

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. 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) ▶