

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)

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<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)
 Martin Olav Sabo for Congress Volunteer Committee

Full Name (Last, First, Middle Initial)

A. Wetterling for Congress

Mailing Address P.O. Box 1334

City Saint Cloud State MN Zip Code 56302

Purpose of Disbursement
 Contribution - MN06

Candidate Name

Office Sought: House
 Senate
 President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

Category/
 Type

Transaction ID: D7563

Date of Disbursement

09 / 24 / 2004

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

33104.67