

**REPORT OF RECEIPTS AND DISBURSEMENTS**

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) <b>Sabo For Congress Volunteer Committee</b>		2. FEC IDENTIFICATION NUMBER <b>074306</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>2425 E. Franklin #301</b>		
CITY, STATE and ZIP CODE <b>Minneapolis MN 55406</b>	STATE/DISTRICT <b>MN/05</b>	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

**4. TYPE OF REPORT**

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> Twelfth day report preceding
<input type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> Thirtieth day report following the General Election on
<input checked="" type="checkbox"/> January 31 Year End Report	_____ In the State of _____
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

This report contains activity for  Primary Election  General Election  Special Election  Runoff Election

**SUMMARY**

5. Covering Period <u>7/01/99</u> through <u>12/31/99</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) . . . . .	\$85,524.31	\$187,512.33
(b) Total Contribution Refunds (from Line 20(d)) . . . . .	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6b from 6a).	\$85,524.31	\$187,512.33
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17). . . . .	\$38,789.41	\$74,794.99
(b) Total Offsets to Operating Expenditures (from Line 14) . . . . .	\$0.00	\$675.99
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a)). . . . .	\$38,789.41	\$74,119.00
8. Cash on Hand at Close of Reporting Period (from Line 27). . . . .	\$330,779.31	
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	

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 <b>Doris Caranicas</b>	
Signature of Treasurer <i>Doris Caranicas</i>	Date <b>1-31-00</b>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 437g.

**DETAILED SUMMARY PAGE**  
of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)	Report covering the Period:	
Sabo For Congress Volunteer Committee 074306	From: 7/01/99	To: 12/31/99
<b>I. RECEIPTS</b>	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(b) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) . . . . .	18,900.00	
(ii) Unitemized . . . . .	21,791.87	
(iii) Total of contributions from individuals . . . . .	40,691.87	75,528.87
(b) Political Party Committee . . . . .	582.44	893.46
(c) Other Political Committees (such as PACs) . . . . .	44,250.00	111,090.00
(d) The Candidate . . . . .	0.00	0.00
(e) TOTAL CONTRIBUTIONS (add 11(a)(iii), (b), (c) and (d)). . . . .	85,524.31	187,512.33
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES . . . . .</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate . . . . .	0.00	0.00
(b) All Other Loans . . . . .	0.00	0.00
(c) TOTAL LOANS (add 13(a) and (b)) . . . . .	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.) . . . . .</b>	0.00	675.99
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) . . . . .</b>	2,457.65	11,492.97
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) . . . . .</b>	87,981.96	199,681.29
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES . . . . .</b>	38,789.41	74,794.99
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES . . . . .</b>	25,500.00	25,500.00
<b>19. LOAN REPAYMENTS:</b>		
(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 19(a), (b) and (c)). . . . .	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees . . . . .	0.00	0.00
(b) Political Party Committees . . . . .	0.00	0.00
(c) Other Political Committees (such as PACs). . . . .	0.00	0.00
(d) TOTAL CONTRIBUTIONS REFUNDS (add 20(a), (b) and (c)). . . . .	0.00	0.00
<b>21. OTHER DISBURSEMENTS. . . . .</b>	503.00	853.00
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) . . . . .</b>	64,792.41	101,147.99
<b>III. CASH SUMMARY</b>		
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD. . . . .</b>		\$307,589.76
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16). . . . .</b>		\$87,981.96
<b>25. SUBTOTAL (add Line 23 and Line 24) . . . . .</b>		\$395,571.72
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) . . . . .</b>		\$64,792.41
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 and 25). . . . .</b>		\$330,779.31

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 5  
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committees.

NAME OF COMMITTEE (in Full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Courtney B Banks 1309 Knox Pl Alexandria VA 22304 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Research Planning Inc. Occupation Federal Relations Aggregate Year-to-Date > \$250.00	8/17/99	\$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William N Bartolone 2311 S F Woodrow St Arlington VA 22206 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Silicon Graphics Occupation Director Gov't Rel Aggregate Year-to-Date > \$1,000.00	10/22/99	\$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Brimsek 2508 Fallsmere Ct Falls Church VA 22043 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Mullenholz & Brimsek Occupation Attorney Aggregate Year-to-Date > \$1,000.00	10/22/99	\$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James J Carey 6022 Knights Ridge Way Alexandria VA 22310 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Carey/Nealon & ASSOC. Occupation Chairman Aggregate Year-to-Date > \$1,000.00	8/17/99	\$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John J Corbett 1350 NW New York Ave Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Speigel & McDiarmid Occupation Attorney Aggregate Year-to-Date > \$1,000.00	10/22/99	\$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Davidson 112 Oakmont Rd Birmingham AL 35244 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Optimize Digital Solutions, Inc. Occupation Legislative Affairs Aggregate Year-to-Date > \$500.00	8/17/99	\$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
D. Chris Downey 1225 NW I St Suite 350 Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation Consultant Aggregate Year-to-Date > \$500.00	10/22/99	\$500.00

SUMTOTAL of Receipts This Page (optional)	\$3,250.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 5  
FOR LINE NUMBER 11(a)(i)

**Contributions from Individuals**

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NAME OF COMMITTEE (in Full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth J Eakman 4838 Spring Creek Rd Rockford IL 61114	Barber/Chilman	8/17/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Program Manager	Aggregate Year-to-Date > \$500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John J Gilece 1234 Cherry Tree Ln Annapolis MD 21403	Fiber Net	8/17/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael H Herson 1200 N Veitch St Apt 1322 Arlington VA 22201	American Defense Int'l	8/17/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Milton Herson 17173 Royal Cove Way Boca Raton FL 33496	American Defense Int'l	8/17/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > \$250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Van D Hipp Jr 809 N Quaker Ln Alexandria VA 22302	American Defense Int'l	8/17/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	Aggregate Year-to-Date > \$1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley S Hubbard 3415 University Ave St. Paul MN 55114-	Hubbard Broadcasting	12/29/99	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	Aggregate Year-to-Date > \$1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas L Jensen 1311 Snowdon Dr Knoxville TN 37912	National Safe Skies All nce	8/17/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$500.00	
SUMMARY of Receipts This Page (optional)			\$3,750.00
TOTAL This Period (last page this line number only)			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 5  
FOR LINE NUMBER 11(a)(i)

**Contributions from Individuals**

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NAME OF COMMITTEE (in full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Natalie Johnston 400 Groveland Ave Apt #508 Minneapolis MN 55403-	Retired	9/29/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
		\$250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ray Kogovsek PO BOX 650 Pueblo CO 81012	Kogovsek & Associates	10/22/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
	Consultant	\$1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
L. Robert Lawrence 345424 S Patrick St Alexandria VA 22314	Bob Lawrence & Associates, Inc.	12/18/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
	President	\$500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James F Lewkowicz 172 Waverly St Arlington MA 02174	Weston Geophysical Corp	10/26/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
	Scientist	\$500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jim Miller 217 N Monroe Ave Hopkins MN 55343	Retired	10/08/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
		\$250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles A Monfort 1826 N Stafford St Arlington VA 22207	Self	10/22/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
	Consultant	\$1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul C Muzio 1917 S Irving Ave Minneapolis MN 55403	Mn Supercomputer Center	8/17/99	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
	Manager	\$1,000.00	

SUBTOTAL of Receipts This Page (optional) \$3,500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 4 OF 5  
FOR LINE NUMBER 11(a) (i)

**Contributions from Individuals**

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NAME OF COMMITTEE (in full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Craig D Norman 5980 Scenic Pl Shoreview MN 55126	Mn Supercomputer  Occupation Attorney	8/17/99	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence M Redmond 1920 S First St Apt #2203 Minneapolis MN 55454	Lawrence Redmond Assoc. Inc.  Occupation Pub Affrs Consultant	8/17/99	\$900.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence M Redmond 1920 S First St Apt #2203 Minneapolis MN 55454	Lawrence Redmond Assoc. Inc.  Occupation Pub Affrs Consultant	8/17/99	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,100.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald E Richbourg 106 SE North Carolina Ave Washington DC 20003	EIA  Occupation Vice President	10/22/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Rohde 2700 NW Virginia Ave Apt 1405 Washington DC 20037	Univ. Of Minn  Occupation Research Fellow	10/22/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Ryan 4901D Corporate Dr Huntsville AL 35805	Quality Research  Occupation President And Coo	8/17/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John M Sell 6070 Stinson Blvd Fridley MN 55432	Cray Research  Occupation Manager	8/17/99	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,000.00		

SUBTOTAL of Receipts This Page (optional) ..... \$4,500.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 5 OF 5  
FOR LINE NUMBER 11(a)(i)

**Contributions from Individuals**

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NAME OF COMMITTEE (in full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael M Simpson 1014 Stones Throw Dr Huntsville AL 35806 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	OMSCO Associates, Inc. Occupation: President Aggregate Year-to-Date > \$500.00	8/17/99	\$500.00
Jeffrey M Spencer 2410 Hopewell Ct Richmond TX 77469 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Genisys Occupation: Legislative Affairs Aggregate Year-to-Date > \$500.00	8/17/99	\$500.00
Luke Stewart 6757 Artako Rd Suite S711 Dallas TX 75248 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Media Fusion, Inc. Occupation: Chairman Aggregate Year-to-Date > \$1,000.00	8/17/99	\$1000.00
Al Swift 6301 Stevenson Ave Apt #1517 Alexandria VA 22304 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Colling, Swift And Hyne Occupation: Consultant Aggregate Year-to-Date = \$250.00	11/03/99	\$250.00
David N Turch 517 NE 2ND St Washington DC 20002 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	David Turch & Associate Occupation: Consultant Aggregate Year-to-Date > \$1,000.00	10/22/99	\$500.00
David Weissbrodt 2001 W 21st St Minneapolis MN 55405- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	U Of M Occupation: Professor of Law Aggregate Year-to-Date > \$250.00	10/12/99	\$150.00
Robert A Williams 830 Patton Rd Saint Paul MN 55112 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Employer Network Comput g Services Occupation: Exec. V.P. Aggregate Year-to-Date > \$1,000.00	8/17/99	\$1000.00

SUBTOTAL of Receipts This Page (optional)

\$3,900.00

TOTAL This Period (last page this line number only)

\$18,900.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 11(b)

Contributions from Party Committees

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NAME OF COMMITTEE (in Full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Democratic Congressional Campaign Committee 430 S Capitol St Washington DC 20003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Democratic Congressional Campaign Committee Occupation: Party Aggregate Year-to-Date > \$463.17	1/17/99	\$152.15 in-kind
Democratic Congressional Campaign Committee 430 S Capitol St Washington DC 20003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Democratic Congressional Campaign Committee Occupation: Party Aggregate Year-to-Date > \$615.63	12/07/99	\$152.46 in-kind
Democratic Congressional Campaign Committee 430 S Capitol St Washington DC 20003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Democratic Congressional Campaign Committee Occupation: Party Aggregate Year-to-Date > \$893.46	12/29/99	\$277.83 in-kind
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) \$582.44

TOTAL This Period (last page this line number only) \$582.44



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 7  
FOR LINE NUMBER 11(c)

**Contributions from Other Committees**

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NAME OF COMMITTEE (in Full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
3M Corporation 1101 NW Fifteenth St Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC Aggregate Year-to-Date > \$500.00	9/14/99	\$500.00
B. Full Name, Mailing Address and ZIP Code Airline Pilots Association 7900 International Dr Suite 425 Bloomington MN 55425 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation PAC Aggregate Year-to-Date > \$1,000.00	12/29/99	\$1000.00
C. Full Name, Mailing Address and ZIP Code Alliant Techsystems Inc Employee 1911 N Fort Myer Dr Suite 800 Arlington VA 22209 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation PAC Aggregate Year-to-Date > \$2,000.00	10/22/99	\$1000.00
D. Full Name, Mailing Address and ZIP Code Allied Pilots Association PO Box 5524 Arlington TX 76005-5524 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation PAC Aggregate Year-to-Date > \$1,000.00	7/01/99	\$1000.00
E. Full Name, Mailing Address and ZIP Code Amalgamated Transit Union 5025 NW Wisconsin Ave Washington DC 20016 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation PAC Aggregate Year-to-Date > \$4,000.00	12/29/99	\$2000.00
F. Full Name, Mailing Address and ZIP Code American Association Of Airport Executives 4212 King St Alexandria VA 22302 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation PAC Aggregate Year-to-Date > \$1,000.00	10/22/99	\$1000.00
G. Full Name, Mailing Address and ZIP Code American Federation Of State, County & Municipal Employees 1625 NW L St Washington DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation PAC Aggregate Year-to-Date > \$5,000.00	12/18/99	\$2500.00

SUBTOTAL of Receipts This Page (optional)

\$9,000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**Contributions from Other Committees**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Association Of Trial Lawyers Of America  1050 NW 31st St Washington DC 20007 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC Aggregate Year-to-Date > \$3,500.00	10/22/99	\$2500.00
B. Full Name, Mailing Address and ZIP Code Bechtel Group, Inc.  1015 NW 15th St Suite 700 Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation PAC Aggregate Year-to-Date > \$1,000.00	11/03/99	\$1000.00
C. Full Name, Mailing Address and ZIP Code Brown And Company  600 SE Pennsylvania Ave Suite 30 Washington DC 20003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation PAC Aggregate Year-to-Date > \$500.00	8/17/99	\$500.00
D. Full Name, Mailing Address and ZIP Code Building And Construction Trades Department, Afl Cio  815 NW 16th St Suite 603 Washington DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Department, Afl Cio  Occupation PAC Aggregate Year-to-Date > \$1,000.00	12/29/99	\$1000.00
E. Full Name, Mailing Address and ZIP Code Ceridian Corporation  5500 Wayzata Blvd Minneapolis MN 55416 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation PAC Aggregate Year-to-Date > \$1,000.00	10/14/99	\$1000.00
F. Full Name, Mailing Address and ZIP Code Dorsey National Fund  1330 NW Connecticut Ave Suite 20 Washington DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation PAC Aggregate Year-to-Date > \$1,500.00	7/19/99 12/18/99	\$500.00 \$1000.00
G. Full Name, Mailing Address and ZIP Code Financial Services Political Committee  1001 Liberty Ave Pittsburgh PA 15222 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation PAC Aggregate Year-to-Date > \$500.00	10/26/99	\$500.00

SUBTOTAL of Receipts This Page (optional)	\$8,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Committees

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fond Du Lac Reservation Enterprises  1720 Big Lake Rd Cloquet MN 55720		12/29/99	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Other	Aggregate Year-to-Date > \$1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fond Du Lac Reservation Enterprises  1720 Big Lake Rd Cloquet MN 55720		12/29/99	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Other	Aggregate Year-to-Date > \$2,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
General Dynamics  3190 Fairview Park Dr Falls Church VA 22042		10/26/99	\$2000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$3,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
General Electric  1299 NW Pennsylvania Ave Suite 1 Washington DC 20004		8/17/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Holland & Knight  2100 NW Pennsylvania Ave Suite 4 Washington DC 20037		8/17/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Honeywell Employee Citizenship Fund  Honeywell Plaza Minneapolis MN 55408		10/26/99	\$1500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$1,500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
International Association Of Fire Fighters  1750 NW New York Ave Washington DC 20006		7/01/99	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$1,000.00	

SUBTOTAL of Receipts This Page (optional)	\$7,500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**Contributions from Other Committees**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Iron Workers Political Action League  1750 NW New York Ave Suite 400 Washington DC 20006	Occupation PAC	7/01/99	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,000.00		
B. Full Name, Mailing Address and ZIP Code Laborers' International Union  1963 Lochaven Pl Woodbury MN 55125	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	11/22/99	\$1000.00
		Aggregate Year-to-Date > \$1,000.00	
C. Full Name, Mailing Address and ZIP Code Litton Employees Pac  21240 Burbank Blvd Woodland Hills CA 91367	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	9/14/99	\$500.00
		Aggregate Year-to-Date > \$500.00	
D. Full Name, Mailing Address and ZIP Code Lockheed Corporation  Crystal Square Two Suite 300 Arlington VA 22202	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	10/14/99	\$1000.00
		Aggregate Year-to-Date > \$2,000.00	
E. Full Name, Mailing Address and ZIP Code Lockridge, Grindal, Nauen & Holstein  601 Pennsylvania Ave SW Washington DC 20004	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	8/17/99 12/29/99	\$1000.00 \$1000.00
		Aggregate Year-to-Date > \$3,000.00	
F. Full Name, Mailing Address and ZIP Code Machinists Non-Partisan Political League  9000 Machinist Pl Upper Marlboro MD 20772	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	11/03/99	\$2000.00
		Aggregate Year-to-Date > \$4,000.00	
G. Full Name, Mailing Address and ZIP Code Maintainance OF Way Political League  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		12/18/99	\$1000.00
		Aggregate Year-to-Date > \$2,000.00	

SUBTOTAL of Receipts This Page (optional) ..... \$8,500.00

TOTAL this Period (last page this line number only) .....

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 5 OF 7  
FOR LINE NUMBER 11(c)

Contributions from Other Committees

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
McN Energy Group 500 Griswold St Detroit MI 48226 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC	12/18/99	\$500.00
Aggregate Year-to-Date > \$500.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mille Lacs Band Of Ojibwe Hcr 67, Box 194 Onamia MN 56359 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Other	8/17/99	\$1000.00
Aggregate Year-to-Date > \$1,000.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mille Lacs Band Of Ojibwe Hcr 67, Box 194 Onamia MN 56359 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Other	8/17/99	\$1000.00
Aggregate Year-to-Date > \$2,000.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Association Of Letter Carriers 100 NW Indiana Ave Washington DC 20001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC	11/03/99	\$1000.00
Aggregate Year-to-Date > \$1,000.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Farmers Union 11900 E Cornell Pl Aurora CO 80014 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC	12/29/99	\$250.00
Aggregate Year-to-Date > \$250.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Northwest Airlines 901 NW 15th St Suite 310 Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC	10/26/99	\$1000.00
Aggregate Year-to-Date > \$1,000.00			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raytheon 141 Spring St Lexington MA 02173 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC	10/26/99	\$1000.00
Aggregate Year-to-Date > \$1,000.00			

SUBTOTAL of Receipts This Page (optional) . . . . . \$5,750.00  
TOTAL This Period (last page this line number only) . . . . .

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**Contributions from Other Committees**

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NAME OF COMMITTEE (in Full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Reliastar  20 S Washington Ave Suite 1010 Minneapolis MN 55440 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC Aggregate Year-to-Date > \$500.00	12/29/99	\$500.00
B. Full Name, Mailing Address and ZIP Code Responsible Citizens Political League  3 Research Pl Rockville MD 20850 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation PAC Aggregate Year-to-Date > \$1,500.00	10/26/99	\$1000.00
C. Full Name, Mailing Address and ZIP Code Sbc Employee Federal Pac  175 E Houston St Suite 4-J-01 San Antonio TX 78205 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation PAC Aggregate Year-to-Date > \$500.00	11/03/99	\$500.00
D. Full Name, Mailing Address and ZIP Code Southwest Airlines Company Freedom Fund  1250 NW Eye St Suite 1110 Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation PAC Aggregate Year-to-Date > \$1,000.00	12/29/99	\$1000.00
E. Full Name, Mailing Address and ZIP Code Summa Technology  140 Sparkman Dr Huntsville AL 35805 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation PAC Aggregate Year-to-Date > \$500.00	8/17/99	\$500.00
F. Full Name, Mailing Address and ZIP Code Transportation Political Education League  14600 Detroit Ave Cleveland OH 44107 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation PAC Aggregate Year-to-Date > \$5,500.00	11/03/99	\$500.00
G. Full Name, Mailing Address and ZIP Code United Auto Workers  1757 N St NW Washington DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation PAC Aggregate Year-to-Date > \$1,000.00	12/18/99	\$1000.00

SUBTOTAL of receipts this Page (optional) . . . . . \$5,000.00

TOTAL this Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**Contributions from Other Committees**

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NAME OF COMMITTEE (in full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
United Parcel Service  9995 W 69Th St Eden Prairie MN 55344		9/14/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

\$500.00

TOTAL This Period (last page this line number only)

\$44,250.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 15

**Other Receipts**

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NAME OF COMMITTEE (in Full)

Sabo For Congress Volunteer Committee 074305

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PaineWebber, Inc. 33 S 6th St Minneapolis MN 55402 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Dividends/Interest Aggregate Year-to-Date > \$10,252.13	12/31/99	\$1738.35
Wells Fargo Bank, National P.O. Box B514 Minneapolis MN 55479-0514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Interest Aggregate Year-to-Date > \$1,240.84	7/12/99	\$118.46
Wells Fargo Bank, National P.O. Box B514 Minneapolis MN 55479-0514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Interest Aggregate Year-to-Date > \$1,240.84	8/10/99	\$110.35
Wells Fargo Bank, National P.O. Box B514 Minneapolis MN 55479-0514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Interest Aggregate Year-to-Date > \$1,240.84	9/10/99	\$118.68
Wells Fargo Bank, National P.O. Box B514 Minneapolis MN 55479-0514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Interest Aggregate Year-to-Date > \$1,240.84	10/12/99	\$125.47
Wells Fargo Bank, National P.O. Box B514 Minneapolis MN 55479-0514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Interest Aggregate Year-to-Date > \$1,240.84	11/09/99	\$113.88
Wells Fargo Bank, National P.O. Box B514 Minneapolis MN 55479-0514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Interest Aggregate Year-to-Date > \$1,240.84	12/09/99	\$132.46
<b>SUBTOTAL of Receipts This Page (optional)</b>			<b>\$2,457.65</b>
<b>TOTAL This Period (last page this line number only)</b>			<b>\$2,457.65</b>



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE	OF
1	6
FOR LINE NUMBER	
17	

**Operating Expenditures**

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NAME OF COMMITTEE (in full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Congressional 430 S Capitol St Washington DC 20003	fundraising services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/17/99	\$152.15 in-kind received
Democratic Congressional 430 S Capitol St Washington DC 20003	fundraising services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/07/99	\$152.46 in-kind received
Democratic Congressional 430 S Capitol St Washington DC 20003	fundraising services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/29/99	\$277.83 in-kind received
Q.B.D., Inc. 10 S 5Th, Ste. 560 St Minneapolis MN 55402	pundit update Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/15/99	\$250.00
Postmaster  Minneapolis MN 55401	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/29/99 8/19/99 8/25/99	\$33.00 Memo \$33.00 \$53.00 Memo
Postmaster  Minneapolis MN 55401	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/03/99 10/25/99 10/25/99	\$66.00 \$80.00 Memo \$100.00 Memo
Postmaster  Minneapolis MN 55401	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/05/99	\$132.00
Sabo, Martin 1742 Key West Ln. Vienna VA 22180	reimb. exp. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/13/99	\$34.00
Sabo, Martin 1742 Key West Ln. Vienna VA 22180	airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/06/99	\$515.50
SUBTOTAL of Disbursements This Page (optional) . . . . .			\$1,612.94
TOTAL This Period (last page this line number only) . . . . .			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 6  
FOR LINE NUMBER 17

**Operating Expenditures**

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NAME OF COMMITTEE (do not fill)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sabo, Martin 1742 Key West Ln. Vienna VA 22180	reimb. exp. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/23/99	\$57.00
B. Full Name, Mailing Address and ZIP Code Mpls. Labor Review 312 Central Ave., 526 Mpls. MN 55414-1077	ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/05/99	\$135.00
C. Full Name, Mailing Address and ZIP Code U.S. West P.O. Box 1301 Mpls. MN 55483-0001	phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/07/99 8/06/99 9/07/99	\$96.73 \$94.04 \$94.06
D. Full Name, Mailing Address and ZIP Code U.S. West P.O. Box 1301 Mpls. MN 55483-0001	phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/17/99 12/07/99	\$111.45 \$95.98
E. Full Name, Mailing Address and ZIP Code Nat'l Democratic Club 30 SE Ivy St Washington DC 20003-4071	catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/28/99	\$302.69 None
F. Full Name, Mailing Address and ZIP Code Mpls. Club 729 S 2Nd Ave Mpls. MN 55402-2463	catering, parking, meal Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/16/99	\$1702.23
G. Full Name, Mailing Address and ZIP Code Mpls. Club 729 S 2Nd Ave Mpls. MN 55402-2463	parking Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	8/15/99	\$4.82
H. Full Name, Mailing Address and ZIP Code Inter/Quality Corp. 2425 E Franklin Ave Mpls. MN 55406	bookkeeping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/02/99 10/17/99 11/16/99	\$528.00 \$517.00 \$594.00
I. Full Name, Mailing Address and ZIP Code American Jewish World 4509 Minnetonka Blvd Mpls. MN 55416	ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/13/99 12/15/99	\$121.00 \$121.00

SUBTOTAL of Disbursements This Page (optional) . . . . . \$4,272.31

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

**Operating Expenditures**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (do not)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Norwest Bank Minn., N.A. 6Th & Marquette Mpls. MN 55479	bank card serv. chges. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	7/06/99	\$52.60
Norwest Bank Minn., N.A. 6Th & Marquette Mpls. MN 55479	credit card serv. chge. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	8/03/99	\$36.40
Norwest Bank Minn., N.A. 6Th & Marquette Mpls. MN 55479	tax deposit 3rd qtr. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	9/01/99	\$569.80
Norwest Bank Minn., N.A. 6Th & Marquette Mpls. MN 55479	credit card serv. chges. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	9/03/99	\$36.40
Norwest Bank Minn., N.A. 6Th & Marquette Mpls. MN 55479	credit card serv. chge. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/05/99	\$36.70
Norwest Bank Minn., N.A. 6Th & Marquette Mpls. MN 55479	tax deposit 4th Qtr. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/23/99	\$626.50
Norwest Bank Minn., N.A. 6Th & Marquette Mpls. MN 55479	bank card chges. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/31/99	\$36.70
Norwest Bank Minn., N.A. 6Th & Marquette Mpls. MN 55479	cred. card chges. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	11/30/99	\$36.40
Card Services P.O. Box 9272 Des Moines IA 50306-9272	annual fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	7/29/99 7/29/99	\$40.00 \$40.00
SUBTOTAL of Disbursements This Page (optional) . . . . .			\$1,511.50
TOTAL This Period (last page this line number only) . . . . .			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE	OF
4	6
FOR LINE NUMBER	
17	

**Operating Expenditures**

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NAME OF COMMITTEE (in full)

**Sabo For Congress Volunteer Committee 074306**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Card Services P.O. Box 9272 Des Moines IA 50306-9272	see below	7/29/99	\$182.08
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	8/25/99	\$289.46
	Other (specify):	8/25/99	\$608.39
Card Services P.O. Box 9272 Des Moines IA 50306-9272	see below	10/25/99	\$232.97
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other (specify):		
Moore, Olin 2629 W 43RD #101 St Mpls. MN 55410	salary	7/01/99	\$184.70
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	8/02/99	\$184.70
	Other (specify):	9/01/99	\$184.70
Moore, Olin 2629 W 43RD #101 St Mpls. MN 55410	petty cash	9/14/99	\$100.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other (specify):		
Moore, Olin 2629 W 43RD #101 St Mpls. MN 55410	salary	9/28/99	\$184.70
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	11/17/99	\$184.70
	Other (specify):	11/22/99	\$184.70
Moore, Olin 2629 W 43RD #101 St Mpls. MN 55410	salary	11/29/99	\$184.70
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other (specify):		
Moore, Olin 2629 W 43RD #101 St Mpls. MN 55410	volunteer refreshmts	11/29/99	\$25.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other (specify):		
Faricy & Associates 2211 St. Clair Ave St. Paul MN 55105	fund raising expenses	7/22/99	\$185.63
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other (specify):		
Faricy & Associates 2211 St. Clair Ave St. Paul MN 55105	consultant	9/07/99	\$4000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	10/08/99	\$2000.00
	Other (specify):	11/04/99	\$2000.00
SUBTOTAL of Disbursements This Page (optional)			\$10,916.43
TOTAL This Period (last page this line number only)			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF  
5 6  
FOR LINE NUMBER  
17

**Operating Expenditures**

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NAME OF COMMITTEE (in Full)

**Sabo For Congress Volunteer Committee 074306**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Faricy & Associates 2211 St. Clair Ave St. Paul MN 55105	consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/15/99	\$4000.00
Kramer & Associates 1471 Barclay St St. Paul MN 55106-1405	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/15/99	\$526.50
Ari Systems, Inc. 3600 Kennebec #3B Dr Eagan MN 55122	telemarketing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/14/99 9/28/99 10/10/99	\$766.00 \$533.50 \$746.50
Ari Systems, Inc. 3600 Kennebec #3B Dr Eagan MN 55122	telemarketing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/14/99 10/20/99 10/26/99	\$999.25 \$121.50 \$1845.25
Ari Systems, Inc. 3600 Kennebec #3B Dr Eagan MN 55122	telemarketing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/06/99 11/06/99 11/28/99	\$986.00 \$2285.75 \$689.00
Internal Revenue Serv 99 P.O. Box 970007 St. Louis MO 63197-0007	fed'l/FICA 2nd Qtr. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/22/99	\$358.50
Best Buy 5925 Earle Brown Dr Brooklyn Center MN 55430	computer supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/29/99	\$149.08 memo
Lavender Magazine 2344 Nicollet, Ste. 300 A Mpls. MN 55404	ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/06/99	\$20.00
Geek Squad 1213 N Washington Ave Mpls. MN 55401-1036	computer update Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	8/25/99	\$367.03 memo
SUBTOTAL of Disbursements This Page (optional) . . . . .			\$13,877.75
TOTAL This Period (last page this line number only) . . . . .			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE	OF
6	6
FOR LIKE NUMBER	
17	

**Operating Expenditures**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Sabo For Congress Volunteer Committee 074306**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ikon Office Solutions Sds 12-0603 P.O. 86 Mpls. MN 55486-0603	office services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	8/25/99	\$624.83
Ilstrup, Jason N. 1805 S Fremont Ave Mpls. MN 55403	salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	8/02/99 9/01/99	\$797.50 \$797.50
Ilstrup, Jason N. 1805 S Fremont Ave Mpls. MN 55403	expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	9/13/99	\$69.62
Ilstrup, Jason N. 1805 S Fremont Ave Mpls. MN 55403	salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/21/99 10/21/99 11/29/99	\$797.50 \$1158.25 \$797.50
Hyatt Hotels 1300 Nicollet Ave Mpls. MN 55403	catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	8/25/99	\$228.38 New
Murrill, Andrea  Golden Valley MN	photography Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	9/28/99	\$260.00
Corporate Card P.O.Box 10347 Des Moines IA 50306	see below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	9/28/99 11/28/99 11/28/99	\$72.22 \$415.55 \$29.81
SUBTOTAL of Disbursements This Page (optional) . . . . .			\$5,820.28
TOTAL This Period (last page this line number only) . . . . .			\$38,011.21

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 18

**Transfer to Other Committee**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (If PAC)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D.C.C.C. 430 S Capitol St Washington DC 20003	transfer excess funds Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	7/06/99	\$10000.00
D.C.C.C. 430 S Capitol St Washington DC 20003	transfer excess funds Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	12/21/99	\$10000.00
U.D.F. - D.F.L. 352 Wacouta St. Paul MN 55101	contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	8/19/99	\$5000.00
Friends Of Joe Baca P.O. Box 362 San Bernardino CA 92404	contrib. CA - dist 42 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/13/99	\$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period

SUMTOTAL of Disbursements This Page (optional) . . . . . \$25,500.00

TOTAL this Period (last page this line number only) . . . . . \$25,500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

**Other Disbursements**

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NAME OF COMMITTEE (in full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Larry Kitto Family Fund 101 McAndrews Ste. 204 R Burnsville MN 55337	donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	7/06/99	\$250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			\$250.00
TOTAL This Period (last page this line number only)			\$250.00



**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/31/08
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
  J.A.Q.	  2/7/08
PREPARER	DATE PREPARED