

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Martin Olav Sabo for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Minn. D.F.L.		Transaction ID: D8067 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 255 E. Plato Blvd.		Amount of Each Disbursement this Period 500.00	
City Saint Paul State MN Zip Code 55107	Purpose of Disbursement Transfer Excess Funds	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. Paine Webber, Inc.		Transaction ID: D8022 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 6	
Mailing Address 33 South 6th Street		Amount of Each Disbursement this Period 1875.64	
City Minneapolis State MN Zip Code 55402-3601	Purpose of Disbursement Depreciation	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) C. Patty Wetterling '06		Transaction ID: D8079 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6	
Mailing Address P.O. Box 2295		Amount of Each Disbursement this Period 2000.00	
City Saint Cloud State MN Zip Code 56302	Purpose of Disbursement Contribution MN06	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	4375.64
TOTAL This Period (last page this line number only) ▶	(Empty box)