

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Follow the North Star Fund

ADDRESS (number and street) 316 East Hennepin Ave
Suite 201
Check if different than previously reported. (ACC) Minneapolis MN 55414

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00431874

3. IS THIS REPORT NEW (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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 01 01 2011 through 06 30 2011

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 Mr. Gerald P Halbach

Signature of Treasurer Electronically Filed by Mr. Gerald P Halbach Date 07 31 2011

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							
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Follow the North Star Fund

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		24217.47
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	24217.47									
(c) Total Receipts (from Line 19)	77150.00	77150.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	101367.47	101367.47								
7. Total Disbursements (from Line 31)	87184.09	87184.09								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14183.38	14183.38								
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									

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**

Write or Type Committee Name
Follow the North Star Fund

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	34100.00	34100.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	34100.00	34100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	43050.00	43050.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	77150.00	77150.00
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.)	0.00	0.00
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 Transfer (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))	77150.00	77150.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	77150.00	77150.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	39134.09	39134.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	39134.09	39134.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	47500.00	47500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	550.00	550.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	87184.09	87184.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87184.09	87184.09

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)	77150.00	77150.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	77150.00	77150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	39134.09	39134.09
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	39134.09	39134.09

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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)
Follow the North Star Fund

A.	Full Name (Last, First, Middle Initial) Cybele Daley		Date of Receipt
	Mailing Address 3829 West Randolph Court		<input type="text" value="05"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Arlington	VA	22207
	FEC ID number of contributing federal political committee. C		Transaction ID: C19098724
Name of Employer MPAA		Occupation Vice President	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 ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

B.	Full Name (Last, First, Middle Initial) James D. Deal		Date of Receipt
	Mailing Address PO Box 159		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Anoka	MN	55303-0159
	FEC ID number of contributing federal political committee. C		Transaction ID: C19098725
Name of Employer NAU Companies		Occupation Chairman	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 ▼	<input type="text" value="5000.00"/>
		<input type="text" value="5000.00"/>	

C.	Full Name (Last, First, Middle Initial) Pamela Susan Deal		Date of Receipt
	Mailing Address PO Box 159		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Anoka	MN	55303-0159
	FEC ID number of contributing federal political committee. C		Transaction ID: C19098726
Name of Employer N/A		Occupation Retired	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 ▼	<input type="text" value="5000.00"/>
		<input type="text" value="5000.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="10500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 7 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

A.

Full Name (Last, First, Middle Initial) Lawrence J. Field		Date of Receipt MM / DD / YYYY 02 / 04 / 2011
Mailing Address 1915 Noble Dr N		Transaction ID: C19098727
City Golden Valley	State MN	Zip Code 55422-4158
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Leonard Street Deinerd	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.

Full Name (Last, First, Middle Initial) Katherine S. Flom		Date of Receipt MM / DD / YYYY 03 / 31 / 2011
Mailing Address 5265 Howard's Point Rd		Transaction ID: C19098728
City Shorewood	State MN	Zip Code 55331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Meshbesher & Spence	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) John Gabbert		Date of Receipt MM / DD / YYYY 05 / 27 / 2011
Mailing Address 312 Ferndale Rd W		Transaction ID: C19098729
City Wayzata	State MN	Zip Code 55391-1511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2150.00
Name of Employer Room & Board Inc	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2150.00	

SUBTOTAL of Receipts This Page (optional)	7450.00
TOTAL This Period (last page this line number only)	

**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 8 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

A.

Full Name (Last, First, Middle Initial)
Martha W Gabbert

Mailing Address 312 Ferndale Rd W

City State Zip Code
Wayzata MN 55391-1511

FEC ID number of contributing federal political committee. **C**

Name of Employer R&B Properties Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2150.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 27 / 2011

Transaction ID: C19098730

Amount of Each Receipt this Period
2150.00

B.

Full Name (Last, First, Middle Initial)
Richard Ifft

Mailing Address 1776 K St NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C**

Name of Employer Wiley Rein LLP Occupation Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2011

Transaction ID: C19098732

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Paul Khoury

Mailing Address 1776 K St NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C**

Name of Employer Wiley Rein LLP Occupation Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2011

Transaction ID: C19098734

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **3150.00**

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

**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 9 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

A.	Full Name (Last, First, Middle Initial) Rita Lewis	Date of Receipt MM / DD / YYYY 05 / 19 / 2011
	Mailing Address 2226 N Lexington St	Transaction ID: C19098736
	City State Zip Code Arlington VA 22205-3236	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Cable & Telecommunications As Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Richard Marnach, M.D.	Date of Receipt MM / DD / YYYY 02 / 04 / 2011
	Mailing Address 2141 woodcrest Drive	Transaction ID: C19098737
	City State Zip Code Saint Paul MN 55129	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) Vance K. Opperman	Date of Receipt MM / DD / YYYY 02 / 04 / 2011
	Mailing Address 14771 Summer Oaks Dr	Transaction ID: C19098738
	City State Zip Code Wayzata MN 55391-2230	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Key Investment Occupation Publisher Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	11000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 31	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

A.	Full Name (Last, First, Middle Initial) Jim Pasco		Date of Receipt																					
	Mailing Address 328 Mass Ave. NE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		1	1		2	0	1	1														
	City	State	Zip Code		Transaction ID: C19098739																			
	Washington	DC	20002																					
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period																				
Name of Employer Jim Pasco & Associates, LLC		Occupation Principal		2000.00																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		2000.00																						

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	34100.00

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

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

FOR LINE NUMBER: PAGE 11 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

A. Full Name (Last, First, Middle Initial)
3M COMPANY

Mailing Address PAC 3M Center Building 224-6S-03

City State Zip Code
St. Paul MN 55144

FEC ID number of contributing federal political committee. **C** C00084475

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 8 / 2 0 1 1

Transaction ID: C19098740

Amount of Each Receipt this Period
3000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION

Mailing Address 777 6th Street, NW
Suite 200

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 8 / 2 0 1 1

Transaction ID: C19098741

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICA

Mailing Address 1891 Preston White Drive

City State Zip Code
Reston VA 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 8 / 2 0 1 1

Transaction ID: C19098742

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► 13000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 31
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

A.

Full Name (Last, First, Middle Initial) COMCAST CORP. POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 1500 Market Street 35th Floor		Transaction ID: C19098743
City Philadelphia	State PA	Zip Code 19102
FEC ID number of contributing federal political committee. C C00248716		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B.

Full Name (Last, First, Middle Initial) HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 101 Constitution Avenue NW Suite 500 West		Transaction ID: C19098744
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C C00096156		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.

Full Name (Last, First, Middle Initial) I.B.E.W.-C.O.P.E.		Date of Receipt MM / DD / YYYY 02 / 04 / 2011
Mailing Address 900 Seventh St. N.W.		Transaction ID: C19098776
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C C00027342		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 31
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

A. Full Name (Last, First, Middle Initial)
IUPAT MEMBER AND FAMILY FUNDRAISING PC ACCOUNT

Mailing Address 1750 New York Ave

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00349035

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: MM / DD / YYYY
02 / 04 / 2011

Transaction ID: C19098778

Amount of Each Receipt this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
Lockridge Grindal Nauen PAC

Mailing Address 100 Washington Ave S Ste 2200

City MINNEAPOLIS State MN Zip Code 55401

FEC ID number of contributing federal political committee. **C** C00167916

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2550.00

Date of Receipt: MM / DD / YYYY
05 / 28 / 2011

Transaction ID: C19098779

Amount of Each Receipt this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
Lockridge Grindal Nauen PAC

Mailing Address 100 Washington Ave S Ste 2200

City MINNEAPOLIS State MN Zip Code 55401

FEC ID number of contributing federal political committee. **C** C00167916

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2550.00

Date of Receipt: MM / DD / YYYY
06 / 22 / 2011

Transaction ID: C19112495

Amount of Each Receipt this Period: 550.00

* In-Kind: Catering

SUBTOTAL of Receipts This Page (optional) ► 5050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 31

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

A.

Full Name (Last, First, Middle Initial)
MACHINISTS NON PARTISAN POLITICAL LEAGUE

Mailing Address 9000 Machinists Place

City State Zip Code
Upper Marlboro MD 20772

FEC ID number of contributing federal political committee. **C** C00002469

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 17 / 2011

Transaction ID: C19098781

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
POET PAC

Mailing Address 4615 NORTH LEWIS AVENUE

City State Zip Code
SIOUX FALLS SD 57104

FEC ID number of contributing federal political committee. **C** C00450692

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2011

Transaction ID: C19098782

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
ROBINS KAPLAN PAC

Mailing Address 800 LaSalle Ave.
Suite 2800

City State Zip Code
Minneapolis MN 55402

FEC ID number of contributing federal political committee. **C** C00275909

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 11 / 2011

Transaction ID: C19098785

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) ▶

11000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 31
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

A. Full Name (Last, First, Middle Initial)
THRIVENT FINANCIAL FOR LUTHERANS-EMPLOYEE POLITICA

Mailing Address PO Box 1892

City State Zip Code
Appleton WI 54912-1892

FEC ID number of contributing federal political committee. **C** C00121319

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2011

Transaction ID: C19098787

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
UNITED STEELWORKERS OF AMERICA

Mailing Address FIVE GATEWAY CENTER

City State Zip Code
PITTSBURGH PA 15222

FEC ID number of contributing federal political committee. **C** C70000666

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: C19098790

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
VIACOM INTERNATIONAL INC. POLITICAL ACTION COMMITTEE

Mailing Address 1501 M STREET, NW
SUITE 1100

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00167759

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2011

Transaction ID: C19098791

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	43050.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<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

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

A.	Full Name (Last, First, Middle Initial) Campaign Finance Consultants Inc.	Transaction ID: D471715 Date of Disbursement
	Mailing Address 10 G St NE Ste 570	<input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20002-8038	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising consulting	<input type="text" value="2045.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Campaign Finance Consultants Inc.	Transaction ID: D471716 Date of Disbursement
	Mailing Address 10 G St NE Ste 570	<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20002-8038	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising consulting	<input type="text" value="2110.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Campaign Finance Consultants Inc.	Transaction ID: D471717 Date of Disbursement
	Mailing Address 10 G St NE Ste 570	<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20002-8038	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising consulting	<input type="text" value="2060.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6215.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<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

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Campaign Finance Consultants Inc.</p> <p>Mailing Address 10 G St NE Ste 570</p> <p>City Washington State DC Zip Code 20002-8038</p> <p>Purpose of Disbursement Fundraising consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D471718</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2082.05"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Campaign Finance Consultants Inc.</p> <p>Mailing Address 10 G St NE Ste 570</p> <p>City Washington State DC Zip Code 20002-8038</p> <p>Purpose of Disbursement Fundraising consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D471719</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2138.50"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Campaign Finance Consultants Inc.</p> <p>Mailing Address 10 G St NE Ste 570</p> <p>City Washington State DC Zip Code 20002-8038</p> <p>Purpose of Disbursement Fundraising consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D471720</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2115.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="6335.55"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<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

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

A.	Full Name (Last, First, Middle Initial) Cardmember Service	Transaction ID: D472354 Date of Disbursement
	Mailing Address PO Box 6353	<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City Fargo State ND Zip Code 58125	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Payment - Below if itemized	<input type="text" value="50.00"/>
	Candidate Name	Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Lockridge Grindal Nauen PAC	Transaction ID: D472365 Date of Disbursement
	Mailing Address 100 Washington Ave S Ste 2200	<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
	City MINNEAPOLIS State MN Zip Code 55401	Amount of Each Disbursement this Period
	Purpose of Disbursement Catering	<input type="text" value="550.00"/>
	Candidate Name	Category/Type
	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) ▼

* In-Kind Received

C.	Full Name (Last, First, Middle Initial) Melzer Investments, Inc	Transaction ID: D471721 Date of Disbursement
	Mailing Address 328 E Hennepin Ave	<input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City Minneapolis State MN Zip Code 55414	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="400.00"/>
	Candidate Name	Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 31

<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

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

A.	Full Name (Last, First, Middle Initial) Melzer Investments, Inc Mailing Address 328 E Hennepin Ave City Minneapolis State MN Zip Code 55414 Purpose of Disbursement Rent 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) ▼	Transaction ID: D471722 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 1 1	Amount of Each Disbursement this Period 180.00
B.	Full Name (Last, First, Middle Initial) Melzer Investments, Inc Mailing Address 328 E Hennepin Ave City Minneapolis State MN Zip Code 55414 Purpose of Disbursement Rent 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) ▼	Transaction ID: D471723 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1	Amount of Each Disbursement this Period 180.00
C.	Full Name (Last, First, Middle Initial) Melzer Investments, Inc Mailing Address 328 E Hennepin Ave City Minneapolis State MN Zip Code 55414 Purpose of Disbursement Rent 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) ▼	Transaction ID: D471724 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 1 1	Amount of Each Disbursement this Period 180.00

SUBTOTAL of Disbursements This Page (optional)	540.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<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

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

<p>A. Full Name (Last, First, Middle Initial) Melzer Investments, Inc</p> <p>Mailing Address 328 E Hennepin Ave</p> <p>City Minneapolis State MN Zip Code 55414</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D471725</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="180.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Melzer Investments, Inc</p> <p>Mailing Address 328 E Hennepin Ave</p> <p>City Minneapolis State MN Zip Code 55414</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D471726</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="180.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Melzer Investments, Inc</p> <p>Mailing Address 328 E Hennepin Ave</p> <p>City Minneapolis State MN Zip Code 55414</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D471727</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="180.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="540.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

A.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: D471728 Date of Disbursement
	Mailing Address 7300 Chapman Highway	<input type="text" value="01"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="240.00"/>
	Candidate Name	Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: D471729 Date of Disbursement
	Mailing Address 7300 Chapman Highway	<input type="text" value="02"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="90.00"/>
	Candidate Name	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: D471730 Date of Disbursement
	Mailing Address 7300 Chapman Highway	<input type="text" value="03"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="90.00"/>
	Candidate Name	Category/ Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="420.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<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

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

A.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: D471731 Date of Disbursement																			
	Mailing Address 7300 Chapman Highway	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	4		2	0	1	1												
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Processing Fee	<table border="1"><tr><td>90.00</td></tr></table>	90.00																		
90.00																					
	Candidate Name	Category/Type																			
	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) ▼																			

B.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: D471733 Date of Disbursement																			
	Mailing Address 7300 Chapman Highway	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	2		2	0	1	1												
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Processing Fee	<table border="1"><tr><td>90.00</td></tr></table>	90.00																		
90.00																					
	Candidate Name	Category/Type																			
	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) ▼																			

C.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: D471734 Date of Disbursement																			
	Mailing Address 7300 Chapman Highway	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	2		2	0	1	1												
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Processing Fee	<table border="1"><tr><td>95.00</td></tr></table>	95.00																		
95.00																					
	Candidate Name	Category/Type																			
	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) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>275.00</td></tr></table>	275.00
275.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 23 / 31

<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

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

A.	Full Name (Last, First, Middle Initial) NGP VAN	Transaction ID: D471735
	Mailing Address 1225 Eye St NW, #1225	Date of Disbursement 03 / 21 / 2011
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement Database Administration Candidate Name	Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) NGP VAN	Transaction ID: D471736
	Mailing Address 1225 Eye St NW, #1225	Date of Disbursement 04 / 28 / 2011
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement Database Administration Candidate Name	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Thomas R Perron	Transaction ID: D471737
	Mailing Address 3302 Belden Dr. NE	Date of Disbursement 01 / 28 / 2011
	City Minneapolis State MN Zip Code 55418	Amount of Each Disbursement this Period 4322.58
	Purpose of Disbursement Fundraising/compliance consulting Candidate Name	Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4922.58

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 31

<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

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

A.	Full Name (Last, First, Middle Initial) Thomas R Perron	Transaction ID: D471738 Date of Disbursement 03 / 15 / 2011
	Mailing Address 3302 Belden Dr. NE	Amount of Each Disbursement this Period 4298.77
	City Minneapolis State MN Zip Code 55418	
	Purpose of Disbursement Fundraising/compliance consulting	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Thomas R Perron	Transaction ID: D471739 Date of Disbursement 04 / 01 / 2011
	Mailing Address 3302 Belden Dr. NE	Amount of Each Disbursement this Period 4000.00
	City Minneapolis State MN Zip Code 55418	
	Purpose of Disbursement Fundraising/compliance consulting	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Thomas R Perron	Transaction ID: D471740 Date of Disbursement 04 / 29 / 2011
	Mailing Address 3302 Belden Dr. NE	Amount of Each Disbursement this Period 4041.36
	City Minneapolis State MN Zip Code 55418	
	Purpose of Disbursement Fundraising/compliance consulting	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	12340.13
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Thomas R Perron</p> <p>Mailing Address 3302 Belden Dr. NE</p> <p>City Minneapolis State MN Zip Code 55418</p> <p>Purpose of Disbursement Fundraising/compliance consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D471742</p> <p>Date of Disbursement 05 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 4083.44</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address 18850 N 56th St</p> <p>City Phoenix State AZ Zip Code 85054-4500</p> <p>Purpose of Disbursement Credit Card Payment - See Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D472347</p> <p>Date of Disbursement 01 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 1214.85</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Jax Cafe</p> <p>Mailing Address 1928 University Ave</p> <p>City Minneapolis State MN Zip Code 55418</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D472348</p> <p>Date of Disbursement 01 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 1214.85</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

5298.29

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D472349 Date of Disbursement
	Mailing Address 18850 N 56th St	<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City Phoenix State AZ Zip Code 85054-4500	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Payment - See Below	<input type="text" value="506.00"/>
	Candidate Name	Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) The Butcher Block	Transaction ID: D472350 Date of Disbursement
	Mailing Address 308 East Hennepin Ave	<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City Minneapolis State MN Zip Code 55414	Amount of Each Disbursement this Period
	Purpose of Disbursement Catering	<input type="text" value="506.00"/>
	Candidate Name	Category/Type
	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D472351 Date of Disbursement
	Mailing Address 18850 N 56th St	<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City Phoenix State AZ Zip Code 85054-4500	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Payment - Below if itemized	<input type="text" value="86.99"/>
	Candidate Name	Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="592.99"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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<input 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

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

A.	Full Name (Last, First, Middle Initial) Cardmember Service	Transaction ID: D472352 Date of Disbursement
	Mailing Address PO Box 6353	<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City Fargo State ND Zip Code 58125	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Payment - See Below	<input type="text" value="361.69"/>
	Candidate Name	Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Apres Party and Tent Rentals	Transaction ID: D472353 Date of Disbursement
	Mailing Address 7625 Cahill Rd	<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City Edina State MN Zip Code 55439-2747	Amount of Each Disbursement this Period
	Purpose of Disbursement Event Supplies	<input type="text" value="218.87"/>
	Candidate Name	Category/Type
	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Cardmember Service	Transaction ID: D472355 Date of Disbursement
	Mailing Address PO Box 6353	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
	City Fargo State ND Zip Code 58125	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Payment - Below if itemized	<input type="text" value="22.15"/>
	Candidate Name	Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="383.84"/>
TOTAL This Period (last page this line number only)	<input type="text" value="38863.38"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

<p>A. Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee</p> <p>Mailing Address 120 Maryland Ave NE</p> <p>City Washington State DC Zip Code 20002-5610</p> <p>Purpose of Disbursement Contribution to party committee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D471750 Date of Disbursement 03 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 15000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN</p> <p>Mailing Address PO BOX 76187</p> <p>City WASHINGTON State DC Zip Code 20013</p> <p>Purpose of Disbursement Federal Candidate Contribution</p> <p>Candidate Name SHERROD BROWN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D471748 Date of Disbursement 03 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) MANCHIN FOR WEST VIRGINIA</p> <p>Mailing Address PO BOX 5202</p> <p>City CHARLESTON State WV Zip Code 25361</p> <p>Purpose of Disbursement Federal candidate contribution</p> <p>Candidate Name Joe Manchin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D471752 Date of Disbursement 03 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

22500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

<p>A. Full Name (Last, First, Middle Initial) MCCASKILL FOR MISSOURI 2012</p> <p>Mailing Address 700 13TH STREET NW SUITE 600</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement Federal candidate contribution</p> <p>Candidate Name CLAIRE MCCASKILL</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D471753 Date of Disbursement 06 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) MENENDEZ FOR SENATE</p> <p>Mailing Address ONE GATEWAY CENTER SUITE 520</p> <p>City NEWARK State NJ Zip Code 07102</p> <p>Purpose of Disbursement Federal candidate contribution</p> <p>Candidate Name ROBERT MENENDEZ</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D471756 Date of Disbursement 06 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Minnesota Democratic-Farmer-Labor Party</p> <p>Mailing Address 225 Plato Blvd E</p> <p>City Saint Paul State MN Zip Code 55107-1624</p> <p>Purpose of Disbursement Contribution to party committee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D471758 Date of Disbursement 06 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

A. Full Name (Last, First, Middle Initial) MONTANANS FOR TESTER <hr/> Mailing Address PO BOX 1135 <hr/> City HELENA State MT Zip Code 59624 <hr/> Purpose of Disbursement Federal candidate contribution <hr/> Candidate Name JON TESTER <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D471759 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2011
	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>
	Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) NELSON 2012 <hr/> Mailing Address PO BOX 8666 <hr/> City OMAHA State NE Zip Code 68108 <hr/> Purpose of Disbursement Federal candidate contribution <hr/> Candidate Name E BENJAMIN NELSON <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D471760 Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2011
	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div>
	Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) WHITEHOUSE FOR SENATE <hr/> Mailing Address P.O. BOX 40280 <hr/> City PROVIDENCE State RI Zip Code 02940 <hr/> Purpose of Disbursement Federal candidate contribution <hr/> Candidate Name SHELDON II WHITEHOUSE <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D471762 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2011
	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div>
	Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

12500.00

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

47500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 31 / 31

<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

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)
Follow the North Star Fund

A.

Full Name (Last, First, Middle Initial)
Federal Election Commission

Mailing Address PO Box 979058

City State Zip Code
Saint Louis MO 63197

Purpose of Disbursement
Late Filing Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D472346

Date of Disbursement

/ /

Amount of Each Disbursement this Period

550.00

SUBTOTAL of Disbursements This Page (optional)

550.00

TOTAL This Period (last page this line number only)

550.00