

**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)
McCollum for Congress

Full Name (Last, First, Middle Initial) A. Klobuchar for Minnesota		Transaction ID: D3464 Date of Disbursement 08 / 24 / 2006
Mailing Address PO Box 4146		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Saint Paul State MN Zip Code 55104	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Amy Klobuchar		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lampson for Congress		Transaction ID: D3559 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 58606		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Houston State TX Zip Code 77258	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Nick Lampson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lois Murphy for Congress		Transaction ID: D3466 Date of Disbursement 08 / 24 / 2006
Mailing Address 14 West Marshall Street		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Norristown State PA Zip Code 19401	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Lois Murphy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)