

**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)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. WETTERLING '06		Transaction ID: D2843 Date of Disbursement
Mailing Address P.O. Box 2295		<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2006"/>
City St. Cloud	State MN	Zip Code 56302
Purpose of Disbursement Contribution	<input type="text" value="011"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Patty Wetterling 06	Category/ Type	
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: MN	District: 06	

Full Name (Last, First, Middle Initial) B. ZACK SPACE FOR CONGRESS COMMITTEE		Transaction ID: D2847 Date of Disbursement
Mailing Address 714 N WOOSTER AVENUE		<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2006"/>
City DOVER	State OH	Zip Code 44622
Purpose of Disbursement Contribution	<input type="text" value="011"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Zack Space for Congress	Category/ Type	
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: OH	District: 18	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="119125.00"/>