

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) Sabo For Congress Volunteer Committee		2. FEC IDENTIFICATION NUMBER 074306
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 2425 E. Franklin #301		
CITY, STATE and ZIP CODE Minneapolis MN 55406	STATE/DISTRICT MN/05	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

DEC 8 12 33 PM '98

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> Twelfth day report preceding election on _____ in the State of _____
<input type="checkbox"/> July 15 Quarterly Report	
<input type="checkbox"/> October 15 Quarterly Report	<input checked="" type="checkbox"/> Thirtieth day report following the General Election on <u>11/03/98</u> in the state of <u>MN</u>
<input type="checkbox"/> January 31 Year End Report	
<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>10/15/98</u> through <u>11/23/98</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(c))	\$51,832.07	\$286,169.39
(b) Total Contribution Refunds (from Line 20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6b from 6a).	\$51,832.07	\$286,169.39
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).	\$75,395.60	\$242,743.90
(b) Total Offsets to Operating Expenditures (from Line 14)	\$607.90	\$702.52
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a)).	\$74,787.70	\$242,041.38
8. Cash on Hand at Close of Reporting Period (from Line 27).	\$228,194.39	
9. Debts and Obligations Owed to the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed by the Committee (Itemize all on Schedule C 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
Doris Caranicas

Signature of Treasurer *Doris Caranicas* Date **12-3-98**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 437g.

DETAILED SUMMARY PAGE
of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (In full)	Report Covering the Periods	
Sabo For Congress Volunteer Committee 074306	From: 10/15/98	To: 11/23/98
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3,750.00	
(ii) Unitemized	15,283.50	
(iii) Total of contributions from individuals	19,033.50	143,735.29
(b) Political Party Committees	102.22	564.39
(c) Other Political Committees (such as PACs)	32,696.35	141,869.71
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (add 11(a)(iii),(b),(c) and (d)).	51,832.07	286,169.39
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	607.90	702.52
15. OTHER RECEIPTS (Dividends, Interest, etc.)	807.10	5,922.41
16. TOTAL RECEIPTS (add 11(a),12,13(c), 14 and 15)	53,247.07	292,794.32
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	75,395.60	242,743.90
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(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),(b) and (c)).	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(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 CONTRIBUTIONS REFUNDS (add 20(a),(b) and (c)).	0.00	0.00
21. OTHER DISBURSEMENTS.	2,200.00	51,917.68
22. TOTAL DISBURSEMENTS (add 17,18,19(c),20(d) and 21)	77,595.60	294,661.58
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.		\$252,542.92
24. TOTAL RECEIPTS THIS PERIOD (from Line 16).		\$53,247.07
25. SUBTOTAL (add Line 23 and Line 24)		\$305,789.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$77,595.60
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 and 25).		\$228,194.39

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	3
FOR LINE NUMBER		
11(a)(i)		

Contributions from Individuals

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 names and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John J Cafaro 2445 Belmont Ave Youngstown OH 44504	Self	10/26/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant		Aggregate Year-to-Date > \$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth N Dayton 730 S 2Nd Ave Minneapolis MN 55402	Oakleaf Associates	10/26/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		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
James DeChaine 499 S Capitol St Sw Suite #420 Washington DC 20003	Federal Associates	10/26/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant		Aggregate Year-to-Date > \$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John F Eisberg 2542 Burnham Rd Minneapolis MN 55415	Robins Kaplan Miller & reesi	11/10/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$350.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kathleen Flynn Peterson 6513 Stauder Cr Edina MN 55436	Self	10/27/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant		Aggregate Year-to-Date > \$300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John D French 2200 Norwest Ctr Minneapolis MN 55402	Faegre And Benson	10/27/98 11/14/98	\$100.00 \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		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
Clyde G Hanson 2790 Dean Pky Minneapolis MN 55416	Self	10/30/98	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Marketing Consultant		Aggregate Year-to-Date > \$250.00

SUBTOTAL of Receipts This Page (optional)	\$1,450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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 committees.

NAME OF COMMITTEE (in Full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven M Hunegs 4440 W 25Th St St. Louis Park MN 55416 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation Attorney	11/10/98	\$200.00
Aggregate Year-to-Date > \$400.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen P Kavouras 9450 S Old Cedar Ave Bloomington MN 55420 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Kavouras, Inc. Occupation Owner	11/14/98	\$500.00
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
William N Kelly 154 SE Bank St Minneapolis MN 55414 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Nonwest Corporation Occupation V.P.	10/28/98	\$150.00
Aggregate Year-to-Date > \$250.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Laverdiere 15056 N 122Nd St Stillwater MN 55082 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation Consultant	11/10/98	\$250.00
Aggregate Year-to-Date > \$250.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kevin McKinney 1968 Cedar Lake Pky Minneapolis MN 55416 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation Consultant	11/14/98	\$500.00
Aggregate Year-to-Date > \$500.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Margaret E Perryman 1909 E River Ter Minneapolis MN 55414 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Gillette Children's Hos- tal Occupation Doctor	10/27/98	\$100.00
Aggregate Year-to-Date > \$300.00			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Belva H Rasmussen 105 S 5Th St Suite 712 Minneapolis MN 55402 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	10/26/98	\$100.00
Aggregate Year-to-Date > \$250.00			

SUBTOTAL of Receipts This Page (optional)

\$1,800.00

TOTAL This Period (Last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mike Sieben 1625 S Wild Ridge Ct Newport MN 55055	Sieben Polk Lavenderies & Hawn Occupation: Attorney	11/10/98	\$150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William R Sieben 5120 IDS Center Minneapolis MN 55402	Scheibel, Goetz, Siebe & Moskal Occupation: Attorney	10/27/98	\$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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gerry Sikorski 2100 NW Pennsylvania Ave Suite Washingtons DC 20037	Holland & Knight Occupation: Attorney	10/30/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$250.00		
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):	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):	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):	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):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) \$500.00
TOTAL This Period (last page this line number only) \$3,750.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11(b)

Contributions from Party Committees

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)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Minnesota DFL Party 352 Wacouta Saint Paul MN 55101	Party	10/23/98	\$52.92
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$143.86		in-kind
B. Full Name, Mailing Address and ZIP Code Minnesota DFL Party 352 Wacouta Saint Paul MN 55101	Party	10/26/98	\$36.90
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$180.76		in-kind
C. Full Name, Mailing Address and ZIP Code Minnesota DFL Party 352 Wacouta Saint Paul MN 55101	Party	11/05/98	\$12.40
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$193.16		in-kind
D. Full Name, Mailing Address and ZIP Code	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	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	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	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 > \$		
SUBTOTAL of Receipts This Page (optional)			\$102.22
TOTAL This Period (last page this line number only)			\$102.22

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	6
FOR LINE NUMBER		
11(c)		

Contributions from Other Committees

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)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Aircraft Owners And Pilots Association 500 SW E St Suite 920 Washington DC 20024		10/20/98	\$1500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$2,500.00
B. Full Name, Mailing Address and ZIP Code Alliant Techsystems Inc Employee 1911 N Fort Myer Dr Suite 800 Arlington VA 22209	Citizenship Fund	10/28/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$1,000.00
C. Full Name, Mailing Address and ZIP Code American Hospital Association 325 NW 7th St Washington DC 20004		10/29/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$1,500.00
D. Full Name, Mailing Address and ZIP Code American Medical Association 1101 NW Vermont Ave 12th Fl Washington DC 20005		10/23/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$1,000.00
E. Full Name, Mailing Address and ZIP Code American Postal Workers Union 1300 NW L St Washington DC 20005		11/14/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$500.00
F. Full Name, Mailing Address and ZIP Code Associated Milk Producers Inc. 315 N Broadway New Ulm MN 56073		10/26/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$500.00
G. Full Name, Mailing Address and ZIP Code Association Of Trial Lawyers Of America 1050 NW 31st St Washington DC 20007		10/30/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	2	6
FOR LINE NUMBER		11(c)

Contributions from Other Committees

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)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barona Band Of Mission Indians 1095 Barona Rd Lakeside CA 92040	PAC	11/14/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$500.00
B. Full Name, Mailing Address and ZIP Code Bowling Proprietors' Association Of America P.O. Box 5802 Arlington TX 76005	PAC	11/11/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$500.00
C. Full Name, Mailing Address and ZIP Code Cassidy & Associates 700 NW 13Th St Suite 400 Washington DC 20005	PAC	10/26/98	\$246.35
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$246.35 in-kind
D. Full Name, Mailing Address and ZIP Code Deloitte & Touche Llp P.O. Box 365 Washington DC 20044	PAC	10/26/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$250.00
E. Full Name, Mailing Address and ZIP Code Faegre & Benson 90 S 7Th St Minneapolis MN 55402	PAC	11/14/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$1,000.00
F. Full Name, Mailing Address and ZIP Code Fond Du Lac Reservation Enterprises 1720 Big Lake Rd Cloquet MN 55720	Other	10/28/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Other		Aggregate Year-to-Date > \$1,000.00
G. Full Name, Mailing Address and ZIP Code Ford Motor Co. 13501 NW I St Washington DC 20005	PAC	11/11/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$1,000.00

SUBTOTAL of receipts This Page (optional)	\$3,996.35
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 6
FOR LINE NUMBER 11(c)

Contributions from Other Committees

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)

Sabo For Congress Volunteer Committee 074306

2. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
General Mills, Inc. 9200 Wayzata Blvd Minneapolis MN 55426		10/26/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$500.00
3. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Holland & Knight Committee For Effective Government 2100 NW Pennsylvania Ave Suite 4 Washington DC 20037		11/14/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$1,000.00
4. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Honeywell Employee Citizenship Fund Honeywell Plaza Minneapolis MN 55408		10/26/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$500.00
5. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ironworkers Political Action League 1750 NW New York Ave Washington DC 20006		10/21/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$1,000.00
6. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lockridge, Grindal, Nauen & Holstein 100 S Washington Ave Suite 2200 Minneapolis MN 55401		10/30/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$4,523.36
7. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lower Sioux Community P.O. Box 308 Morton MN 56270		10/21/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Other		Aggregate Year-to-Date > \$1,000.00
8. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michigan Consolidated Gas Company 500 Griswold St Detroit MI 48226		10/20/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$2,000.00

SUBTOTAL of Receipts This Page (optional)

\$5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Committees

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)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mille Lacs Band Of Ojibwe HCR 67, Box 194 Onamia MN 56359 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/30/98	\$1000.00
	Occupation Other		Aggregate Year-to-Date > \$1,000.00
B. Full Name, Mailing Address and ZIP Code Mille Lacs Band Of Ojibwe HCR 67, Box 194 Onamia MN 56359 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/30/98	\$1000.00
	Occupation Other		Aggregate Year-to-Date > \$2,000.00
C. Full Name, Mailing Address and ZIP Code National Association Of Letter Carriers 100 NW Indiana Ave Washington DC 20001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/28/98	\$1000.00
	Occupation PAC		Aggregate Year-to-Date > \$4,000.00
D. Full Name, Mailing Address and ZIP Code National Association Of Letter Carriers 11581 NW Ilex St Coon Rapids MN 55448 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/22/98	\$1000.00
	Occupation PAC		Aggregate Year-to-Date > \$1,000.00
E. Full Name, Mailing Address and ZIP Code National Education Association 1201 NW 16Th St Washington DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		11/11/98	\$2000.00
	Occupation PAC		Aggregate Year-to-Date > \$3,000.00
F. Full Name, Mailing Address and ZIP Code National Emergency Medicine Political Action Committee 1111 NW 19Th St Suite 650 Washington DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/26/98	\$500.00
	Occupation PAC		Aggregate Year-to-Date > \$500.00
G. Full Name, Mailing Address and ZIP Code New York Mercantile Exchange 1331 NW Pennsylvania Ave Suite 5 Washington DC 20004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		11/10/98	\$500.00
	Occupation PAC		Aggregate Year-to-Date > \$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 Committees

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)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norwest Corporation Norwest Ctr Minneapolis MN 55479	PAC	10/28/98	\$2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$2,000.00
B. Full Name, Mailing Address and ZIP Code Parsons Brinkerhoff, Inc. 505 S Main St Suite 900 Orange CA 92668	PAC	11/14/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$1,000.00
C. Full Name, Mailing Address and ZIP Code Prairie Island Tribal Council 1158 Island Blvd Welch MN 56069	Other	10/26/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Other		Aggregate Year-to-Date > \$500.00
D. Full Name, Mailing Address and ZIP Code Raytheon 1215 Jefferson Davis Hwy Suite 1 Arlington VA 22202-3256	PAC	10/29/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$1,500.00
E. Full Name, Mailing Address and ZIP Code Reid & Priest Political Action Committee 701 NW Pennsylvania Ave Suite 80 Washington DC 20004	PAC	10/28/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$2,000.00
F. Full Name, Mailing Address and ZIP Code Service Employees International Union 1313 NW L St Washington DC 20005	PAC	10/21/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$1,000.00
G. Full Name, Mailing Address and ZIP Code Sprint/United Telephone Minnesota 30 E 7th St St Paul MN 55101	PAC	10/21/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$1,000.00

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 Committees

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)

Sabo For Congress Volunteer Committee D74306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Supervisors Political Action Committee NAPS 1727 King St Suite 400 Alexandria VA 22314		11/14/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$500.00
B. Full Name, Mailing Address and ZIP Code TCF 801 Marquette Ave Minneapolis MN 55402		10/26/98	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$200.00
C. Full Name, Mailing Address and ZIP Code U.A. Political Education Committee 901 NW Massachusetts Ave Washington DC 20001		10/28/98	\$1500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$1,500.00
D. Full Name, Mailing Address and ZIP Code United Transportation Union 14600 Detroit Ave Cleveland OH 44107		10/20/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$1,500.00
E. Full Name, Mailing Address and ZIP Code			
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			
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			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$

SUBTOTAL of Receipts this Page (optional)	\$3,200.00
TOTAL this Period (last page this line number only)	\$32,696.35

SCHEDULE A

ITEMIZED RECEIPTS

Offsets to 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)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nationwide Housing Corp. 1724 Douglas Dr Minneapolis MN 55422	Occupation Rent Deposit Refund	11/21/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
B. Full Name, Mailing Address and ZIP Code	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 > \$		
C. Full Name, Mailing Address and ZIP Code	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 > \$		
D. Full Name, Mailing Address and ZIP Code	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 > \$		
E. Full Name, Mailing Address and ZIP Code	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 > \$		
F. Full Name, Mailing Address and ZIP Code	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 > \$		
G. Full Name, Mailing Address and ZIP Code	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 > \$		

SUBTOTAL of Receipts This Page (optional)	\$500.00
TOTAL This Period (last page this line number only)	\$500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

SAGE 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)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norwest Bank Minnesota, Na P.O. Box B514 Minneapolis MN 55479-0514		11/10/98	\$131.28
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Bank Interest		Aggregate Year-to-Date > \$1,298.70
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Painewebber, Inc. 33 S 6Th St Minneapolis MN 55402		10/30/98	\$675.82
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Interest Dividends		Aggregate Year-to-Date > \$4,623.71
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 > \$

SUBTOTAL of Receipts this Page (optional)	\$807.10
TOTAL This Period (last page this line number only)	\$807.10

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 6
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):

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cassidy & Associates 700 NW 13th St Suite 400 Washington DC 20005	catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/26/98	\$246.35 in-kind received
Minnesota DFL Party 352 Wacouta Saint Paul MN 55101	Printing and Production - Vic Thorstenson Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/23/98	\$52.92 in-kind received
Minnesota DFL Party 352 Wacouta Saint Paul MN 55101	Absentee/Sample Ballot mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/26/98	\$36.90 in-kind received
Minnesota DFL Party 352 Wacouta Saint Paul MN 55101	Postage -- U.S. Postmaster Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/05/98	\$12.40 in-kind received
Postmaster Minneapolis MN 55401	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/22/98 10/25/98 11/08/98	\$17500.00 \$249.53 memo \$83.84
Postmaster Minneapolis MN 55401	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/19/98	\$64.00
Sabo, Martin 1742 Key West Ln. Vienna VA 22180	airfare, car rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/08/98	\$1242.19
Mpls. Labor Review 312 Central Ave., 526 Mpls. MN 55414-1077	ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/04/98	\$75.00
U.S. West P.O. Box 1301 Mpls. MN 55483-0001	phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/06/98 11/11/98	\$105.02 \$67.97

SUBTOTAL of Disbursements This Page (optional) \$19,486.59

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 6
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 (do full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nat'l Democratic Club 30 SE Ivy St Washington DC 20003-4071	fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/25/98	\$210.50 memo
B. Full Name, Mailing Address and ZIP Code Mpls. Club 729 S 2Nd Ave Mpls. MN 55402-2463	Purpose of Disbursement: catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/13/98	\$642.34
C. Full Name, Mailing Address and ZIP Code Inter/Quality Corp. 511 S 11Th Ave Mpls. MN 55415	Purpose of Disbursement bookkeeping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/25/98	\$2167.00
D. Full Name, Mailing Address and ZIP Code Erlandson, Michael 644 SE N. Carolina Ave Washington DC 20003	Purpose of Disbursement petty cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/22/98	\$100.00
H. Full Name, Mailing Address and ZIP Code American Jewish World 4509 Minnetonka Blvd Mpls. MN 55416	Purpose of Disbursement ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/22/98	\$102.50
F. Full Name, Mailing Address and ZIP Code Norwest Bank Minn., N.A. 6Th & Marquette Mpls. MN 55479	Purpose of Disbursement credit card charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/03/98	\$36.80
G. Full Name, Mailing Address and ZIP Code Norwest Bank Minn., N.A. 6Th & Marquette Mpls. MN 55479	Purpose of Disbursement credit card chgeback Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/05/98	\$35.00
E. Full Name, Mailing Address and ZIP Code Norwest Bank Minn., N.A. 6Th & Marquette Mpls. MN 55479	Purpose of Disbursement Fed'l/FICA dep. 4th Qtr Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/15/98	\$1005.00
I. Full Name, Mailing Address and ZIP Code A.T. & T. P.O. Box 27-866 Kansas City MO 64184-0866	Purpose of Disbursement phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/03/98	\$50.77
SUBTOTAL of Disbursements This Page (optional)			\$4,139.41
TOTAL for 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	OF
3	6
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)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Card Services P.O. Box 9272 Des Moines IA 50306-9272	see below	10/25/98	\$249.53
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/25/98	\$302.30
Bates Neimand 1900 NW L #500 St Washington DC 20036	materials/mailling	10/21/98	\$11478.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		
C. Full Name, Mailing Address and ZIP Code Bates Neimand 1900 NW L #500 St Washington DC 20036	campaign materials	10/29/98	\$24112.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		
D. Full Name, Mailing Address and ZIP Code Moore, Olin 2629 W 43Rd #101 St Mpls. MN 55410	expenses	10/22/98	\$100.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		
E. Full Name, Mailing Address and ZIP Code Moore, Olin 2629 W 43Rd #101 St Mpls. MN 55410	salary	11/12/98	\$750.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		
F. Full Name, Mailing Address and ZIP Code Moore, Olin 2629 W 43Rd #101 St Mpls. MN 55410	expenses	11/12/98	\$100.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	11/12/98	\$100.00
G. Full Name, Mailing Address and ZIP Code Faricy & Associates 2211 St. Clair Ave St. Paul MN 55105	fundraising services	11/05/98	\$2300.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		
H. Full Name, Mailing Address and ZIP Code Kramer & Associates 1471 Barclay St St. Paul MN 55106-1405	printing	10/21/98	\$98.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		
I. Full Name, Mailing Address and ZIP Code Impact Printing 1067 Rice St St. Paul MN 55117	printing	10/21/98	\$747.63
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		
SUBTOTAL of Disbursements This Page (optional)			\$40,337.96
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 6
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)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Impact Printing 1067 Rice St St. Paul MN 55117	printing campaign mat'l Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/31/98 11/03/98 11/03/98	\$636.65 \$232.73 \$625.95
B. Full Name, Mailing Address and ZIP Code Minn. Sr. Federation 1885 University Ste. 17 St. Paul MN 55104	Purpose of Disbursement ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/27/98 10/31/98	\$60.00 \$255.00
C. Full Name, Mailing Address and ZIP Code Ari Systems, Inc. 983 Stony Point Rd Eagan MN 55123	Purpose of Disbursement telemarketing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/15/98 10/21/98 10/27/98	\$754.30 \$651.75 \$1108.80
D. Full Name, Mailing Address and ZIP Code Ari Systems, Inc. 983 Stony Point Rd Eagan MN 55123	Purpose of Disbursement telemarketing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/29/98	\$354.20
E. Full Name, Mailing Address and ZIP Code Internal Revenue Serv 98 P.O. Box 970007 St. Louis MO 63197-0007	Purpose of Disbursement Fed'l/FICA 3rd Qtr. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/30/98	\$153.00
F. Full Name, Mailing Address and ZIP Code La Prensa De Minnesota 417 University Ave St. Paul MN 55103	Purpose of Disbursement ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/20/98 10/31/98	\$151.00 \$151.20
G. Full Name, Mailing Address and ZIP Code Sprint P.C.S. P.O. Box 2200 Bedford Park IL 60499-220	Purpose of Disbursement phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	11/12/98	\$181.48
H. Full Name, Mailing Address and ZIP Code Smith, Bryan O. 1876 Yorkshire Ave St. Paul MN 55116	Purpose of Disbursement mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/15/98	\$66.90
I. Full Name, Mailing Address and ZIP Code Smith, Bryan O. 1876 Yorkshire Ave St. Paul MN 55116	Purpose of Disbursement salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/15/98 10/31/98	\$923.50 \$923.50
SUBTOTAL of Disbursements This Page (optional)			\$7,229.96
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 5 OF 6
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)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Smith, Bryan O. 1876 Yorkshire Ave St. Paul MN 55116	mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	11/02/98	\$126.60
Smith, Bryan O. 1876 Yorkshire Ave St. Paul MN 55116	misc. expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	11/02/98	\$54.50
Smith, Bryan O. 1876 Yorkshire Ave St. Paul MN 55116	salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	11/13/98	\$923.50
Smith, Bryan O. 1876 Yorkshire Ave St. Paul MN 55116	mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	11/13/98	\$83.40
Smith, Bryan O. 1876 Yorkshire Ave St. Paul MN 55116	expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	11/13/98	\$99.44
Ikon Office Solutions Sds 12-0603 P.O. 86 Mpls. MN 55486-0603	printer supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/27/98	\$176.15
Minn. Women's Press, Inc. 771 Raymond Ave St. Paul MN 55114	ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/19/98	\$10.00
Bridge Consultants 640 N Prior Ave St. Paul MN 55104	mailing service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/27/98	\$787.11
Asian American Press 417 W. University Ave. St. Paul, Mn 55103	ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/20/98	\$266.00
GRAND TOTAL of Disbursements This Page (optional)			\$2,526.70
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 6 OF 6
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)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gray, Gregory P.O. Box 11447 Mpls. MN 55411	campaign lit. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/29/98	\$268.84
B. 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
C. 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
D. 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
E. 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
F. 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
G. 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
H. 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
I. 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

SUBTOTAL of Disbursements This Page (optional) \$268.84

TOTAL This Period (last page this line number only) \$73,989.46

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21

Other Disbursements

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):

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Minn. D.F.L. Party 352 Wacouta St. Paul MN 55101	excess campaign funds Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	10/25/98	\$1200.00
B. Full Name, Mailing Address and ZIP Code Sherman For Congress 20929 Ventura Box 615 B Woodland Hills CA 91364	contr. - CA, Dist. 24 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	11/02/98	\$1000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$2,200.00
TOTAL This Period (last page this line number only)	\$2,200.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 10-3-98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
RC	10-8-98
PREPARER	DATE PREPARED