

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

NORTHSTAR LEADERSHIP PAC

ADDRESS (number and street)

PO Box 28754

☐ Check if different than previously reported. (ACC)

St. Paul

MN

55128

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00386573

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2012

through

M M M / D D D / Y Y Y Y Y Y
09 30 2012

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 Elizabeth Maruggi

Signature of Treasurer

Elizabeth Maruggi

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 15 2012

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NORTHSTAR LEADERSHIP PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 01 2012 To: M M / D D / Y Y Y Y Y Y
09 30 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NORTHSTAR LEADERSHIP PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 07 01 2012

To:

 M M / D D / Y Y Y Y Y
 09 30 2012
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).....

1000.00

1000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

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).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

1000.00

1000.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.48

4400.59

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. 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

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

NORTHSTAR LEADERSHIP PAC

Full Name (Last, First, Middle Initial)

A. Jeff Larson

Mailing Address

City

Hudson

State

WI

Zip Code

54016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Republican National Committee

Occupation

Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2012

Transaction ID : SA11AI.5704

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 15

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NORTHSTAR LEADERSHIP PAC

Full Name (Last, First, Middle Initial)

A. Bellwether ConsultingMailing Address 1775 I St NW
Ste 700

City Washington State DC Zip Code 20006

Purpose of Disbursement
State check voided.

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2012**Transaction ID : SB21B.5706**

Amount of Each Disbursement this Period

-750.00

Full Name (Last, First, Middle Initial)

B. Park Midway Bank NA

Mailing Address 2300 Como Avenue

City St Paul State MN Zip Code 55108

Purpose of Disbursement
July Merchant Service Charges

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012**Transaction ID : SB21B.5696**

Amount of Each Disbursement this Period

39.95

Full Name (Last, First, Middle Initial)

C. Park Midway Bank NA

Mailing Address 2300 Como Avenue

City St Paul State MN Zip Code 55108

Purpose of Disbursement
Aug Merchant Service Charges

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2012**Transaction ID : SB21B.5698**

Amount of Each Disbursement this Period

39.95

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-670.10

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +9A-N5HCB
.

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:

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A. Park Midway Bank NA

Mailing Address 2300 Como Avenue

City	State	Zip Code
St Paul	MN	55108

Purpose of Disbursement	
Sept Merchant Service Charges	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.5699

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	39.95
25-34	25.00
35-44	15.00
45-54	10.00
55-64	5.00
65-74	5.00
75-84	5.00
85+	5.00

Full Name (Last, First, Middle Initial)

B. Park Midway Bank NA

Mailing Address 2300 Como Avenue

City	State	Zip Code
St Paul	MN	55108

Purpose of Disbursement
Sept Bank fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.5702

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85+	45

Full Name (Last, First, Middle Initial)
C. US Postmaster

Mailing Address 316 Robert Street N

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement	
Refund of prepaid BRE postage	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Date of Disbursement

Transaction ID : SB21B.5705

Amount of Each Disbursement this Period

-259.97

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

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

-217.02

-887.12

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTHSTAR LEADERSHIP PAC

Full Name (Last, First, Middle Initial)

A. Douglas A. Kelley, Receiver, United States v. Petters, et al., Case No. 08-CV-05348, U.S. District Court for the District of Minnesota

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

Mailing Address 431 S Seventh St
Suite 2530

City Minneapolis State MN Zip Code 55415

Purpose of Disbursement
Relinquishment of funds to court appointed receiver.

Candidate Name

Category/
Type**Transaction ID : SB29.5701**

Amount of Each Disbursement this Period

10000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

10000.00

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

10000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 11 OF 15

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NORTHSTAR LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS Connect, LLC

Nature of Debt (Purpose):

Consulting - PAC Fundraising Fees

Mailing Address 7300 Hudson Blvd
Suite 270City State Zip Code
St Paul MN 55128

Outstanding Balance Beginning This Period

432.25

Transaction ID : SD10.4641

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

432.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS Connect, LLC

Nature of Debt (Purpose):

Consulting - PAC Fundraising Fees

Mailing Address 7300 Hudson Blvd
Suite 270City State Zip Code
St Paul MN 55128

Outstanding Balance Beginning This Period

2500.00

Transaction ID : SD10.4767

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS Connect, LLC

Nature of Debt (Purpose):

Consulting - PAC mgmt salaries, rent

Mailing Address 7300 Hudson Blvd
Suite 270City State Zip Code
St Paul MN 55128

Outstanding Balance Beginning This Period

3500.00

Transaction ID : SD10.4768

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6432.25

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 12 OF 15

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NORTHSTAR LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS Connect, LLC

Nature of Debt (Purpose):

Consulting - PAC Fundraising Fees

Mailing Address 7300 Hudson Blvd
Suite 270City State Zip Code
St Paul MN 55128

Outstanding Balance Beginning This Period

2500.00

Transaction ID : SD10.4769

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS Connect, LLC

Nature of Debt (Purpose):

Consulting - PAC mgmt salaries, rent

Mailing Address 7300 Hudson Blvd
Suite 270City State Zip Code
St Paul MN 55128

Outstanding Balance Beginning This Period

3500.00

Transaction ID : SD10.4770

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS Connect, LLC

Nature of Debt (Purpose):

Consulting - PAC Fundraising Fees

Mailing Address 7300 Hudson Blvd
Suite 270City State Zip Code
St Paul MN 55128

Outstanding Balance Beginning This Period

2500.00

Transaction ID : SD10.4771

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

8500.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 13 OF 15

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NORTHSTAR LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS Connect, LLC

Nature of Debt (Purpose):

Consulting - PAC mgmt salaries, rent

Mailing Address 7300 Hudson Blvd
Suite 270City State Zip Code
St Paul MN 55128

Outstanding Balance Beginning This Period

3500.00

Transaction ID : SD10.4772

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS Connect, LLC

Nature of Debt (Purpose):

Consulting - PAC Fundraising Fees

Mailing Address 7300 Hudson Blvd
Suite 270City State Zip Code
St Paul MN 55128

Outstanding Balance Beginning This Period

2500.00

Transaction ID : SD10.4773

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS Connect, LLC

Nature of Debt (Purpose):

Consulting - PAC mgmt salaries, rent

Mailing Address 7300 Hudson Blvd
Suite 270City State Zip Code
St Paul MN 55128

Outstanding Balance Beginning This Period

3500.00

Transaction ID : SD10.4774

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

9500.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 OF 15

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NORTHSTAR LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS Connect, LLC

Nature of Debt (Purpose):

Consulting - PAC Fundraising Fees

Mailing Address 7300 Hudson Blvd
Suite 270

City State

Zip Code

St Paul

MN

55128

Outstanding Balance Beginning This Period

2500.00

Transaction ID : SD10.4775

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS Connect, LLC

Nature of Debt (Purpose):

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

3500.00

Transaction ID : SD10.4776

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS Connect, LLC

Nature of Debt (Purpose):

Consulting - PAC Fundraising Fees

Mailing Address 7300 Hudson Blvd
Suite 270

City State

Zip Code

St Paul

MN

55128

Outstanding Balance Beginning This Period

2500.00

Transaction ID : SD10.4777

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

8500.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 15

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NORTHSTAR LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS Connect, LLC

Nature of Debt (Purpose):

Consulting - PAC mgmt salaries, rent

Mailing Address 7300 Hudson Blvd
Suite 270City State Zip Code
St Paul MN 55128

Outstanding Balance Beginning This Period

3500.00

Transaction ID : SD10.4778

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

3500.00

2) **TOTALS** This Period (last page this line number only)..... ►

36432.25

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

36432.25