

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.

FOLLOW THE NORTH STAR FUND

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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 Year-End 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 checked="" 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 (12S) | |

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 / / through / /

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 Patrick Halbach

Signature of Treasurer Mr. Gerald Patrick Halbach [Electronically Filed] Date / /

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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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

FOLLOW THE NORTH STAR FUND

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="167.67"/>	<input type="text" value="167.67"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4079.81"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="39000.00"/>	<input type="text" value="53000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="43079.81"/>	<input type="text" value="53167.67"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30448.44"/>	<input type="text" value="40536.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="12631.37"/>	<input type="text" value="12631.37"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

FOLLOW THE NORTH STAR FUND

Report Covering the Period: From: / / To: / /

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).....	8500.00	8500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8500.00	8500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	30500.00	44500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	39000.00	53000.00
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 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))..... ▶	39000.00	53000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	39000.00	53000.00

DETAILED SUMMARY PAGE

of Disbursements

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	5448.44	15536.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5448.44	15536.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	25000.00
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	0.00	0.00
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)) ..	30448.44	40536.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30448.44	40536.30

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)	39000.00	53000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39000.00	53000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5448.44	15536.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5448.44	15536.30

**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 13
	<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

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. Patrick J Denzer
Full Name (Last, First, Middle Initial)

Mailing Address 2706 W Lake of the Isles Pkwy

City	State	Zip Code
Minneapolis	MN	55416

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

Name of Employer	Occupation
John B Collins Assoc.	CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : SA11AI.6715

Amount of Each Receipt this Period
2500.00

Contribution

B. Adam O Emmerich
Full Name (Last, First, Middle Initial)

Mailing Address 51 West 52nd St

City	State	Zip Code
New York	NY	10019

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

Name of Employer	Occupation
Wachtell Lipton	Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2012

Transaction ID : SA11AI.6696

Amount of Each Receipt this Period
5000.00

Contribution

C. Kate Moss
Full Name (Last, First, Middle Initial)

Mailing Address 1626 Foxhall Rd NW

City	State	Zip Code
Washington	DC	20007

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

Name of Employer	Occupation
Kate Moss Co	Lobbyist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : SA11AI.6717

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	8500.00
TOTAL This Period (last page this line number only).....▶	8500.00

**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 OF 13
<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) AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 02 / 2012 Transaction ID : SA11C.6701
Mailing Address 222 South Prospect Ave c/o Finance Department		Amount of Each Receipt this Period 2500.00 Contribution
City Park Ridge State IL Zip Code 60068	FEC ID number of contributing federal political committee. C C00173153	
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) AMERICAN HOSPITAL ASSOCIATION PAC		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 30 / 2012 Transaction ID : SA11C.6713
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 2500.00 Contribution
City Washington State DC Zip Code 20004	FEC ID number of contributing federal political committee. C C00106146	
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) ECOLAB INC. POLITICAL ACTION COMMITTEE		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 02 / 2012 Transaction ID : SA11C.6698
Mailing Address 370 WABASHA		Amount of Each Receipt this Period 2000.00 Contribution
City ST. PAUL State MN Zip Code 55102	FEC ID number of contributing federal political committee. C C00101485	
Name of Employer Occupation	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).....▶	7000.00
TOTAL This Period (last page this line number only).....▶	7000.00

**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 OF 13
<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. HOME DEPOT INC. POLITICAL ACTION COMMITTEE, THE
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Ave. NW
 Suite 800 West
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C** C00284885
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2012
Transaction ID : SA11C.6707
 Amount of Each Receipt this Period
 5000.00
 Contribution

B. INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1615 L Street, NW
 Suite 900
 City Washington State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C** C00032698
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2012
Transaction ID : SA11C.6709
 Amount of Each Receipt this Period
 1000.00
 Contribution

C. MEDTRONIC INC. MEDICAL TECHNOLOGY FUND
 Full Name (Last, First, Middle Initial)
 Mailing Address 950 F Street NW Suite 500
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C** C00311878
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2012
Transaction ID : SA11C.6708
 Amount of Each Receipt this Period
 2500.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	8500.00
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 9 OF 13
(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)
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA PAC)

Mailing Address 25 Massachusetts Avenue NW #100

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 03 / 30 / 2012
Transaction ID : SA11C.6710

Amount of Each Receipt this Period
5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
SHEET METAL WORKER'S INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE PAL

Mailing Address 1750 NEW YORK AVE NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C70001136

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 03 / 30 / 2012
Transaction ID : SA11C.6711

Amount of Each Receipt this Period
5000.00

Contribution

C. Full Name (Last, First, Middle Initial)
TARGETCITIZENS POLITICAL FORUM

Mailing Address 1000 Nicollet Mall
TPS 3275

City Minneapolis State MN Zip Code 55403

FEC ID number of contributing federal political committee. **C** C00098061

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 03 / 30 / 2012
Transaction ID : SA11C.6712

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	30500.00

**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

Full Name (Last, First, Middle Initial)

A. Bistro Bis

Mailing Address 15 E St NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2012

Transaction ID : SB21B.6705

Amount of Each Disbursement this Period

2277.91

Full Name (Last, First, Middle Initial)

B. Campaign Finance Consultants

Mailing Address 10 G St NE, Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement
Fundraising consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2012

Transaction ID : SB21B.6702

Amount of Each Disbursement this Period

3062.63

Full Name (Last, First, Middle Initial)

C. Merchant Services

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
Bank fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2012

Transaction ID : SB21B.6703

Amount of Each Disbursement this Period

99.95

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

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

5440.49

5440.49

**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

Full Name (Last, First, Middle Initial)

A. BEN CARDIN FOR SENATE

Mailing Address P.O. BOX 21093

City State Zip Code
CATONSVILLE MD 21228

Purpose of Disbursement
Contribution

Candidate Name
BENJAMIN L CARDIN

Office Sought: House Senate President
Disbursement For: 5000
 Primary General
 Other (specify) ▼

State: MD District: 03

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2012

Transaction ID : **SB23.6726**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. CARMONA FOR ARIZONA

Mailing Address PO BOX 12339

City State Zip Code
TUCSON AZ 85732

Purpose of Disbursement
Contribution

Candidate Name
RICHARD CARMONA

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AZ District: 00

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2012

Transaction ID : **SB23.6731**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. CARPER FOR SENATE

Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR

City State Zip Code
NEW CASTLE DE 19720

Purpose of Disbursement
Contribution

Candidate Name
THOMAS R CARPER

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2012

Transaction ID : **SB23.6728**

Amount of Each Disbursement this Period

2500.00

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

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

10000.00

**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 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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF BERNIE SANDERS

Mailing Address PO BOX 391

City BURLINGTON State VT Zip Code 05402

Purpose of Disbursement
Contribution

Candidate Name
BERNARD SANDERS

Office Sought: House
 Senate
 President
State: VT District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2012

Transaction ID : SB23.6730

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. HEIDI FOR SENATE

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
Contribution

Candidate Name
HEIDI HEITKAMP

Office Sought: House
 Senate
 President
State: ND District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2012

Transaction ID : SB23.6719

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MONTANANS FOR TESTER

Mailing Address PO BOX 1135

City HELENA State MT Zip Code 59624

Purpose of Disbursement
Contribution

Candidate Name
JON TESTER

Office Sought: House
 Senate
 President
State: MT District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2012

Transaction ID : SB23.6724

Amount of Each Disbursement this Period

5000.00

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

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

10000.00

--

**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 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

Full Name (Last, First, Middle Initial)

A. TIM WALZ FOR US CONGRESS

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement
Contribution

Candidate Name
WALZ, TIMOTHY J

Office Sought: House
 Senate
 President
State: MN District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	2

Transaction ID : SB23.6722

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2	5	0	0	0	0	0	0	0	0
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