Image# 12972551034			_	PAGE 1 / 15
	EPORT OF F ND DISBURS Other Than An Author	SEMENTS	Office	Use Only
1. NAME OF TYP COMMITTEE (in full)	PE OR PRINT V	Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number and street)	O Box 28754			
Check if different than previously reported. (ACC)	St. Paul		MN 551	28
2. FEC IDENTIFICATION NUMB	ER V CITY	A	STATE A	
C C00386573	3. IS RE	~ ~	OR AMENDE (A)	D
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) 	(b) Monthly Report Due On: (c) 12-Day PRE -Election Report for the:) (M3) Jun 20 (I	M6) Sep 20 (M9	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
 October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) 	Election (d) 30-Day POST -Election Report for the:	on / D D General (30G)	Runoff (30R)	in the State of Special (30S)
Termination Report (TER)	Election	on / D D	/ Y Y Y Y Y	in the State of
5. Covering Period	01 / Y Y Y Y Y 01 2012	through 09	9 30 2	2012
T certify that I have examined this R Type or Print Name of Treasurer	eport and to the best of m Elizabeth Maruggi	y knowledge and belief it i	is true, correct and comp	lete.
Signature of Treasurer	Maruggi	[Electronically Filed]		15 / Y Y Y Y 2012
NOTE: Submission of false, erroneous	, or incomplete information	nay subject the person signi	ng this Report to the pena	alties of 2 U.S.C. §437g.
Office Use Only			FE	C FORM 3X Rev. 12/2004

10/15/2012 10 : 34

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

•	O FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
V	Vrite or Type Committee Name		
	NORTHSTAR LEADERSHIP PAC		
F	Report Covering the Period: From: 07	M / D D / Y Y Y Y Y 01 2012	Fo: 09 30 2012
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		5889.50
	(b) Cash on Hand at Beginning of Reporting Period	8934.69	
	(c) Total Receipts (from Line 19)	1000.48	5400.59
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	9935.17	11290.09
7.	Total Disbursements (from Line 31)	9162.88	10517.80
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	772.29	772.29
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)	36432.25	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

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	DE	ETAILED SUMMARY PAGE	
	FEC Form 3X (Rev. 06/2004)	of Receipts	Page 3
Wi	ite or Type Committee Name		
Ν	ORTHSTAR LEADERSHIP PAC		
Re	port Covering the Period: From: 07	1 / D D / Y Y Y Y Y 01 2012 To:	M = M / D = D / Y = Y = Y Y Y = Y = Y Y Y = Y = Y Y Y = Y = Y Y Y = Y = Y Y Y = Y = Y Y Y = Y = Y Y Y = Y = Y Y Y = Y = Y Y Y = Y = Y Y Y = Y = Y Y Y = Y = Y Y Y = Y = Y Y Y = Y = Y Y Y = Y = Y = Y Y = Y = Y = Y Y = Y = Y = Y Y = Y = Y = Y Y = Y = Y = Y Y = Y = Y = Y = Y Y = Y = Y = Y = Y = Y = Y = Y = Y = Y =
	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	1000.00	1000.00
	(i) Itemized (use Schedule A)	7 7 7	7 7 7
	(ii) Unitemized (iii) TOTAL (add	<u>, 0.</u> 00	0.00
	Lines 11(a)(i) and (ii)	1000.00	1000.00
	(b) Political Party Committees	0.00	0.00
	 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1000.00	1000.00
	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
15.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.48	4400.59
	(a) Non-Federal Account (from Schedule H3)	0.00	<u>, 0</u> .00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	1000.48	5400.59
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	1000.48	5400.59

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DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A	COLUMN B
Operating Expenditures:	Total This Period	Calendar Year-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	-837.12	517.80
(c) Total Operating Expenditures	7 7 7 000.12	
(add 21(a)(i), (a)(ii), and (b))	-837.12	517.80
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (2 U S C §441a(d))		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	7 7 7 0.00	
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	
(add Lines 28(a), (b), and (c))	• 0.00	0.00
Other Disbursements	10000.00	10000.00
Federal Election Activity (2 U.S.C. §431(20	0))	
(a) Allocated Federal Election Activity	- //	
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9162.88	10517.8
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	9162.88	10517.80

FE6AN026

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	1000.00	1000.00
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	1000.00	1000.00
 i. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	-837.12	517.80
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	-837.12	517.80

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

15

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c 12	
Any information copied from such Rep or for commercial purposes, other that			person for the pu	urpose o	of soliciting contr	ributions
NAME OF COMMITTEE (In Full) NORTHSTAR LEADER						
Full Name (Last, First, Middle Initia A. Jeff Larson Mailing Address	N)		Date of F	Receipt		
City Hudson	State WI	Zip Code 54016			: SA11AI.5704 Receipt this Per	riod
FEC ID number of contributing federal political committee.	C			л. Г	1(000.00
Name of Employer Republican National Committee Receipt For:	Occupation Managemen		_			
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]			
B. Mailing Address	l)		Date of F	Receipt	D / Y Y	YY
City	State	Zip Code	Amount o	of Each	Receipt this Per	riod
FEC ID number of contributing federal political committee.	C			,		
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate	Year-to-Date ▼]			
Full Name (Last, First, Middle Initia C.	l)		Date of F	Receipt		
Mailing Address			M	/ D	D / Y Y	Y Y
City	State	Zip Code	Amount c	of Each	Receipt this Per	riod
FEC ID number of contributing federal political committee.	C			7		
Name of Employer	Occupation		_			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼]			
SUBTOTAL of Receipts This Page (pptional)				10	000.00

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

1000.00

1. ALC: NO.

S	CHEDULE B (FEC Form 3X)			-			N 12 -	MPEE				PA	25	7 (DF 15	
	EMIZED DISBURSEMENTS	Use separate				LINE k only		MBER				FAU	JL	, (<u></u>
		for each categ Detailed Sumr				21b 27		22 28a		23 28b		24 28c		25 29	3	6 0b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan															
	NAME OF COMMITTEE (In Full) NORTHSTAR LEADERSHIP PAC															
<u> </u>	Full Name (Last, First, Middle Initial)							D .	(D ·							-
А.	Bellwether Consulting							Date o		sburse			Y	Y	Y	
	Mailing Address 1775 I St NW Ste 700							09			30		20			
	City S Washington		Code 006					Trans	sacti	ion ID) : SE	321B.	5706			
	Purpose of Disbursement Stale check voided.					٦		Amoun	t of	Each	Disb	ourser	nent	this I	Period	
	Candidate Name			Cate Ty	egor ype	ry/				,		7		-750	0.00	1
	Office Sought: House Disburser Senate President	nent For: Primary Other (specify)	General ▼													
	State: District:		•													
В.	Full Name (Last, First, Middle Initial) Park Midway Bank NA Mailing Address 2300 Como Avenue							Date o		D				12	Y	
		24-4-4	Quila											_		
	St Paul		Code 108					Trans	sact	ion ID) : Se	321B.	5696			
	Purpose of Disbursement July Merchant Service Charges				1			Amoun	t of	Each	Disb	ourser	nent	this I	Period	
	Candidate Name			Cate Ty	egor ype	ry/				7		7		39	9.95	
	Office Sought: House Disburser Senate President District:	nent For: Primary Other (specify)	General ▼													
с.	Full Name (Last, First, Middle Initial) Park Midway Bank NA							Date o	_			-				
	Mailing Address 2300 Como Avenue							08	′	3	31	/ Y	20	12 12	Y	
	St Paul		Code 108					Trans	sact	ion ID) : Se	321B.	5698			
	Purpose of Disbursement Aug Merchant Service Charges Candidate Name			Cate		ry/		Amoun	t of	Each	Disb	ourser	nent		Period 0.95	1
	Office Sought: House Disburser Senate President State: District:	nent For: Primary Other (specify)	General ▼		ype					5		7				1
⊢	UBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number only)									5		7		-670	.10]

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: SB21B Transaction ID : SB21B.5706

Original payment made in December, 2010 and was listed as outstanding check. However services were not provided and check was not cashed, and the outstanding check is now voided.

Form/Schedule: Transaction ID:

SCHEDULE B (FEC Form 3X)								MBER:				PAG	ìΕ	9 (ЭF	15
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(c		k only 21b	one	e)] 22		23		7.04		25		26
			Summary Page			210		22 28a		23 28b		24 28c	-	25 29	$\left - \right $	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan							or the		pose (oliciting				
	NAME OF COMMITTEE (In Full)		ess of any police				501	iicit COI	1110	auons	5 110	JIII SUCI	1 00	/1111111		
$ \rangle$	NORTHSTAR LEADERSHIP PAC															
Ľ	Full Name (Last, First, Middle Initial)															
Α.	Park Midway Bank NA						Ľ	Date of	Dis	sburse	eme	ent				
	Mailing Address 2300 Como Avenue							м м 09	/	D 3	D 80	/ Y)12	Y	
	City St Paul	State MN	Zip Code 55108					Trans	acti	ion ID) : S	B21B.5	699)		
	Purpose of Disbursement Sept Merchant Service Charges						^	Amount	of	Each	Die	bursem	ont	thic	Porio	d
	Candidate Name			Cate	edo	rv/		Aniouni	. 01	Lacii	DIS	soursen	lent			ŭ
					ype	y/				7	_			39	9.95	
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General													
	State: District:		<i>37</i> •													
D	Full Name (Last, First, Middle Initial)						-									
р.	Park Midway Bank NA						Date of Disbursement									
	Mailing Address 2300 Como Avenue							09			30			012		
	St Paul	State MN	Zip Code 55108					Trans	act	ion ID) : S	B21B.5	5702	2		
	Purpose of Disbursement Sept Bank fees				-		A	Amount	of	Each	Dis	sbursem	ent	this	Perio	d
	Candidate Name			Cate	egoi ype	ry/				,		,			3.00	
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General Gify) ▼													
	State: District:															
C.	Full Name (Last, First, Middle Initial) US Postmaster						C	Date of	Dis			_				
	Mailing Address 316 Robert Street N							м м 09	/	D 1	0	/ Y)12	Y	
	St Paul	State MN	Zip Code 55101					Trans	act	ion ID) : S	B21B.5	5705	5		
	Purpose of Disbursement Refund of prepaid BRE postage						A	Amount	of	Each	Dis	bursem	ient	this	Perio	d
	Candidate Name			Cate	egoi ype	ry/	1						1	-259	9.97	٦
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General		<u>, , , , , , , , , , , , , , , , , , , </u>		1					7				
_	State: District:															
s	UBTOTAL of Disbursements This Page (optional)									7				-217	.02	
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S	CHEDULE B (FEC Form 3X)		F	OR	LINE	NU	MBER	:			PA	GE 10	OF 15
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			k only		e)						
		Detailed Summary Page		-	21b 27		22 28a	-	23 28b	\vdash	24 28c	25 X 29	26 30b
	ny information copied from such Reports and State for commercial purposes, other than using the nar											g contrib	
\square	NAME OF COMMITTEE (In Full)												
	NORTHSTAR LEADERSHIP PAC												
Α.	Full Name (Last, First, Middle Initial) Douglas A. Kelley, Receiver, United States v. Pette District Court for the District of Minnesota	rs, et al., Case No. 08-CV-053	48, U.S	S.		I	Date c		sburse			YY	Y
	Mailing Address 431 S Seventh St Suite 2530						09			20		2012	
	Minneapolis	StateZip CodeMN55415					Tran	sact	ion ID): S	SB29.57	701	
	Purpose of Disbursement Relinquishment of funds to court appointed receive	er.				,	Amour	nt of	Each	Di	sburser	nent this	Period
	Candidate Name		Cate Ty	egoi ype	ry/				,			1000	0.00
	Office Sought: House Disburse Senate President Image: Senate	ment For: Primary General Other (specify) ▼											
	State: District:												
В.	Full Name (Last, First, Middle Initial)					1	Date c			eme		YY	Y
	Mailing Address								Ĺ				
	City	State Zip Code											
	Purpose of Disbursement				٦	,	Amour	nt of	Each	ı Di	sburser	nent this	Period
	Candidate Name		Cate Ty	egoi ype	ry/				,		,		
	Senate President	ment For: Primary General Other (specify) ▼											
	State: District: Full Name (Last, First, Middle Initial)												
C.						1	Date c	_	sburse			Y Y	Y
	Mailing Address								L	_			_
	City	State Zip Code											
	Purpose of Disbursement		_		٦		Amour	nt of	Fach	Di	sburser	nent this	Period
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	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼									-		
Γ												1000	0.00
⊢	SUBTOTAL of Disbursements This Page (optional).					Ì		-	7		- 7	1000	
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SCHEDULE D (FEC Form 3X)			(1.100	aanarata	PAGE 11 OF 15
DEBTS AND OBLIGATIONS				separate edule(s)	FOR LINE NUMBER:
Excluding Loans			-	r each ered line)	(check only one) 9
				ered line)	X 10
NORTHSTAR LEADERSHIP PAC					
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor				ebt (Purpose):
FLS Connect, LLC				Consulting	- PAC Fundraising Fees
Mailing Address 7300 Hudson Blvd Suite 270					
City State	Zip Code				
St Paul	MN	55128			
Outstanding Balance Beginning This Period				Transactio	on ID : SD10.4641
432.25					
Amount Insurred This Deviad	Dev	ment This Period		Outstandin	a Delence et Class of This Deried
Amount Incurred This Period	Fay	nent mis Penou		Outstanui	ng Balance at Close of This Period
0.00			0.00	L	432.25
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of D	ebt (Purpose):
FLS Connect, LLC				Consulting	- PAC Fundraising Fees
Mailing Address					
Mailing Address 7300 Hudson Blvd					
Suite 270 City State	Zip Code				
St Paul	MN	55128			
Outstanding Balance Beginning This Period				Transact	ion ID : SD10.4767
2500.00					
	_				
Amount Incurred This Period	Pay	ment This Period		Outstandir	ng Balance at Close of This Period
	Pay	ment This Period	0.00	Outstandir	ng Balance at Close of This Period 2500.00
Amount Incurred This Period		ment This Period	0.00		2500.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto		ment This Period	0.00	Nature of D	2500.00 ebt (Purpose):
Amount Incurred This Period		nent This Period	0.00	Nature of D	2500.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto		ment This Period	0.00	Nature of D	2500.00 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto FLS Connect, LLC Mailing Address 7300 Hudson Blvd Suite 270	r or Creditor		0.00	Nature of D	2500.00 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto FLS Connect, LLC Mailing Address 7300 Hudson Blvd Suite 270 City	r or Creditor	Zip Code	0.00	Nature of D	2500.00 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto FLS Connect, LLC Mailing Address 7300 Hudson Blvd Suite 270 City St Paul	r or Creditor		0.00	Nature of D Consulting	2500.00 ebt (Purpose): - PAC mgmt salaries, rent
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto FLS Connect, LLC Mailing Address 7300 Hudson Blvd Suite 270 City	r or Creditor	Zip Code	0.00	Nature of D Consulting	2500.00 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto FLS Connect, LLC Mailing Address 7300 Hudson Blvd Suite 270 City St Paul	r or Creditor	Zip Code	0.00	Nature of D Consulting	2500.00 ebt (Purpose): - PAC mgmt salaries, rent
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto FLS Connect, LLC Mailing Address 7300 Hudson Blvd Suite 270 City St Paul Outstanding Balance Beginning This Period	r or Creditor State MN	Zip Code	0.00	Nature of D Consulting	2500.00 ebt (Purpose): - PAC mgmt salaries, rent
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto FLS Connect, LLC Mailing Address 7300 Hudson Blvd Suite 270 City St Paul Outstanding Balance Beginning This Period 3500.00	r or Creditor State MN	Zip Code 55128	0.00	Nature of D Consulting	2500.00 ebt (Purpose): - PAC mgmt salaries, rent ion ID : SD10.4768
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto FLS Connect, LLC Mailing Address 7300 Hudson Blvd Suite 270 City St Paul Outstanding Balance Beginning This Period 3500.00 Amount Incurred This Period	r or Creditor State MN	Zip Code 55128		Nature of D Consulting	2500.00 ebt (Purpose): - PAC mgmt salaries, rent ion ID : SD10.4768
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto FLS Connect, LLC Mailing Address 7300 Hudson Blvd Suite 270 City St Paul Outstanding Balance Beginning This Period 3500.00 Amount Incurred This Period	r or Creditor State MN	Zip Code 55128		Nature of D Consulting	2500.00 ebt (Purpose): - PAC mgmt salaries, rent ion ID : SD10.4768 ng Balance at Close of This Period 3500.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto FLS Connect, LLC Mailing Address 7300 Hudson Blvd Suite 270 City St Paul Outstanding Balance Beginning This Period 3500.00 Amount Incurred This Period	r or Creditor State MN Pay	Zip Code 55128 ment This Period	0.00	Nature of D Consulting	2500.00 ebt (Purpose): - PAC mgmt salaries, rent ion ID : SD10.4768
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Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto FLS Connect, LLC Mailing Address 7300 Hudson Blvd Suite 270 City St Paul Outstanding Balance Beginning This Period 3500.00 Amount Incurred This Period 0.00	r or Creditor State MN Pay	Zip Code 55128	0.00	Nature of D Consulting	2500.00 ebt (Purpose): - PAC mgmt salaries, rent ion ID : SD10.4768 ng Balance at Close of This Period 3500.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto FLS Connect, LLC Mailing Address 7300 Hudson Blvd Suite 270 City St Paul Outstanding Balance Beginning This Period 3500.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	r or Creditor State MN Pay	Zip Code 55128	0.00	Nature of D Consulting	2500.00 ebt (Purpose): - PAC mgmt salaries, rent ion ID : SD10.4768 ng Balance at Close of This Period 3500.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto FLS Connect, LLC Mailing Address 7300 Hudson Blvd Suite 270 City St Paul Outstanding Balance Beginning This Period 3500.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number	r or Creditor State MN Pay only) C (last page or	Zip Code 55128 ment This Period	0.00	Nature of D Consulting	2500.00 ebt (Purpose): - PAC mgmt salaries, rent ion ID : SD10.4768 ng Balance at Close of This Period 3500.00

Image# 12972551045						
CHEDULE D (FEC Form 3X)		(1100	aanarata	PAGE 12 OF 15		
DEBTS AND OBLIGATIONS Excluding Loans			separate edule(s)	FOR LINE NUMBER:		
				each ered line)	(check only one) 9	
					X 10	
NORTHSTAR LEADERSHIP PAC						
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		1		ebt (Purpose):	
FLS Connect, LLC				Consulting	- PAC Fundraising Fees	
Mailing Address 7300 Hudson Blvd Suite 270						
City State	Zip Code					
St Paul	MN	55128				
Outstanding Balance Beginning This Period				Transactio	on ID : SD10.4769	
2500.00						
Amount Incurred This Period	Pav	ment This Period		Outstandir	g Balance at Close of This Period	
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0.00			0.00		2500.00	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of D	ebt (Purpose):	
FLS Connect, LLC					PAC mgmt salaries, rent	
Mailing Address 7300 Hudson Blvd						
Suite 270 City State	Zip Code					
St Paul	MN	55128				
Outstanding Balance Beginning This Period				Transact	ion ID : SD10.4770	
3500.00						
	D			O total i	- Delever et Olever ef This Devied	
Amount Incurred This Period	Pay	ment This Period		Outstandir	g Balance at Close of This Period	
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C. Full Name (Last, First, Middle Initial) of Debtor FLS Connect, LLC	r or Creditor					
	r or Creditor					
FLS Connect, LLC Mailing Address 7300 Hudson Blvd Suite 270		Zip Code				
FLS Connect, LLC Mailing Address 7300 Hudson Blvd	r or Creditor State MN	Zip Code 55128				
FLS Connect, LLC Mailing Address 7300 Hudson Blvd Suite 270 City St Paul	State			Consulting		
FLS Connect, LLC Mailing Address 7300 Hudson Blvd Suite 270 City St Paul Outstanding Balance Beginning This Period	State			Consulting	- PAC Fundraising Fees	
FLS Connect, LLC Mailing Address 7300 Hudson Blvd Suite 270 City St Paul Outstanding Balance Beginning This Period 2500.00	State MN	55128		Consulting Transact	- PAC Fundraising Fees	
FLS Connect, LLC Mailing Address 7300 Hudson Blvd Suite 270 City St Paul Outstanding Balance Beginning This Period	State MN			Consulting Transact	- PAC Fundraising Fees	
FLS Connect, LLC Mailing Address 7300 Hudson Blvd Suite 270 City St Paul Outstanding Balance Beginning This Period 2500.00	State MN	55128	0.00	Consulting Transact	- PAC Fundraising Fees	
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DEBTS AND OBLIGATIONS Excluding Loans			separate edule(s)			
				r each ered line)	(check only one) 9	
NAME OF COMMITTEE (In Full)					X 10	
NORTHSTAR LEADERSHIP PAC						
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor				ebt (Purpose):	
FLS Connect, LLC				Consulting	- PAC mgmt salaries, rent	
Mailing Address 7300 Hudson Blvd Suite 270						
City State	Zip Code					
St Paul	MN	55128				
Outstanding Balance Beginning This Period				Transactio	on ID : SD10.4772	
3500.00						
Amount Incurred This Period	Payr	ment This Period		Outstandir	g Balance at Close of This Period	
0.00			0.00	· · · ·	3500.00	
	7				J	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor				ebt (Purpose):	
FLS Connect, LLC				Consulting	- PAC Fundraising Fees	
Mailing Address 7300 Hudson Blvd						
Mailing Address 7300 Hudson Blvd Suite 270						
City State	Zip Code					
St Paul	MN	55128				
Outstanding Balance Beginning This Period				Transact	ion ID : SD10.4773	
Outstanding Balance Beginning This Period 2500.00			·	Transact	ion ID : SD10.4773	
	Payr	nent This Period			ion ID : SD10.4773 ng Balance at Close of This Period	
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DEBTS AND OBLIGATIONS Excluding Loans			separate edule(s)	FOR LINE NUMBER:		
				each ered line)	(check only one) 9	
					X 10	
NORTHSTAR LEADERSHIP PAC						
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor				ebt (Purpose):	
FLS Connect, LLC				Consulting	PAC Fundraising Fees	
Mailing Address 7300 Hudson Blvd Suite 270						
City State	Zip Code					
St Paul	MN	55128				
Outstanding Balance Beginning This Period				Transactio	on ID : SD10.4775	
2500.00						
Amount Incurred This Period	Pavr	nent This Period		Outetandir	g Balance at Close of This Period	
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B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of De	ebt (Purpose):	
FLS Connect, LLC				Consulting -	PAC mgmt salaries, rent	
Martha Addara						
Mailing Address 7300 Hudson Blvd						
City State	Zip Code					
		55400				
St Paul	MN	55128				
St Paul Outstanding Balance Beginning This Period	MN	55128		Transact	on ID : SD10.4776	
Outstanding Balance Beginning This Period	MN	55128		Transact	on ID : SD10.4776	
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CHEDULE D (FEC Form 3X)			PAGE 15 OF 15	
DEBTS AND OBLIGATIONS xcluding Loans		(Use separate schedule(s)	FOR LINE NUMBER: (check only one) 9	
		for each numbered line)		
NAME OF COMMITTEE (In Full)			X 10	
NORTHSTAR LEADERSHIP PAC				
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		ebt (Purpose):	
FLS Connect, LLC		Consulting	- PAC mgmt salaries, rent	
Mailing Address 7300 Hudson Blvd Suite 270				
City State	Zip Code			
St Paul	MN 55128			
Outstanding Balance Beginning This Period		Transacti	on ID : SD10.4778	
3500.00				
Amount Incurred This Period	Payment This Perio	d Outstandi	ng Balance at Close of This Period	
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D. Full Name (Least First Middle Initial) of Dabte	r ar Craditar	Notice of D		
B. Full Name (Last, First, Middle Initial) of Debto	r or Greattor	Nature of L	ebt (Purpose):	
Mailing Address				
	7. 0. 1			
City State	Zip Code			
Outstanding Balance Beginning This Period Amount Incurred This Period	Payment This Perio	d Outstandi	ng Balance at Close of This Period	
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C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	ebt (Purpose):	
Mailing Address				
Mailing Address				
City	State Zip Code			
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Payment This Period	d Outstandi	ng Balance at Close of This Period	
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1) SUBTOTALS This Period This Page (optional)		······ •	3500.00	
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2) TOTALS This Period (last page this line numbe	i uniy)		1	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		0.00	
			36432.25	
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last pa	ge only) 🕨	50452.25	