

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 E 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 checked="" 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 08 01 2008 through 08 31 2008

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 Electronically Filed by Mr. Gerald Patrick Halbach Date 09 16 2008

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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		68545.22
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	57008.54									
(c) Total Receipts (from Line 19)	40000.00	189437.09								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	97008.54	257982.31								
7. Total Disbursements (from Line 31)	7510.26	168484.03								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	89498.28	89498.28								
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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	9000.00	150500.00
(i) Itemized (use Schedule A)	0.00	100.00
(ii) Unitemized	9000.00	150600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	31000.00	38500.00
(c) Other Political Committees (such as PACs)	40000.00	189100.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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	337.09
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))	40000.00	189437.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	40000.00	189437.09

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	6510.26	67284.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	6510.26	67284.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	101200.00
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.....	0.00	0.00
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))..	7510.26	168484.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7510.26	168484.03

DETAILED SUMMARY PAGE
of Disbursements

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	40000.00	189100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40000.00	189100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6510.26	67284.03
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	337.09
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6510.26	66946.94

**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 / 15
	<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.	Full Name (Last, First, Middle Initial) Linda Hall Daschle		Date of Receipt
	Mailing Address 2830 Foxhall Rd NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 19 / 2008
	City	State	Zip Code
	Washington	DC	20007
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5254
Name of Employer Baker Donelson		Occupation Attorney	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"/> 1000.00
			Contribution

B.	Full Name (Last, First, Middle Initial) Judith A Hafner		Date of Receipt
	Mailing Address 511 North Fillmore St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 19 / 2008
	City	State	Zip Code
	Arlington	VA	22201
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5256
Name of Employer Denny Miller		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"/> 1000.00
			Contribution

C.	Full Name (Last, First, Middle Initial) Orin S Kramer		Date of Receipt
	Mailing Address 600 Madison Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 19 / 2008
	City	State	Zip Code
	New York	NY	10022
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5252
Name of Employer Boston Provident, LP		Occupation General Partner	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"/> 1000.00
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3000.00
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:	PAGE 7 / 15
	(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"/> 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) Andrea LaRue		Date of Receipt MM / DD / YYYY 08 / 19 / 2008
Mailing Address 6812 Ridge Drive		Transaction ID: SA11AI.5250
City Bethesda	State MP	Zip Code 20876
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer NUG LLC	Occupation Consultant	Contribution
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) Thomas Petters		Date of Receipt MM / DD / YYYY 08 / 19 / 2008
Mailing Address 655 Bushaway Rd		Transaction ID: SA11AI.5261
City Wayzata	State MN	Zip Code 55391
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00	
Name of Employer Petters Group Worldwide	Occupation	Contribution
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)	6000.00
TOTAL This Period (last page this line number only)	9000.00

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

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

FOR LINE NUMBER: PAGE 8 / 15
(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)
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)
Mailing Address 1050 31st Street N.W.
City Washington State DC Zip Code 20007
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 08 / 19 / 2008
Transaction ID: SA11C.5266
Amount of Each Receipt this Period 5000.00
Contribution

B. Full Name (Last, First, Middle Initial)
COMMUNICATION WORKERS OF AMERICA
Mailing Address 501 THIRD STREET NW
City WASHINGTON State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C70000211
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 08 / 19 / 2008
Transaction ID: SA11C.5267
Amount of Each Receipt this Period 1000.00
Contribution

C. Full Name (Last, First, Middle Initial)
HOME DEPOT INC. POLITICAL ACTION COMMITTEE, THE
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 ▼ 2500.00
Date of Receipt 08 / 21 / 2008
Transaction ID: SA11C.5281
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 / 15
(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)
LOCKRIDGE GRINDAL NAUEN POLITICAL FUND

Mailing Address 100 WASHINGTON AVE SO SUITE 2200

City State Zip Code
MINNEAPOLIS MN 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11C.5284

Amount of Each Receipt this Period
1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1295 State Street

City State Zip Code
Springfield MA 01111

FEC ID number of contributing federal political committee. **C** C00118943

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 Y
 0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11C.5271

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 Massachusetts Ave. NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

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 Y
 0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11C.5273

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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 / 15
(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)
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTAC) Receipt

Mailing Address 25 Massachusetts Avenue NW #100

City State Zip Code
Washington DC 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: M M / D D / Y Y Y Y Y
08 / 19 / 2008

Transaction ID: SA11C.5265

Amount of Each Receipt this Period: 5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
NATIONAL MARINE MANUFACTURERS ASSOCIATION'S BOAT POLITICAL ACTION COMMITTEE

Mailing Address 444 North Capitol Street, N.W.
Suite 645

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00245548

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 Y
08 / 19 / 2008

Transaction ID: SA11C.5274

Amount of Each Receipt this Period: 1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Mailing Address P O BOX 500

City State Zip Code
RENVILLE MN 56284

FEC ID number of contributing federal political committee. **C** C00166348

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 Y
08 / 21 / 2008

Transaction ID: SA11C.5283

Amount of Each Receipt this Period: 5000.00

Contribution

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 11 / 15

(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) TARGETCITIZENS POLITICAL FORUM		Date of Receipt
	Mailing Address 1000 Nicollet Mall TPS 3275		<input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Minneapolis	MN	55403
	FEC ID number of contributing federal political committee.		C <input type="text" value="C00098061"/>
Name of Employer		Occupation	Transaction ID: SA11C.5276
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>
			Contribution

B.	Full Name (Last, First, Middle Initial) UNITED HEALTH PAC		Date of Receipt
	Mailing Address 6214 WEDGEWOOD ROAD		<input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	BETHESDA	MD	20817
	FEC ID number of contributing federal political committee.		C <input type="text" value="C00321844"/>
Name of Employer		Occupation	Transaction ID: SA11C.5278
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>	<input type="text" value="2500.00"/>
			Contribution

C.	Full Name (Last, First, Middle Initial) XCEL ENERGY EMPLOYEE POLITICAL ACTION COMMITTEE		Date of Receipt
	Mailing Address 1225 17TH STREET, SUITE 1200 Suite 900		<input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	DENVER	CO	80202
	FEC ID number of contributing federal political committee.		C <input type="text" value="C00107771"/>
Name of Employer		Occupation	Transaction ID: SA11C.5263
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="8500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="31000.00"/>

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	Transaction ID: SB21B.5243 Date of Disbursement
	Mailing Address 10 G St NE, Suite 470	<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising consulting	<input type="text" value="2554.26"/>
	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) Melzer Investment Co	Transaction ID: SB21B.5245 Date of Disbursement
	Mailing Address 6205 Parkwood Rd	<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City Edina State MN Zip Code 55436	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="150.00"/>
	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: SB21B.5239 Date of Disbursement
	Mailing Address 7300 Chapman Highway	<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank fees	<input type="text" value="65.00"/>
	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="2769.26"/>
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) Merchant Services <hr/> Mailing Address 7300 Chapman Highway <hr/> City Knoxville State TN Zip Code 37920 <hr/> Purpose of Disbursement Credit card-see memo entries Candidate Name Category/ Type <hr/> 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:	Transaction ID: SB21B.5285 Date of Disbursement 08 / 11 / 2008 <hr/> Amount of Each Disbursement this Period 525.52
B.	Full Name (Last, First, Middle Initial) Garden Gate Flowers <hr/> Mailing Address 5023 France Ave So <hr/> City Minneapolis State MN Zip Code 55410 <hr/> Purpose of Disbursement Flowers Candidate Name Category/ Type <hr/> 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:	Transaction ID: SB21B.5285.0 Date of Disbursement 08 / 11 / 2008 <hr/> Amount of Each Disbursement this Period 150.01 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Surdyk's <hr/> Mailing Address 303 East Hennepin Ave <hr/> City Minneapolis State MN Zip Code 55414 <hr/> Purpose of Disbursement Catering Candidate Name Category/ Type <hr/> 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:	Transaction ID: SB21B.5285.3 Date of Disbursement 08 / 11 / 2008 <hr/> Amount of Each Disbursement this Period 295.79 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

525.52

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)

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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

<p>A. Full Name (Last, First, Middle Initial) Perkins Coie</p> <p>Mailing Address 1201 Third Ave 40th Floor</p> <p>City Seattle State WA Zip Code 98101</p> <p>Purpose of Disbursement Legal fees</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: SB21B.5240 Date of Disbursement 08 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 143.00</p>
<p>B. 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 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: SB21B.5238 Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. 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 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: SB21B.5244 Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional)	3143.00
TOTAL This Period (last page this line number only)	6437.78

**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 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) NEBRASKANS FOR KLEEB		Transaction ID: SB23.5247	
	Mailing Address 109 N HASTINGS AVENUE		Date of Disbursement 08 / 31 / 2008	
	City HASTINGS	State NE	Zip Code 68901	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: NE	District: 00		

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00