

**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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HOLLINGS FOR SENATE

Full Name (Last, First, Middle Initial) A. AMY KLOBUCHAR FOR SENATE		Date of Disbursement MM / DD / YYYY 09 / 04 / 2007
Mailing Address P.O. BOX 4146		Amount of Each Disbursement this Period 2,300.00
City ST. PAUL	State MN	
Zip Code 55104-4146		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement CONTRIBUTION	Category/Type 012	
Candidate Name AMY KLOBUCHAR		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 1	

Full Name (Last, First, Middle Initial) B. McCASKILL FOR MISSOURI		Date of Disbursement MM / DD / YYYY 09 / 06 / 2007
Mailing Address P.O. BOX 300077		Amount of Each Disbursement this Period 2,300.00
City ST. LOUIS	State MO	
Zip Code 63130		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement CONTRIBUTION	Category/Type 012	
Candidate Name CLAIRE McCASKILL		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District: 01	

Full Name (Last, First, Middle Initial) C. JOHN KERRY FOR SENATE		Date of Disbursement MM / DD / YYYY 09 / 30 / 2007
Mailing Address 106 STREET NE SUITE 710		Amount of Each Disbursement this Period 1,000.00
City WASHINGTON	State DC	
Zip Code 20002		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement CONTRIBUTION	Category/Type 012	
Candidate Name JOHN KERRY		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MASS	District: 01	

SUBTOTAL of Disbursements This Page (optional).....▶	5600.00
TOTAL This Period (last page this line number only).....▶	

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