

**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 6 OF 7
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
LUTHER FOR CONGRESS VOLUNTEER COMMITTEE

Full Name (Last, First, Middle Initial) A. MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2011
Mailing Address 255 Plato Blvd E		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4785
City St Paul	State MN	
Zip Code 55107	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MINNESOTA SENATE MAJORITY CAUCUS		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2011
Mailing Address PO BOX 65337		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4786
City ST PAUL	State MN	
Zip Code 55165	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. MONTANANS FOR TESTER		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2011
Mailing Address PO BOX 1135		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.4783
City HELENA	State MT	
Zip Code 59624	Purpose of Disbursement	Category/ Type
Candidate Name JON TESTER	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MT District: 00	

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	