

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)
LUTHER FOR CONGRESS VOLUNTEER COMMITTEE

<p>A. COLEEN ROWLEY FOR CONGRESS</p> <p>Full Name (Last, First, Middle Initial) COLEEN ROWLEY FOR CONGRESS</p> <p>Mailing Address P.O. Box 241598</p> <p>City Apple Valley State MN Zip Code 55124</p> <p>Purpose of Disbursement</p> <p>Candidate Name COLEEN MARIE ROWLEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB21.4439</p> <p>Date of Disbursement 05 / 24 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. KLOBUCHAR FOR MINNESOTA</p> <p>Full Name (Last, First, Middle Initial) KLOBUCHAR FOR MINNESOTA</p> <p>Mailing Address PO BOX 4146 PO BOX 4146</p> <p>City ST PAUL State MN Zip Code 55104</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB21.4437</p> <p>Date of Disbursement 05 / 08 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. WETTERLING '06</p> <p>Full Name (Last, First, Middle Initial) WETTERLING '06</p> <p>Mailing Address P.O. Box 2295</p> <p>City St. Cloud State MN Zip Code 56302</p> <p>Purpose of Disbursement</p> <p>Candidate Name PATTY WETTERLING</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB21.4435</p> <p>Date of Disbursement 06 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	4000.00