

**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 165 / 170

<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)
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) A. COMMITTEE TO BRING BACK BARON		Transaction ID: D4105 Date of Disbursement
Mailing Address PO BOX 1071		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>
City SEYMOUR	State IN	Zip Code 47274
Purpose of Disbursement Contribution Expense	<input type="text" value="011"/> Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN	District: 09	
Amount of Each Disbursement this Period		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. Billion for Governor		Transaction ID: D3897 Date of Disbursement
Mailing Address 1116 South Minnesota		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>
City Sioux Falls	State SD	Zip Code 57105
Purpose of Disbursement Contribution Expense	<input type="text" value="011"/> Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	
Amount of Each Disbursement this Period		<input type="text" value="2000.00"/>

Full Name (Last, First, Middle Initial) C. The Feldman Group		Transaction ID: D4277 Date of Disbursement
Mailing Address 508 8th Street SE		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Polling Expense	<input type="text" value="005"/> Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	
Amount of Each Disbursement this Period		<input type="text" value="5000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>