

# 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)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
**STEVE SARVI FOR CONGRESS**

Mailing Address P.O. Box 1107

City Burnsville State MN Zip Code 55337

Purpose of Disbursement  
Contribution

Candidate Name  
Steve Sarvi

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MN District: 02

Transaction ID: D198022

Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

500.00

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

**B.** Full Name (Last, First, Middle Initial)  
**STEVE SARVI FOR CONGRESS**

Mailing Address P.O. Box 1107

City Burnsville State MN Zip Code 55337

Purpose of Disbursement  
Contribution

Candidate Name  
Steve Sarvi

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MN District: 02

Transaction ID: D200233

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
**TIM WALZ FOR US CONGRESS**

Mailing Address PO BOX 938

City MANKATO State MN Zip Code 56002

Purpose of Disbursement  
Contribution

Candidate Name  
Tim Walz

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MN District: 01

Transaction ID: D198021

Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

500.00

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

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

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