

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 OCT 12 A 11:43

USE FEC MAILING LABEL OR PRINT

1. NAME OF COMMITTEE (in full) <b>Martin Olav Sabo for Congress Volunteer Committee</b>		2. FEC IDENTIFICATION NUMBER <b>C00086728</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. <b>11702 Selkirk Ave</b>		
CITY, STATE and ZIP CODE <b>Burnsville, MN 55337</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"/> 12-Day Pre-Election Report for the _____<br>(Type of Election) |
| <input type="checkbox"/> July 15 Quarterly Report                         | election on _____ in the State of _____   |
| <input checked="" type="checkbox"/> October 15 Quarterly Report           | <input type="checkbox"/> 30-Day Post-Election Report following the General Election     |
| <input type="checkbox"/> January 31 Year End Report                       | on _____ 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>8/24/00</u> through <u>9/30/00</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(s))	\$27,272.00	\$178,715.23
(b) Total Contribution Refunds (from Line 20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$27,272.00	\$178,715.23
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$120,637.98	\$239,456.00
(b) Total Offsets to Operating Expenditures (from Line 14)	\$91.53	\$241.53
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$120,546.45	\$239,214.47
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$236,883.89	For further information contact: Federal Election Commission 988 E Street, NW Washington, DC 20468 Toll Free 800-424-9590 Local 202-694-1100
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule G and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule G 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>Karin Mantor</b>	
Signature of Treasurer 	Date <b>10/3/00</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.

--	--	--	--	--	--	--	--

**FEC FORM 3**  
(revised 4/87)

# DETAILED SUMMARY PAGE

of Receipts and Disbursements  
(Page 2, FEC FORM 3)

Name of Committee (in full) Martin Clay Sabo for Congress Volunteer Committee	Report Covering the Period	
	From: 8/24/00	To: 9/30/00
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (see Schedule A) _____	\$3,700.00	
(ii) Unitemized _____	\$4,472.00	
(iii) Total of contributions from individuals _____	\$8,172.00	\$77,992.00
(b) Political Party Committees _____	\$0.00	\$623.23
(c) Other Political Committees (such as PACs) _____	\$19,100.00	\$100,100.00
(d) The Candidate _____	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) _____	\$27,272.00	\$178,715.23
<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> _____	\$91.53	\$241.53
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b> _____	\$6,478.51	\$8,150.81
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b> _____	\$33,840.04	\$187,107.37
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b> _____	\$120,637.98	\$239,456.00
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b> _____	\$0.00	\$25,000.00
<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) and (b)) _____	\$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 CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) _____	\$0.00	\$0.00
<b>21. OTHER DISBURSEMENTS</b> _____	\$0.00	\$10,404.65
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b> _____	\$120,637.98	\$274,860.65

### III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD _____	\$	323,481.83	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) _____	\$	33,840.04	
25. SUBTOTAL (add Line 23 and Line 24) _____	\$	357,321.87	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) _____	\$	120,637.98	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) _____	\$	236,683.89	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 1 OF 2  
FOR LINE NUMBER 11(a)(i)

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)**

Martin Olav Sabo for Congress Volunteer Committee C00086728

A. Full Name, Mailing Address and ZIP Code David Baron Barona Band of Mission Indians 1095 Barona Road Lakeside, CA 92040-1599	Name of Employer Barona Band of Mission Indians  Occupation Director of Government Affairs	Date (month, day, year) 9/27/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code William N Bartolone 2611F South Woodrow St Arlington, VA 22208	Name of Employer E-Stamp Corporation  Occupation Director Gov't Rel	Date (month, day, year) 9/27/00	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 350.00	
C. Full Name, Mailing Address and ZIP Code John Brimsek 250B Fallsmere Ct Falls Church, VA 22043-3234	Name of Employer Mullenholz Brimsek and Belair  Occupation Attorney	Date (month, day, year) 9/27/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code John D French 2200 Norwest Center Minneapolis, MN 55402	Name of Employer Faagre And Benson  Occupation Attorney	Date (month, day, year) 9/28/00	Amount of Each Receipt this Period \$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 350.00	
E. Full Name, Mailing Address and ZIP Code Sara G Garland 137 13th St NE Washington, DC 20002-8401	Name of Employer Graystone Group  Occupation Gov't Relations	Date (month, day, year) 9/27/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Charles A Monfort 1626 N Stafford St Arlington, VA 22207-3114	Name of Employer Monfort & Associates  Occupation Consultant	Date (month, day, year) 9/27/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Stephen Polk 28965 Northwestern Highway Southfield, MI 48034	Name of Employer R.L. Polk & Co.  Occupation Executive	Date (month, day, year) 9/29/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$2,450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 2 OF 2  
FOR LINE NUMBER 11(a)(1)

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)

Marlin Olav Sabo for Congress Volunteer Committee C0008672B

A. Full Name, Mailing Address and ZIP Code Barbara Rohde 2700 Virginia Ave NW # 1405 Washington, DC 20037-1908	Name of Employer University of Minnesota  Occupation Gov't Relations	Date (month, day, year)  9/27/00	Amount of Each Receipt this Period  \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Gerald L Seck 1500 Norwest Financial 7900 Xerxes Avenue South Bloomington, MN 55431-1108	Name of Employer Larkin Hoffman  Occupation Attorney	Date (month, day, year)  9/27/00	Amount of Each Receipt this Period  \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code David N Turch 617 2nd St NE Washington, DC 20002-4916	Name of Employer David Turch & Associates  Occupation Consultant	Date (month, day, year)  9/27/00	Amount of Each Receipt this Period  \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer   Occupation	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):		Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer   Occupation	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):		Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer   Occupation	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):		Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer   Occupation	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):		Aggregate Year-to-Date > \$	
<b>SUBTOTAL of Receipts This Page (optional)</b>			<b>\$1,250.00</b>
<b>TOTAL This Period (last page this line number only)</b>			<b>\$3,700.00</b>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**Contributions from Other Political Committees**

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

PAGE 1 OF 3  
FOR LINE NUMBER 11(c)

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)

Marlin Olay Sabo for Congress Volunteer Committee C00086728

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alliant Techsystems Inc Employee Citizenship Fund 1911 N Fort Myer Dr # 800 Arlington, VA 22209		9/27/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allied Pilots Association 801 NW 13Th St # 510 S Washington, DC 20005		9/27/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Amalgamated Transit Union 5025 NW Wisconsin Ave Washington, DC 20016		9/27/00	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$5,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Postal Workers Union 1300 NW L St Washington, DC 20005		9/27/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
B-M-YNR 1801 K Street N.W. Suite 901 Washington, DC 20006-		9/27/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Brotherhood Of Maintenance Of Way Employees 26565 Evergreen Rd Suite 200 Southfield, MI 48076-4225		9/27/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dorsey National Fund 1001 Pennsylvania Avenue N.W. - Suite 300 Washington, DC 20004-		9/27/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00

SUBTOTAL of Receipts This Page (optional) ..... \$6,000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**Contributions from Other Political Committees**

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

PAGE 2 OF 3

FOR LINE NUMBER 11(c)

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)**

Marlin Olav Sabo for Congress Volunteer Committee C00086728

A. 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		8/27/00	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$4,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Graphic Communications International Union 1900 NW L St Ninth Flr Washington, DC 20038		8/30/00	\$600.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Holland & Knight 2100 NW Pennsylvania Ave # 400 Washington, DC 20037		9/27/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Laborers' International Union 905 Sixteenth Street N.W. Washington, DC 20008-		8/27/00	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
E. 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 2408 NE Central Ave Branch 9 Minneapolis, MN 55418		8/27/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PASS PAC 1150 17th Street N.W. - Suite 702 Washington, DC 20036-		8/27/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Raytheon 141 Spring St Lexington, MA 2173		8/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,500.00

**SUBTOTAL of Receipts This Page (optional)** ..... \$7,000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

PAGE 3 OF 3  
FOR LINE NUMBER 11(c)

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)

Martin Olav Sabo for Congress Volunteer Committee C00086728

<b>A. Full Name, Mailing Address and ZIP Code</b> Realtors Political Action Committee 430 N Michigan Ave Chicago, IL 60611	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	9/6/00	\$3,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	\$3,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> SIGMAPAC 11911 Freedom Drive Suite 500 Reston, VA 20190-	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	9/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	\$1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> US West Communications 556 Park St St. Paul, MN 55103	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	9/28/00	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	\$100.00
<b>D. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	
<b>E. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	
<b>F. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	
<b>G. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	
<b>SUBTOTAL of Receipts This Page (optional)</b>			\$4,100.00
<b>TOTAL This Period (last page this line number only)</b>			\$19,100.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Offsets to Operating Expenditures

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 14

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)

Marlin Olav Sabo for Congress Volunteer Committee C00086728

A. Full Name, Mailing Address and ZIP Code Fifth District D.F.L. 1459 12th Ter NW c/o Jo Matson New Brighton, MN 55112-6405 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 8/27/00 Aggregate Year-to-Date > \$	Amount of Each Receipt this Period \$10.00
B. Full Name, Mailing Address and ZIP Code Sprint PCS 4717 Grand, 5th Floor Kansas City, MO 64112 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 8/27/00 Aggregate Year-to-Date > \$	Amount of Each Receipt this Period \$81.53
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)  Aggregate Year-to-Date > \$	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)  Aggregate Year-to-Date > \$	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)  Aggregate Year-to-Date > \$	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)  Aggregate Year-to-Date > \$	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)  Aggregate Year-to-Date > \$	Amount of Each Receipt this Period
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			\$91.53
<b>TOTAL</b> This Period (last page this line number only) .....			\$91.53

**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

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)

Marin Olav Sabo for Congress Volunteer Committee C000B6728

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paine Webber, Inc. 33 S 8th St Minneapolis, MN 55402-3601		8/31/00	\$6,330.67
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$6,984.56
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wells Fargo Bank P O Box B514 Minneapolis, MN 55479-0001		9/12/00	\$145.84
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,141.05
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 > \$	

GRAND TOTAL of Receipts This Page (optional)	\$6,476.51
TOTAL This Period (last page this line number only)	\$6,476.51

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 5  
FOR LINE 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)**

Martin Olav Sabo for Congress Volunteer Committee C00066720

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ARI Systems Inc. 3800 Kennebec Drive #3B Eagan, MN 55122	Direct Mail Service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/18/00	\$883.44
B. Full Name, Mailing Address and ZIP Code AT & T P.O. Box 2971 Omaha, NE 68103-2971	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/14/00	\$12.55
C. Full Name, Mailing Address and ZIP Code AT & T P.O. Box 2971 Omaha, NE 68103-2971	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/27/00	\$76.78
D. Full Name, Mailing Address and ZIP Code AT & T P.O. Box 2971 Omaha, NE 68103-2971	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/19/00	\$32.47
E. Full Name, Mailing Address and ZIP Code AT & T P.O. Box 2971 Omaha, NE 68103-2971	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/00	\$207.28
F. Full Name, Mailing Address and ZIP Code AT & T P.O. Box 2971 Omaha, NE 68103-2971	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/27/00	\$115.29
G. Full Name, Mailing Address and ZIP Code Best Buy 5925 Earle Brown Dr Brooklyn Center, MN 55430-2503	Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/27/00	\$10.83
H. Full Name, Mailing Address and ZIP Code Binder Printing Co. 622 Sims Ave Saint Paul, MN 55101-4020	Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	- 8/24/00 -	\$381.63
I. Full Name, Mailing Address and ZIP Code Casey for Congress P.O. Box 1494 Scranton, PA 18501	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/00	\$1,000.00

SUBTOTAL of Disbursements This Page (optional)

\$2,720.05

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 5  
FOR LINE 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)**

Martin Olav Sabo for Congress Volunteer Committee C00086728

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Central Times Publications 2800 East Franklin Avenue Minneapolis, MN 55408	Advertisement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/27/00	\$285.00
B. Full Name, Mailing Address and ZIP Code D.C.C.C. 430 S Capitol St SE Washington, DC 20003-4024	Purpose of Disbursement Transfer Excess Funds Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/00	\$30,000.00
C. Full Name, Mailing Address and ZIP Code Faricy & Associates 2211 Saint Clair Ave Saint Paul, MN 55105-1188	Purpose of Disbursement Consultant Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/28/00	\$4,000.00
D. Full Name, Mailing Address and ZIP Code Faricy & Associates 2211 Saint Clair Ave Saint Paul, MN 55105-1188	Purpose of Disbursement Consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/00	\$4,000.00
E. Full Name, Mailing Address and ZIP Code Kramer & Associates 1471 Barclay St Saint Paul, MN 55106-1405	Purpose of Disbursement Parade Stickers Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/27/00	\$605.40
F. Full Name, Mailing Address and ZIP Code Lavender Magazine 2344 Nicollet Avenue South Minneapolis, MN 55404	Purpose of Disbursement Advertisement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/00	\$350.00
G. Full Name, Mailing Address and ZIP Code Karin Mantor 11702 Selkirk Ave Burnsville, MN 55337-3239	Purpose of Disbursement Accounting Services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/31/00	\$1,000.00
H. Full Name, Mailing Address and ZIP Code Karin Mantor 11702 Selkirk Ave Burnsville, MN 55337-3239	Purpose of Disbursement Accounting Services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/00	\$500.00
I. Full Name, Mailing Address and ZIP Code McCollum for Congress PO Box 14131 Saint Paul, MN 55114-0131	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/14/00	\$1,000.00

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

\$41,740.40

**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 3 OF 5  
FOR LINE 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)**

Martin Olav Sabo for Congress Volunteer Committee CDD086728

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Minge for Congress 115 1/2 East 2nd Street Chaska, MN 55318	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/00	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Minn. College Democrats 352 Wacouta St Saint Paul, MN 55101-1980	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/28/00	\$250.00
C. Full Name, Mailing Address and ZIP Code Minn. D.F.L. 352 Wacouta St. St. Paul, MN 55103	Purpose of Disbursement Transfer Excess Funds Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/00	\$150.00
D. Full Name, Mailing Address and ZIP Code Minn. Dept. Of Revenue Mail Station 1257 St. Paul, MN 55148	Purpose of Disbursement MN Tax Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/12/00	\$573.00
E. Full Name, Mailing Address and ZIP Code Office Max 3001 Nicollet Ave Minneapolis, MN 55408-3128	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/00	\$14.74
F. Full Name, Mailing Address and ZIP Code Paul Perry for Congress 1101 Professional Blvd. Evansville, IN 47714	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/00	\$1,000.00
G. Full Name, Mailing Address and ZIP Code Pomeroy For Congress PO Box 748 Bismark, ND 58502	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/00	\$1,000.00
H. Full Name, Mailing Address and ZIP Code Postmaster 100 S 1 St Minneapolis, MN 55401	Purpose of Disbursement Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/28/00	\$3.05
I. Full Name, Mailing Address and ZIP Code Procolor Service, Inc. 909 Hennepin Ave Minneapolis, MN 55403-1806	Purpose of Disbursement Photographs Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/00	\$208.30

SUBTOTAL of Disbursements This Page (optional)

\$4,194.09

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 4 OF 5  
FOR LINE 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)**

Martin Olav Sabo for Congress Volunteer Committee C00086728

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Erica Prosser 6409 Wentworth Ave Richfield, MN 55423-1554	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/00	\$1,517.00
Erica Prosser 6409 Wentworth Ave Richfield, MN 55423-1554	Payroll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/00	\$1,517.00
Rieder for Congress P.O. Box 14131 Saint Paul, MN 55114	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/00	\$1,000.00
Martin Sabo 1742 Kay West Ln Vienna, VA 22182-2818	Volunteer Food Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/00	\$25.00
Seward Profile 2412 E. Franklin Avenue Minneapolis, MN 55406-1027	Advertisement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/00	\$208.00
Southeast Angle Publications 2800 East Franklin Avenue Minneapolis, MN 55406	Advertisement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/00	\$237.50
Sprint P.C.S. PO Box 2200 Bedford Park, IL 60499-2200	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/00	\$142.63
The American Jewish World 4509 Minnetonka Boulevard Saint Louis Park, MN 55416	Advertisement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/25/00	\$265.00
U.S. West PO Box 1301 Minneapolis, MN 55483-0002	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/24/00	\$154.42

<b>SUBTOTAL of Disbursements This Page (optional)</b> .....	\$5,087.55
<b>TOTAL This Period (last page this line number only)</b> .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 5  
FOR LINE 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)

Martin Olay Sabo for Congress Volunteer Committee CD0086728

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United Democratic Fund 352 Wacouta Street Saint Paul, MN 55101	Transfer Excess Funds Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/00	\$28,000.00
United Democratic Fund 352 Wacouta Street Saint Paul, MN 55101	Transfer Excess Fund Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/00	\$35,000.00
United Properties P.O. Box 1450 Mpls., MN 55485-9044	Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/00	\$385.85
United Properties P.O. Box 1450 Mpls., MN 55485-9044	Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/27/00	\$442.13
Uptown Community Media Assoc. 3248 Colfax Avenue South Minneapolis, MN 55408	Advertisement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/25/00	\$518.50
Van Horne for Congress P.O. Box 444 New Kensington, PA 15068	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/00	\$1,000.00
Wyndham Hotels 6225 West Century Blvd. Los Angeles, CA 90045	Travel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/27/00	\$1,139.22

SUBTOTAL of Disbursements This Page (optional)	\$68,485.80
TOTAL This Period (last page (this the number only))	\$120,207.89

