

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
Martin Olav Sabo for Congress Volunteer Committee

ADDRESS (number and street) 17326 - 530th Avenue
 Check if different than previously reported. (ACC)
Wells MN 56097

2. **FEC IDENTIFICATION NUMBER** C00086728
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
MN 05

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 2006 through 06 30 2006

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 Karin Mantor

Signature of Treasurer Electronically Filed by Karin Mantor Date 07 05 2006

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

Write or Type Committee Name

Martin Olav Sabo for Congress Volunteer Committee

Report Covering the Period: From: To:

	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)).....	1805.00	300154.76
(b) Total Contribution Refunds (from Line 20(d)).....	100.00	4270.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1705.00	295884.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	37257.78	274396.47
(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)).....	37257.78	274396.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	212543.84	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY 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 02/2003)

Write or Type Committee Name
 Martin Olav Sabo for Congress Volunteer Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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

(i) Itemized (use Schedule A).....

40.00

95145.50

(ii) Unitemized.....

265.00

91009.26

(iii) TOTAL of contributions

305.00

186154.76

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

1500.00

114000.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

1805.00

300154.76

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

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.).....

669.88

13058.96

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

2474.88

313213.72

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37257.78	274396.47
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.....	100.00	2270.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	100.00	4270.00
21. OTHER DISBURSEMENTS.....	23275.64	59587.44
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	60633.42	338253.91

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	270702.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	2474.88
25. SUBTOTAL (add Line 23 and Line 24).....	273177.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	60633.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	212543.84

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 25
	(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)
Martin Olav Sabo for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Richard Grimm

Mailing Address P.O. Box 19619

City State Zip Code
Minneapolis MN 55419

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

Name of Employer Retired Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2006

Transaction ID: C25427

Amount of Each Receipt this Period
20.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Richard Grimm

Mailing Address P.O. Box 19619

City State Zip Code
Minneapolis MN 55419

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

Name of Employer Retired Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2006

Transaction ID: C25428

Amount of Each Receipt this Period
20.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	40.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 25
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Martin Olav Sabo for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
BAE Systems USA PAC

Mailing Address 1300 N. 17th Street

City State Zip Code
Arlington VA 22209

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2006

Transaction ID: C25405

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
UPSPAC

Mailing Address 55 Glenlake Parkway N.E.

City State Zip Code
Atlanta GA 30328

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 17 / 2006

Transaction ID: C25437

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	1500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 25
	(check only one)
<input 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 checked="" type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Paine Webber, Inc.

Mailing Address 33 South 6th Street

City State Zip Code
Minneapolis MN 55402-3601

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
12741.33

Date of Receipt
M M / D D / Y Y Y Y
04 / 01 / 2006

Transaction ID: C25431

Amount of Each Receipt this Period
505.28

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Paine Webber, Inc.

Mailing Address 33 South 6th Street

City State Zip Code
Minneapolis MN 55402-3601

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
12741.33

Date of Receipt
M M / D D / Y Y Y Y
05 / 17 / 2006

Transaction ID: C25432

Amount of Each Receipt this Period
127.50

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	632.78
TOTAL This Period (last page this line number only)	632.78

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)
Martin Olav Sabo for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. ARI Systems Inc.		Transaction ID: D8027 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 3600 Kennebec Dr Ste 3B		Amount of Each Disbursement this Period 124.84
City Eagan State MN Zip Code 55122-1038	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telemarketing Services	Candidate Name	Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) B. Best Buy		Transaction ID: D8029 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address 5925 Earle Brown Dr		Amount of Each Disbursement this Period 362.73
City Brooklyn Ctr State MN Zip Code 55430-2503	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Equipment	Candidate Name	Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) C. BevComm		Transaction ID: D8100 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 411 S. Grove Street		Amount of Each Disbursement this Period 39.95
City Blue Earth State MN Zip Code 56013	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DSL Service	Candidate Name	Category/ Type
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	527.52
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)
Martin Olav Sabo for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. BevComm		Transaction ID: D8099 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 411 S. Grove Street		Amount of Each Disbursement this Period 39.95	
City Blue Earth State MN Zip Code 56013	Purpose of Disbursement DSL Service	<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. BevComm		Transaction ID: D8098 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6	
Mailing Address 411 S. Grove Street		Amount of Each Disbursement this Period 39.95	
City Blue Earth State MN Zip Code 56013	Purpose of Disbursement DSL Service	<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. Bunny's Bar & Grill		Transaction ID: D8037 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address 5916 Excelsior Blvd.		Amount of Each Disbursement this Period 203.29	
City Saint Louis Park State MN Zip Code 55416	Purpose of Disbursement Food	<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) ▶	283.19
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)

PAGE 10 / 25

<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)
Martin Olav Sabo for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Congressional Club		Transaction ID: D8045 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 2001 New Hampshire Ave NW		Amount of Each Disbursement this Period 480.00
City Washington State DC Zip Code 20009-3414	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Carole Faricy		Transaction ID: D8041 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 2211 Saint Clair Ave		Amount of Each Disbursement this Period 5000.00
City Saint Paul State MN Zip Code 55105-1136	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Services Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Carole Faricy		Transaction ID: D8039 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address 2211 Saint Clair Ave		Amount of Each Disbursement this Period 5000.00
City Saint Paul State MN Zip Code 55105-1136	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Services Candidate Name	Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10480.00
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)
Martin Olav Sabo for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Carole Faricy		Transaction ID: D8040 Date of Disbursement 06 / 24 / 2006	
Mailing Address 2211 Saint Clair Ave		Amount of Each Disbursement this Period 5000.00	
City Saint Paul State MN Zip Code 55105-1136	Purpose of Disbursement Fundraising Services	<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. Erin Frautshy		Transaction ID: D8048 Date of Disbursement 04 / 26 / 2006	
Mailing Address 380 Wheelock Parkway East #114		Amount of Each Disbursement this Period 2174.50	
City Saint Paul State MN Zip Code 55101	Purpose of Disbursement Payroll	<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. Erin Frautshy		Transaction ID: D8049 Date of Disbursement 05 / 26 / 2006	
Mailing Address 380 Wheelock Parkway East #114		Amount of Each Disbursement this Period 2174.50	
City Saint Paul State MN Zip Code 55101	Purpose of Disbursement Payroll	<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) ▶	9349.00
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)
Martin Olav Sabo for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Garry Insurancenter		Transaction ID: D8104 Date of Disbursement 05 / 26 / 2006
Mailing Address 2555 7th Ave E		Amount of Each Disbursement this Period 125.00
City North St Paul State MN Zip Code 55109-3011	Purpose of Disbursement Equipment Insurance Candidate Name Category/Type	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Hunan Dynasty Restaurant		Transaction ID: D8057 Date of Disbursement 05 / 01 / 2006
Mailing Address 215 Pennsylvania Avenue S.E.		Amount of Each Disbursement this Period 125.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Food Candidate Name Category/Type	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Internal Revenue Services		Transaction ID: D8058 Date of Disbursement 04 / 26 / 2006
Mailing Address		Amount of Each Disbursement this Period 882.00
City Kansas City State MO Zip Code 64999	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1132.00
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)

PAGE 13 / 25

<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)
Martin Olav Sabo for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Internal Revenue Services		Transaction ID: D8059 Date of Disbursement 05 / 26 / 2006
Mailing Address		Amount of Each Disbursement this Period 882.00
City Kansas City	State MO	
Zip Code 64999	Purpose of Disbursement Payroll Taxes	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Kramer and Associates		Transaction ID: D8106 Date of Disbursement 04 / 24 / 2006
Mailing Address 1471 Barclay Street		Amount of Each Disbursement this Period 2476.97
City Saint Paul	State MN	
Zip Code 55106-1405	Purpose of Disbursement Printing	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Karin Mantor		Transaction ID: D8063 Date of Disbursement 04 / 26 / 2006
Mailing Address 17326 - 530th Avenue		Amount of Each Disbursement this Period 1300.00
City Wells	State MN	
Zip Code 56097	Purpose of Disbursement Accounting Services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	4658.97
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)

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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)
Martin Olav Sabo for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Karin Mantor		Transaction ID: D8064 Date of Disbursement 05 / 26 / 2006
Mailing Address 17326 - 530th Avenue		Amount of Each Disbursement this Period 1300.00
City Wells State MN Zip Code 56097	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Accounting Services Candidate Name		Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) B. Karin Mantor		Transaction ID: D8062 Date of Disbursement 06 / 24 / 2006
Mailing Address 17326 - 530th Avenue		Amount of Each Disbursement this Period 1300.00
City Wells State MN Zip Code 56097	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Accounting Services Candidate Name		Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) C. Minn. D.F.L.		Transaction ID: D8068 Date of Disbursement 04 / 24 / 2006
Mailing Address 255 E. Plato Blvd.		Amount of Each Disbursement this Period 1250.00
City Saint Paul State MN Zip Code 55107	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Table Fee Candidate Name		Category/ Type
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3850.00
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)

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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)
Martin Olav Sabo for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Minneapolis Club		Transaction ID: D8069 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 729 2nd Ave S		Amount of Each Disbursement this Period 13.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55402-2405	Purpose of Disbursement Parking Candidate Name Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Minneapolis Club		Transaction ID: D8071 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 729 2nd Ave S		Amount of Each Disbursement this Period 11.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55402-2405	Purpose of Disbursement Parking Candidate Name Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Minneapolis Club		Transaction ID: D8070 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 729 2nd Ave S		Amount of Each Disbursement this Period 738.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55402-2405	Purpose of Disbursement Fundraising Expense Candidate Name Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	762.72
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:
(check only one)

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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)
Martin Olav Sabo for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Minnesota Revenue		Transaction ID: D8107 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address Mail Station 1257		Amount of Each Disbursement this Period 591.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Saint Paul State MN Zip Code 55146-0001	Purpose of Disbursement Minnesota Payroll Taxes Candidate Name <input type="checkbox"/> Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: D8075 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 7500 Airline Drive		Amount of Each Disbursement this Period 404.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement Travel Candidate Name <input type="checkbox"/> Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: D8074 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 7500 Airline Drive		Amount of Each Disbursement this Period 468.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement Travel Candidate Name <input type="checkbox"/> Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1463.71
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)

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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)
Martin Olav Sabo for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Office Max		Transaction ID: D8077 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 3001 Nicollet Ave		Amount of Each Disbursement this Period 19.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55408-3129	Purpose of Disbursement Office Supplies Candidate Name Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Office Max		Transaction ID: D8078 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 3001 Nicollet Ave		Amount of Each Disbursement this Period 59.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55408-3129	Purpose of Disbursement Office Supplies Candidate Name Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Postmaster		Transaction ID: D8083 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 100 S 1st St		Amount of Each Disbursement this Period 2730.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55401-2037	Purpose of Disbursement Postage Candidate Name Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2808.98
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)

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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)
Martin Olav Sabo for Congress Volunteer Committee

A. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 100 S 1st St City Minneapolis State MN Zip Code 55401-2037 Purpose of Disbursement Postage 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) ▼		Transaction ID: D8081 Date of Disbursement 05 / 08 / 2006 Amount of Each Disbursement this Period 117.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 100 S 1st St City Minneapolis State MN Zip Code 55401-2037 Purpose of Disbursement Postage 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) ▼		Transaction ID: D8082 Date of Disbursement 05 / 22 / 2006 Amount of Each Disbursement this Period 96.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Qwest Full Name (Last, First, Middle Initial) Mailing Address PO Box 1301 City Minneapolis State MN Zip Code 55483-0002 Purpose of Disbursement Telephone 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) ▼		Transaction ID: D8084 Date of Disbursement 04 / 11 / 2006 Amount of Each Disbursement this Period 21.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	234.73
TOTAL 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)

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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)
Martin Olav Sabo for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Qwest		Transaction ID: D8085 Date of Disbursement 05 / 11 / 2006	
Mailing Address PO Box 1301		Amount of Each Disbursement this Period 20.57	
City Minneapolis State MN Zip Code 55483-0002	Purpose of Disbursement Telephone 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 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. Qwest		Transaction ID: D8086 Date of Disbursement 06 / 09 / 2006	
Mailing Address PO Box 1301		Amount of Each Disbursement this Period 20.02	
City Minneapolis State MN Zip Code 55483-0002	Purpose of Disbursement Telephone 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 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. Wells Fargo - Service Charge		Transaction ID: D8093 Date of Disbursement 04 / 11 / 2006	
Mailing Address PO Box 5190		Amount of Each Disbursement this Period 168.03	
City Sioux Falls State SD Zip Code 57117-5190	Purpose of Disbursement Credit Card Fee 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 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) ▶	208.62
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:
(check only one)

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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)
Martin Olav Sabo for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Wells Fargo - Service Charge		Transaction ID: D8092																					
Mailing Address PO Box 5190		Date of Disbursement																					
City Sioux Falls State SD Zip Code 57117-5190		<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>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	1	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5	/	1	1	/	2	0	0	6														
Purpose of Disbursement Credit Card Service Fee		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10" style="text-align: right;">43.80</td> </tr> </table>		43.80																			
43.80																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) B. Wells Fargo - Service Charge		Transaction ID: D8094																					
Mailing Address PO Box 5190		Date of Disbursement																					
City Sioux Falls State SD Zip Code 57117-5190		<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>6</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	0	9	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6	/	0	9	/	2	0	0	6														
Purpose of Disbursement Credit Card Fee		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10" style="text-align: right;">43.80</td> </tr> </table>		43.80																			
43.80																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional) ►

87.60

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

35847.04

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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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)
Martin Olav Sabo for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Air America Minnesota		Transaction ID: D8023 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 11320 Valley View Road		Amount of Each Disbursement this Period 900.00
City Eden Prairie State MN Zip Code 55344	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Show Sponsorship Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Amy Klobuchar for Minnesota		Transaction ID: D8026 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 4146		Amount of Each Disbursement this Period 2000.00
City Saint Paul State MN Zip Code 55104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution MN00 Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Amy Klobuchar for Minnesota		Transaction ID: D8025 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 4146		Amount of Each Disbursement this Period 2000.00
City Saint Paul State MN Zip Code 55104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution MN00 Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4900.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s)
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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)
Martin Olav Sabo for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Boswell For Congress		Transaction ID: D8033 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 1401 N Jefferson St		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indianola State IA Zip Code 50125-1464	Purpose of Disbursement Contribution IA03 Candidate Name Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Bruce Braley for Congress		Transaction ID: D8035 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 390		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Waterloo State IA Zip Code 50704	Purpose of Disbursement Contribution MN01 Candidate Name Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Coleen Rowley for Congress		Transaction ID: D8043 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 241598		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Apple Valley State MN Zip Code 55124	Purpose of Disbursement Contribution MN02 Candidate Name Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
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 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. Erlandson for U.S. Representative		Transaction ID: D8108 Date of Disbursement 06 / 17 / 2006
Mailing Address P.O. Box 14805		Amount of Each Disbursement this Period 2000.00
City Minneapolis State MN Zip Code 55419	Purpose of Disbursement Contribution MN05	
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 State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Erlandson for U.S. Representative		Transaction ID: D8050 Date of Disbursement 06 / 17 / 2006
Mailing Address P.O. Box 14805		Amount of Each Disbursement this Period 2000.00
City Minneapolis State MN Zip Code 55419	Purpose of Disbursement Contribution MN05	
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 State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Francine Busby for Congress		Transaction ID: D8052 Date of Disbursement 05 / 11 / 2006
Mailing Address 144-B West D Street		Amount of Each Disbursement this Period 2000.00
City Encinitas State CA Zip Code 92024	Purpose of Disbursement Contribution CA50	
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 State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
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 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)

**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 25 / 25

<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. Tim Walz for U.S. Congress

Mailing Address P.O. Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement
Contribution MN01

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8089

Date of Disbursement

06 / 20 / 2006

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

23275.64