

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
 Minge for Congress C00264846

Full Name, Mailing Address and Zip Code Tracy Beckman for Congress  P O Box 708 Owatonna, MN 55060-	Purpose of Disbursement Federal Contribution (MN/01)  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/28/98	Amount of Each Disbursement This Period \$1000.00
Full Name, Mailing Address and Zip Code Tracy Beckman for Congress  P O Box 708 Owatonna, MN 55060-	Purpose of Disbursement Federal Contribution (MN/01)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/28/98	Amount of Each Disbursement This Period \$1000.00
Full Name, Mailing Address and Zip Code Blue Dog PAC  P O Box 7669 Washington, DC 20044-7669	Purpose of Disbursement Federal Contribution  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/18/98	Amount of Each Disbursement This Period \$1000.00
Full Name, Mailing Address and Zip Code /	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) / /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code /	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) / /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code /	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) / /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code /	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) / /	Amount of Each Disbursement This Period

<b>SUBTOTAL</b> of Disbursements This Page (optional)	\$3000.00
<b>TOTAL</b> This Period (last page this line number only)	\$3000.00