Email Candidate Name	001 Category/ Type
	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) ▼

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

1170.00

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) Aristotle  Mailing Address 610 Gateway Center Way Suite K  City San Diego State CA Zip Code 92102-4548  Purpose of Disbursement Bulk Email Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: B-E-26306 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 1 0  Amount of Each Disbursement this Period 575.00  001 Category/ Type
B.	Full Name (Last, First, Middle Initial) AT&T  Mailing Address PO Box 8100  City Aurora State IL Zip Code 60507-8100  Purpose of Disbursement Campaign Phone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: B-E-26248 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 0  Amount of Each Disbursement this Period 120.44  001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Bovitz CPA, P.C.  Mailing Address 1651 Kingsway Court  City Trenton State MI Zip Code 48183-1959  Purpose of Disbursement Accounting Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: B-E-26266 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 0  Amount of Each Disbursement this Period 325.25  001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1020.69
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Bovitz CPA, P.C. <hr/> Mailing Address 1651 Kingsway Court <hr/> City Trenton State MI Zip Code 48183-1959 <hr/> Purpose of Disbursement Accounting Fees Candidate Name	Transaction ID: B-E-26295 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 275.75
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
<b>B.</b> Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Campaign Event: Food for Events Candidate Name	Transaction ID: B-E-26283 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1856.09
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
<b>C.</b> Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Campaign Event: Food for Event Candidate Name	Transaction ID: B-E-26330 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 208.34
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

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

2340.18

**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

<b>A.</b>	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 Campaign Event: Rental Fees for Event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-26353 Date of Disbursement 06 / 30 / 2010 Amount of Each Disbursement this Period 65.00 007 Category/ Type
<b>B.</b>	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 Campaign Event: Rental Fee for event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-26354 Date of Disbursement 06 / 30 / 2010 Amount of Each Disbursement this Period 50.00 007 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Clarion Grand Boutique Hotel Mailing Address 2001 Saint Charles Avenue City New Orleans State LA Zip Code 70130-5318 Purpose of Disbursement Travel: Hotel for Rep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-26215 Date of Disbursement 04 / 12 / 2010 Amount of Each Disbursement this Period 149.53 002 Category/ Type

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

**264.53**

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Delta Airlines  Mailing Address 1030 Delta Boulevard  City Atlanta State GA Zip Code 30354-1989  Purpose of Disbursement Travel: Travel for Rep 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-26195 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 1 0  Amount of Each Disbursement this Period 394.70  002 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Delta Airlines  Mailing Address 1030 Delta Boulevard  City Atlanta State GA Zip Code 30354-1989  Purpose of Disbursement Travel: Travel Insurance 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-26196 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 1 0  Amount of Each Disbursement this Period 23.68  002 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Delta Airlines  Mailing Address 1030 Delta Boulevard  City Atlanta State GA Zip Code 30354-1989  Purpose of Disbursement Travel: Travel Insurance 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-26197 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 1 0  Amount of Each Disbursement this Period 23.16  002 Category/ Type

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

**441.54**

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Delta Airlines <hr/> Mailing Address 1030 Delta Boulevard <hr/> City Atlanta State GA Zip Code 30354-1989 <hr/> Purpose of Disbursement Travel for Rep Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-26203 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 512.70
	Category/ Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Delta Airlines <hr/> Mailing Address 1030 Delta Boulevard <hr/> City Atlanta State GA Zip Code 30354-1989 <hr/> Purpose of Disbursement Travel: Travel Insurance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-26207 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 48.36
	Category/ Type 002
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Delta Airlines <hr/> Mailing Address 1030 Delta Boulevard <hr/> City Atlanta State GA Zip Code 30354-1989 <hr/> Purpose of Disbursement Travel: Travel for Rep Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-26219 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 593.70
	Category/ Type 002
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1154.76

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Delta Airlines  Mailing Address 1030 Delta Boulevard  City Atlanta State GA Zip Code 30354-1989  Purpose of Disbursement Travel: Travel for Rep 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-26220 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 1 0  Amount of Each Disbursement this Period 583.70  002 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Delta Airlines  Mailing Address 1030 Delta Boulevard  City Atlanta State GA Zip Code 30354-1989  Purpose of Disbursement Travel: Travel Insurance 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-26227 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 1 0  Amount of Each Disbursement this Period 27.98  002 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Delta Airlines  Mailing Address 1030 Delta Boulevard  City Atlanta State GA Zip Code 30354-1989  Purpose of Disbursement Travel: Travel Insurance 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-26228 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 1 0  Amount of Each Disbursement this Period 22.98  002 Category/ Type

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

**634.66**

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Delta Airlines  Mailing Address 1030 Delta Boulevard  City Atlanta State GA Zip Code 30354-1989  Purpose of Disbursement Travel: Flight for Rep 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-26304 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0  Amount of Each Disbursement this Period 728.70  002 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Delta Airlines  Mailing Address 1030 Delta Boulevard  City Atlanta State GA Zip Code 30354-1989  Purpose of Disbursement Travel: Travel for Rep 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-26335 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 1 0  Amount of Each Disbursement this Period 500.70  002 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Delta Airlines  Mailing Address 1030 Delta Boulevard  City Atlanta State GA Zip Code 30354-1989  Purpose of Disbursement Travel: Travel for Rep 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-26336 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 1 0  Amount of Each Disbursement this Period 500.70  002 Category/ Type

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

1730.10

**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

A.	Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address 1030 Delta Boulevard City Atlanta State GA Zip Code 30354-1989 Purpose of Disbursement Travel: Flight Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-26340 Date of Disbursement 06 / 18 / 2010 Amount of Each Disbursement this Period 20.00 002 Category/ Type
B.	Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address 1030 Delta Boulevard City Atlanta State GA Zip Code 30354-1989 Purpose of Disbursement Travel: Travel for Rep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-26341 Date of Disbursement 06 / 21 / 2010 Amount of Each Disbursement this Period 1048.70 002 Category/ Type
C.	Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address 1030 Delta Boulevard City Atlanta State GA Zip Code 30354-1989 Purpose of Disbursement Travel: Travel for Rep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-26342 Date of Disbursement 06 / 21 / 2010 Amount of Each Disbursement this Period 740.90 002 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1809.60
<b>TOTAL</b> 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) Delta Airlines Mailing Address 1030 Delta Boulevard City Atlanta State GA Zip Code 30354-1989 Purpose of Disbursement Travel: Flight Fee 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-26345 Date of Disbursement 06 / 21 / 2010 Amount of Each Disbursement this Period 20.00 Category/Type: 002
B.	Full Name (Last, First, Middle Initial) FedEx Kinkos Mailing Address 37330 Six Mile Road City Livonia State MI Zip Code 48152 Purpose of Disbursement Shipping 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-26242 Date of Disbursement 04 / 19 / 2010 Amount of Each Disbursement this Period 42.59 Category/Type: 001
C.	Full Name (Last, First, Middle Initial) FedEx Kinkos Mailing Address 37330 Six Mile Road City Livonia State MI Zip Code 48152 Purpose of Disbursement Shipping 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-26273 Date of Disbursement 05 / 07 / 2010 Amount of Each Disbursement this Period 68.03 Category/Type: 001

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

130.62

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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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

<b>A.</b>	Full Name (Last, First, Middle Initial) FedEx Kinkos  Mailing Address 37330 Six Mile Road  City Livonia State MI Zip Code 48152  Purpose of Disbursement Shipping 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) ▼	<b>Transaction ID:</b> B-E-26329 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 9.51
<b>B.</b>	Full Name (Last, First, Middle Initial) Four Seasons Hotel  Mailing Address 2 Dole Drive  City Westlake Village State CA Zip Code 91362-7300  Purpose of Disbursement Travel: Food and beverage at hotel 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) ▼	<b>Transaction ID:</b> B-E-26327 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 120.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Four Seasons Hotel  Mailing Address 2 Dole Drive  City Westlake Village State CA Zip Code 91362-7300  Purpose of Disbursement Travel: Hotel for Rep 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) ▼	<b>Transaction ID:</b> B-E-26346 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 109.02

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

**238.53**

**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) Holiday Inn <hr/> Mailing Address 1501 Rhode Island Avenue NW <hr/> City Washington State DC Zip Code 20005-5504 <hr/> Purpose of Disbursement Travel: Hotel for Rep Candidate Name <hr/> 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-26241 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 48.68
B.	Full Name (Last, First, Middle Initial) Loisel & Associates <hr/> Mailing Address 865 S Main Street Suite 2 <hr/> City Plymouth State MI Zip Code 48170-2085 <hr/> Purpose of Disbursement Financial Statement Processing Candidate Name <hr/> 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-26326 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 620.00
C.	Full Name (Last, First, Middle Initial) MAI & Associates <hr/> Mailing Address 3057 Nutley Street Suite 122 <hr/> City Fairfax State VA Zip Code 22031 <hr/> Purpose of Disbursement Get out the vote and grassroots Candidate Name <hr/> 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-26243 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 6000.00

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

**6668.68**

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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

A.	Full Name (Last, First, Middle Initial) MAI & Associates <hr/> Mailing Address 3057 Nutley Street Suite 122 <hr/> City State Zip Code Fairfax VA 22031 <hr/> Purpose of Disbursement Get out the vote and grassroots Candidate Name Category/Type: <input type="text" value="001"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-26282 Date of Disbursement <input type="text" value="05"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
B.	Full Name (Last, First, Middle Initial) MAI & Associates <hr/> Mailing Address 3057 Nutley Street Suite 122 <hr/> City State Zip Code Fairfax VA 22031 <hr/> Purpose of Disbursement Get out the vote and grassroots Candidate Name Category/Type: <input type="text" value="001"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-26317 Date of Disbursement <input type="text" value="06"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
C.	Full Name (Last, First, Middle Initial) Mailboxes, Etc. <hr/> Mailing Address 33006 Seven Mile Road <hr/> City State Zip Code Livonia MI 48154 <hr/> Purpose of Disbursement Shipping Fees Candidate Name Category/Type: <input type="text" value="001"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-26235 Date of Disbursement <input type="text" value="04"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="193.00"/>

**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) Mailboxes, Etc.  Mailing Address 33006 Seven Mile Road  City Livonia State MI Zip Code 48154 Purpose of Disbursement Shipping 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-26250 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 0  Amount of Each Disbursement this Period 210.00  Category/Type 001
B.	Full Name (Last, First, Middle Initial) Mailboxes, Etc.  Mailing Address 33006 Seven Mile Road  City Livonia State MI Zip Code 48154 Purpose of Disbursement Shipping 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-26287 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 1 0  Amount of Each Disbursement this Period 130.00  Category/Type 001
C.	Full Name (Last, First, Middle Initial) MarCom Media  Mailing Address 333 City Boulevard W Floor 17  City Orange State CA Zip Code 92868-5905 Purpose of Disbursement Paraphernalia: Parade Banner and Magnets 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-26296 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 1 0  Amount of Each Disbursement this Period 203.00  Category/Type 006

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

**543.00**

**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><b>A.</b> Full Name (Last, First, Middle Initial) New York City Taxi &amp; Limousine Commission</p> <p>Mailing Address 40 Rector Street</p> <p>City New York State NY Zip Code 10006-1705</p> <p>Purpose of Disbursement Travel: Transportaton for Rep</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-26190</p> <p>Date of Disbursement MM / DD / YYYY 04 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 39.08</p> <p>Category/Type 002</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) New York City Taxi &amp; Limousine Commission</p> <p>Mailing Address 40 Rector Street</p> <p>City New York State NY Zip Code 10006-1705</p> <p>Purpose of Disbursement Travel: Transportation for Rep</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-26191</p> <p>Date of Disbursement MM / DD / YYYY 04 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 7.56</p> <p>Category/Type 002</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) New York City Taxi &amp; Limousine Commission</p> <p>Mailing Address 40 Rector Street</p> <p>City New York State NY Zip Code 10006-1705</p> <p>Purpose of Disbursement Travel: Transportation for Rep</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-26230</p> <p>Date of Disbursement MM / DD / YYYY 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 93.00</p> <p>Category/Type 002</p>

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

139.64

**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><b>A.</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 Paraphernalia: Printing Fees 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><b>Transaction ID:</b> B-E-26221 <b>Date of Disbursement</b> 04 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 11262.50</p> <p>006 Category/Type</p>
<p><b>B.</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 Paraphernalia: Printing Fees 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><b>Transaction ID:</b> B-E-26222 <b>Date of Disbursement</b> 04 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 3800.10</p> <p>006 Category/Type</p>
<p><b>C.</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 Shipping Fees 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><b>Transaction ID:</b> B-E-26226 <b>Date of Disbursement</b> 04 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 411.28</p> <p>001 Category/Type</p>

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

15473.88

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sams Club  Mailing Address 24800 Haggerty Road  City Farmington Hills State MI Zip Code 48335-1541 Purpose of Disbursement Candy for parades 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-26290 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 0  Amount of Each Disbursement this Period 279.20  Category/Type 001
<b>B.</b>	Full Name (Last, First, Middle Initial) Sams Club  Mailing Address 24800 Haggerty Road  City Farmington Hills State MI Zip Code 48335-1541 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-26293 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 0  Amount of Each Disbursement this Period 35.00  Category/Type 001
<b>C.</b>	Full Name (Last, First, Middle Initial) Sams Club  Mailing Address 24800 Haggerty Road  City Farmington Hills State MI Zip Code 48335-1541 Purpose of Disbursement Candy for Parades 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-26338 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 1 0  Amount of Each Disbursement this Period 139.60  Category/Type 001

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

**453.80**

**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><b>A.</b> Full Name (Last, First, Middle Initial) Smartech</p> <p>Mailing Address PO Box 11181</p> <p>City Chattanooga State TN Zip Code 37401-2181</p> <p>Purpose of Disbursement Bulk Email Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-E-26202</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="579.19"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) South Lyon Area Chamber of Commerce</p> <p>Mailing Address 125 N Lafayette Street</p> <p>City South Lyon State MI Zip Code 48178-2071</p> <p>Purpose of Disbursement Ticket to Event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-E-26285</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="45.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Southwest Airlines</p> <p>Mailing Address P.O. Box 36647 1CR</p> <p>City Dallas State TX Zip Code 75235</p> <p>Purpose of Disbursement Travel: Travel for Rep</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-E-26214</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="303.70"/></p> <p>Category/Type: <input type="text" value="002"/></p>

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

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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) Speedway	Transaction ID: B-E-26318	
	Date of Disbursement 06 / 08 / 2010	
Mailing Address 33405 Plymouth Road	Amount of Each Disbursement this Period 100.00	
City Livonia State MI Zip Code 48150-1507	Purpose of Disbursement Travel: Gas	
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

B. Full Name (Last, First, Middle Initial) Speedway	Transaction ID: B-E-26324	
	Date of Disbursement 06 / 11 / 2010	
Mailing Address 33405 Plymouth Road	Amount of Each Disbursement this Period 46.73	
City Livonia State MI Zip Code 48150-1507	Purpose of Disbursement Administrative/Salary/Overhead: Gas	
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

C. Full Name (Last, First, Middle Initial) Sprint	Transaction ID: B-E-26239	
	Date of Disbursement 04 / 19 / 2010	
Mailing Address P.O. Box 740602	Amount of Each Disbursement this Period 126.85	
City Cincinnati State OH Zip Code 45274-0602	Purpose of Disbursement Campaign Phone	
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>273.58</b>
<b>TOTAL</b> 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

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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

A.	Full Name (Last, First, Middle Initial) Sprint Mailing Address P.O. Box 740602 City Cincinnati State OH Zip Code 45274-0602 Purpose of Disbursement Campaign Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-26302 Date of Disbursement 06 / 01 / 2010	Amount of Each Disbursement this Period 129.75
B.	Full Name (Last, First, Middle Initial) Target Mailing Address 30020 Grand River Avenue City Farmington Hills State MI Zip Code 48336-4722 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-26240 Date of Disbursement 04 / 19 / 2010	Amount of Each Disbursement this Period 92.50
C.	Full Name (Last, First, Middle Initial) Target Mailing Address 30020 Grand River Avenue City Farmington Hills State MI Zip Code 48336-4722 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-26331 Date of Disbursement 06 / 16 / 2010	Amount of Each Disbursement this Period 127.18

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **349.43**

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



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

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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

<b>A.</b>	Full Name (Last, First, Middle Initial) The Congressional Club  Mailing Address 2001 New Hampshire Avenue NW  City Washington State DC Zip Code 20009-3414  Purpose of Disbursement Paraphernalia: Congressional Cookbooks Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: B-E-26289 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 0  Amount of Each Disbursement this Period 440.00  Category/Type 006
<b>B.</b>	Full Name (Last, First, Middle Initial) The Congressional Club  Mailing Address 2001 New Hampshire Avenue NW  City Washington State DC Zip Code 20009-3414  Purpose of Disbursement Shipping Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: B-E-26292 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 0  Amount of Each Disbursement this Period 40.00  Category/Type 001
<b>C.</b>	Full Name (Last, First, Middle Initial) The Gula Graham Group  Mailing Address 700 12th Street NW Suite 700  City Washington State DC Zip Code 20005  Purpose of Disbursement Fundraising: Fundraising Consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: B-E-26210 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 1 0  Amount of Each Disbursement this Period 2000.00  Category/Type 003

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2480.00
<b>TOTAL</b> 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) The Gula Graham Group  Mailing Address 700 12th Street NW Suite 700  City Washington State DC Zip Code 20005  Purpose of Disbursement Travel: Fundraising Consulting 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-26212 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 1 0  Amount of Each Disbursement this Period 391.00  Category/ Type 002
B.	Full Name (Last, First, Middle Initial) The Gula Graham Group  Mailing Address 700 12th Street NW Suite 700  City Washington State DC Zip Code 20005  Purpose of Disbursement Fundraising: Fundraising Consulting 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-26234 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0  Amount of Each Disbursement this Period 1980.00  Category/ Type 003
C.	Full Name (Last, First, Middle Initial) The Gula Graham Group  Mailing Address 700 12th Street NW Suite 700  City Washington State DC Zip Code 20005  Purpose of Disbursement Fundraising Consulting 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-26251 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 0  Amount of Each Disbursement this Period 2330.00  Category/ Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4701.00
<b>TOTAL</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) The Gula Graham Group</p> <p>Mailing Address 700 12th Street NW Suite 700</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Fundraising: Fundraising Consulting</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><b>Transaction ID:</b> B-E-26278 <b>Date of Disbursement</b> 05 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>003 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Gula Graham Group</p> <p>Mailing Address 700 12th Street NW Suite 700</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Fundraising: Fundraising Consulting</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><b>Transaction ID:</b> B-E-26279 <b>Date of Disbursement</b> 05 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 250.16</p> <p>003 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Gula Graham Group</p> <p>Mailing Address 700 12th Street NW Suite 700</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Fundraising: Fundraising Consulting</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><b>Transaction ID:</b> B-E-26312 <b>Date of Disbursement</b> 06 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>003 Category/ Type</p>

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

4250.16

**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><b>A.</b> Full Name (Last, First, Middle Initial) The Gula Graham Group</p> <p>Mailing Address 700 12th Street NW Suite 700</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Fundraising: Fundraising Consulting 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><b>Transaction ID:</b> B-E-26313 <b>Date of Disbursement</b> 06 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1004.32</p> <p>003 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Mail Box Plus</p> <p>Mailing Address 3103 W Thompson Road</p> <p>City Fenton State MI Zip Code 48430-9705</p> <p>Purpose of Disbursement Shipping Fees 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><b>Transaction ID:</b> B-E-26188 <b>Date of Disbursement</b> 04 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 403.00</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Mail Box Plus</p> <p>Mailing Address 3103 W Thompson Road</p> <p>City Fenton State MI Zip Code 48430-9705</p> <p>Purpose of Disbursement Shipping Fees 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><b>Transaction ID:</b> B-E-26189 <b>Date of Disbursement</b> 04 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 90.47</p> <p>001 Category/ Type</p>

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

1497.79

**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><b>A.</b> Full Name (Last, First, Middle Initial) The Mail Box Plus</p> <p>Mailing Address 3103 W Thompson Road</p> <p>City Fenton State MI Zip Code 48430-9705</p> <p>Purpose of Disbursement Shipping Fees 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><b>Transaction ID:</b> B-E-26244 <b>Date of Disbursement</b> 04 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 394.05</p> <p>001 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Mail Box Plus</p> <p>Mailing Address 3103 W Thompson Road</p> <p>City Fenton State MI Zip Code 48430-9705</p> <p>Purpose of Disbursement Shipping Fees 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><b>Transaction ID:</b> B-E-26245 <b>Date of Disbursement</b> 04 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 182.25</p> <p>001 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Mail Box Plus</p> <p>Mailing Address 3103 W Thompson Road</p> <p>City Fenton State MI Zip Code 48430-9705</p> <p>Purpose of Disbursement Shipping Fees 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><b>Transaction ID:</b> B-E-26343 <b>Date of Disbursement</b> 06 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 181.58</p> <p>001 Category/Type</p>

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

757.88

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) The UPS Store</p> <p>Mailing Address 33006 W. Seven Mile Road</p> <p>City Livonia State MI Zip Code 48152</p> <p>Purpose of Disbursement Shipping Fees 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><b>Transaction ID:</b> B-E-26264 <b>Date of Disbursement</b> 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 17.63</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The UPS Store</p> <p>Mailing Address 33006 W. Seven Mile Road</p> <p>City Livonia State MI Zip Code 48152</p> <p>Purpose of Disbursement Shipping Fees 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><b>Transaction ID:</b> B-E-26281 <b>Date of Disbursement</b> 05 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 33.72</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The UPS Store</p> <p>Mailing Address 33006 W. Seven Mile Road</p> <p>City Livonia State MI Zip Code 48152</p> <p>Purpose of Disbursement Shipping Fees 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><b>Transaction ID:</b> B-E-26294 <b>Date of Disbursement</b> 05 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 12.50</p> <p>001 Category/ Type</p>

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

63.85

**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) The UPS Store  Mailing Address 33006 W. Seven Mile Road  City Livonia State MI Zip Code 48152  Purpose of Disbursement Advertising: Shipping 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-26297 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 1 0  Amount of Each Disbursement this Period 161.50  Category/Type 004
B.	Full Name (Last, First, Middle Initial) Tortilla Coast  Mailing Address 400 1st Street SE  City Washington State DC Zip Code 20003-1826  Purpose of Disbursement Administrative/Salary/Overhead: Food 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-26320 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 1 0  Amount of Each Disbursement this Period 40.49  Category/Type 001
C.	Full Name (Last, First, Middle Initial) U. S. Postal Service  Mailing Address 37500 Pembroke Avenue  City Livonia State MI Zip Code 48152-4061  Purpose of Disbursement Administrative/Salary/Overhead: Postage 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-26229 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 0  Amount of Each Disbursement this Period 176.00  Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>377.99</b>
<b>TOTAL</b> 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

<b>A.</b> 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 Purpose of Disbursement Administrative/Salary/Overhead: Postage Candidate Name <hr/> 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-26247 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 26.00
	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> 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 Purpose of Disbursement Shipping Fees Candidate Name <hr/> 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-26260 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 162.25
	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> 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 Purpose of Disbursement Shipping Fees Candidate Name <hr/> 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-26261 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 162.25
	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**350.50**

**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)  
U. S. Postal Service

Mailing Address 37500 Pembroke Avenue

City Livonia State MI Zip Code 48152-4061

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

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: B-E-26274  
Date of Disbursement

05 / 10 / 2010

Amount of Each Disbursement this Period

11.20

B.

Full Name (Last, First, Middle Initial)  
U. S. Postal Service

Mailing Address 37500 Pembroke Avenue

City Livonia State MI Zip Code 48152-4061

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

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: B-E-26308  
Date of Disbursement

06 / 03 / 2010

Amount of Each Disbursement this Period

308.00

C.

Full Name (Last, First, Middle Initial)  
U. S. Postal Service

Mailing Address 37500 Pembroke Avenue

City Livonia State MI Zip Code 48152-4061

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

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: B-E-26315  
Date of Disbursement

06 / 07 / 2010

Amount of Each Disbursement this Period

11.20

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

330.40

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

<b>A.</b>	Full Name (Last, First, Middle Initial) U. S. Postal Service  Mailing Address 37500 Pembroke Avenue  City Livonia State MI Zip Code 48152-4061 Purpose of Disbursement Administrative/Salary/Overhead: Postage 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) ▼	<b>Transaction ID:</b> B-E-26337 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 1 0  Amount of Each Disbursement this Period 352.00  001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) United Airlines  Mailing Address 1200 E Algonquin Road  City Arlington Heights State IL Zip Code 60005-4712 Purpose of Disbursement Travel: Travel for Rep 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) ▼	<b>Transaction ID:</b> B-E-26201 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 1 0  Amount of Each Disbursement this Period 1074.70  002 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) United Airlines  Mailing Address 1200 E Algonquin Road  City Arlington Heights State IL Zip Code 60005-4712 Purpose of Disbursement Travel: Travel for Rep 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) ▼	<b>Transaction ID:</b> B-E-26224 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 1 0  Amount of Each Disbursement this Period 621.70  002 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2048.40
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) US Airways <hr/> Mailing Address 4000 E Sky Harbor Boulevard <hr/> City Phoenix State AZ Zip Code 85034-3802 <hr/> Purpose of Disbursement Travel: Travel for Rep Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-26194 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 514.70
	Category/ Type 002
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) US Airways <hr/> Mailing Address 4000 E Sky Harbor Boulevard <hr/> City Phoenix State AZ Zip Code 85034-3802 <hr/> Purpose of Disbursement Travel: Travel for Rep Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-26225 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 510.70
	Category/ Type 002
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) US Airways <hr/> Mailing Address 4000 E Sky Harbor Boulevard <hr/> City Phoenix State AZ Zip Code 85034-3802 <hr/> Purpose of Disbursement Travel: Travel for Rep Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-26270 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1287.90
	Category/ Type 002
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2313.30

**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) US Airways <hr/> Mailing Address 4000 E Sky Harbor Boulevard <hr/> City Phoenix State AZ Zip Code 85034-3802 <hr/> Purpose of Disbursement Travel: Travel for Rep Candidate Name <hr/> 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-26271 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 25.00
B.	Full Name (Last, First, Middle Initial) US Airways <hr/> Mailing Address 4000 E Sky Harbor Boulevard <hr/> City Phoenix State AZ Zip Code 85034-3802 <hr/> Purpose of Disbursement Travel: Travel for Rep Candidate Name <hr/> 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-26307 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 563.70
C.	Full Name (Last, First, Middle Initial) US Airways <hr/> Mailing Address 4000 E Sky Harbor Boulevard <hr/> City Phoenix State AZ Zip Code 85034-3802 <hr/> Purpose of Disbursement Travel: Travel for Rep Candidate Name <hr/> 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-26309 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 25.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>613.70</b>
<b>TOTAL</b> 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)

PAGE 77 / 86

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 790292 City Saint Louis State MO Zip Code 63179-0292 Purpose of Disbursement Campaign Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-26185 Date of Disbursement 04 / 02 / 2010 Amount of Each Disbursement this Period 76.85 001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 790292 City Saint Louis State MO Zip Code 63179-0292 Purpose of Disbursement Campaign Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-26267 Date of Disbursement 05 / 04 / 2010 Amount of Each Disbursement this Period 77.09 001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 790292 City Saint Louis State MO Zip Code 63179-0292 Purpose of Disbursement Campaign Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-26305 Date of Disbursement 06 / 02 / 2010 Amount of Each Disbursement this Period 77.09 001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	231.03
<b>TOTAL</b> 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) Vision Solutions <hr/> Mailing Address PO Box 756 <hr/> City Grand Blanc State MI Zip Code 48480-0756 <hr/> Purpose of Disbursement Paraphernalia: Printing Fees Candidate Name <hr/> 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-26223 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1275.00
B.	Full Name (Last, First, Middle Initial) Vision Solutions <hr/> Mailing Address PO Box 756 <hr/> City Grand Blanc State MI Zip Code 48480-0756 <hr/> Purpose of Disbursement Paraphernalia: Printing Fees Candidate Name <hr/> 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-26236 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 62.30
C.	Full Name (Last, First, Middle Initial) Wade Strategic Communications <hr/> Mailing Address 6138 Chesterbrook Road <hr/> City Mclean State VA Zip Code 22101-3215 <hr/> Purpose of Disbursement Web Consulting Candidate Name <hr/> 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-26254 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1000.00

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

**2337.30**

**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) Wade Strategic Communications <hr/> Mailing Address 6138 Chesterbrook Road <hr/> City Mclean State VA Zip Code 22101-3215 <hr/> Purpose of Disbursement Web Consulting Candidate Name <hr/> 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-26255 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Wade Strategic Communications <hr/> Mailing Address 6138 Chesterbrook Road <hr/> City Mclean State VA Zip Code 22101-3215 <hr/> Purpose of Disbursement Web Consulting Candidate Name <hr/> 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-26333 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1350.34
C.	Full Name (Last, First, Middle Initial) Wade Strategic Communications <hr/> Mailing Address 6138 Chesterbrook Road <hr/> City Mclean State VA Zip Code 22101-3215 <hr/> Purpose of Disbursement Web Consulting Candidate Name <hr/> 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-26334 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1000.00

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

**3350.34**

**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) Washington Metropolitan Area Transit Authority <hr/> Mailing Address 600 5th Street NW <hr/> City Washington State DC Zip Code 20001-2610 <hr/> Purpose of Disbursement Travel: Metro Cards Candidate Name <hr/> 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-26232 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 25.00
B.	Full Name (Last, First, Middle Initial) Washington Metropolitan Area Transit Authority <hr/> Mailing Address 600 5th Street NW <hr/> City Washington State DC Zip Code 20001-2610 <hr/> Purpose of Disbursement Travel: Metro Cards Candidate Name <hr/> 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-26263 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 20.00
C.	Full Name (Last, First, Middle Initial) Washington Metropolitan Area Transit Authority <hr/> Mailing Address 600 5th Street NW <hr/> City Washington State DC Zip Code 20001-2610 <hr/> Purpose of Disbursement Travel: Metro Cards Candidate Name <hr/> 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-26351 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 40.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	85.00
<b>TOTAL</b> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mitchell B. Bainwol <hr/> Mailing Address 8455 Lee Alan Drive <hr/> City State Zip Code Fairfax Station VA 22039-2643 <hr/> Purpose of Disbursement Inkind: Food For Event Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-I-26356 Date of Disbursement 06 / 11 / 2010 <hr/> Amount of Each Disbursement this Period 309.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Blair Bowman <hr/> Mailing Address 3279 Lakewood Shores Dr <hr/> City State Zip Code Howell MI 48843 <hr/> Purpose of Disbursement Inkind: Catering and Room Rental for E Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-I-26355 Date of Disbursement 06 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 1635.42
<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Melinda Fernandes <hr/> Mailing Address 45400 W Pontiac Trail <hr/> City State Zip Code Walled Lake MI 48390-4035 <hr/> Purpose of Disbursement Consulting Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-26238 Date of Disbursement 04 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2944.42
<b>TOTAL</b> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Melinda Fernandes <hr/> Mailing Address 45400 W Pontiac Trail <hr/> City Walled Lake State MI Zip Code 48390-4035 <hr/> Purpose of Disbursement Consulting Fees Candidate Name <hr/> 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-26288 Date of Disbursement 05 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 1500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Melinda Fernandes <hr/> Mailing Address 45400 W Pontiac Trail <hr/> City Walled Lake State MI Zip Code 48390-4035 <hr/> Purpose of Disbursement Consulting Fees Candidate Name <hr/> 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-26321 Date of Disbursement 06 / 11 / 2010 <hr/> Amount of Each Disbursement this Period 1500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Melinda Fernandes <hr/> Mailing Address 45400 W Pontiac Trail <hr/> City Walled Lake State MI Zip Code 48390-4035 <hr/> Purpose of Disbursement Postage Reimbursement Candidate Name <hr/> 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-26323 Date of Disbursement 06 / 11 / 2010 <hr/> Amount of Each Disbursement this Period 56.20

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

**3056.20**

**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. Thaddeus G. McCotter  Mailing Address 18430 Golfview Street  City Livonia State MI Zip Code 48152-2877  Purpose of Disbursement Food Reimbursement Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	<b>Transaction ID:</b> B-E-26299 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 1 0	Amount of Each Disbursement this Period  25.51
B.	Full Name (Last, First, Middle Initial) Shawn Scott  Mailing Address 5947 High Point Court  City Brighton State MI Zip Code 48116-8065  Purpose of Disbursement Travel: Mileage Reimbursement Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	<b>Transaction ID:</b> B-E-26277 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 0	Amount of Each Disbursement this Period  265.00
C.	Full Name (Last, First, Middle Initial) Mr. Paul Seewald  Mailing Address 16380 Aldrich Court  City Livonia State MI Zip Code 48154-1056  Purpose of Disbursement Travel: Reimbursement for Rental Car Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	<b>Transaction ID:</b> B-E-26350 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 1 0	Amount of Each Disbursement this Period  339.65

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>630.16</b>
<b>TOTAL</b> 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 84 / 86

<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)

Michael D Telliga

Mailing Address 7628 Brookdale Court

City Brighton State MI Zip Code 48116-4738

Purpose of Disbursement  
Administrative/Salary/Overhead: Salary

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-26303

Date of Disbursement

06 / 01 / 2010

Amount of Each Disbursement this Period

750.00

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

750.00

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

86454.72



# 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

<b>A.</b> Full Name (Last, First, Middle Initial) Right To Life / Lifespan of Metro Detroit <hr/> Mailing Address 28200 Seven Mile Road Suite 127 <hr/> City Livonia State MI Zip Code 48152 <hr/> Purpose of Disbursement Event Ticket- Mothers Dayh Din Candidate Name	Transaction ID: B-E-26246 Date of Disbursement MM / DD / YYYY 04 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 100.00
<b>B.</b> Full Name (Last, First, Middle Initial) Right To Life / Lifespan of Metro Detroit <hr/> Mailing Address 28200 Seven Mile Road Suite 127 <hr/> City Livonia State MI Zip Code 48152 <hr/> Purpose of Disbursement AD for resource book Candidate Name	Transaction ID: B-E-26252 Date of Disbursement MM / DD / YYYY 04 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 160.00

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

260.00

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

2460.00