

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 NorthStar Leadership PAC

ADDRESS (number and street) PO Box 28754 St. Paul MN 55128 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00386573 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 11 28 2006 through 12 31 2006

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 Jeff Larson Signature of Treasurer Electronically Filed by Jeff Larson Date 01 31 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
NorthStar Leadership PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		177151.33
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	39786.71									
(c) Total Receipts (from Line 19) .....	20092.98	244636.29								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	59879.69	421787.62								
7. Total Disbursements (from Line 31) .....	20201.30	382109.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	39678.39	39678.39								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	27258.59									

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  
NorthStar Leadership PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	15000.00	64450.00
(i) Itemized (use Schedule A) .....	0.00	1759.50
(ii) Unitemized .....	15000.00	66209.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	5000.00	172750.00
(c) Other Political Committees (such as PACs) .....	20000.00	238959.50
(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	1248.63
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	92.98	2428.16
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)) .....	20092.98	244636.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	20092.98	244636.29

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	20201.30	243009.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	20201.30	243009.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	138600.00
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	500.00
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))..	20201.30	382109.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	20201.30	382109.23

**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) .....	20000.00	238959.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20000.00	238959.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	20201.30	243009.23
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	1248.63
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	20201.30	241760.60

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 24
	(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

**A.** Full Name (Last, First, Middle Initial)  
AC PAC

Mailing Address 4040 W 70th Street

City State Zip Code  
Minneapolis MN 55435

FEC ID number of contributing federal political committee. **C** C00034785

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
1	2	/	0	1	/	2	0	0	6

Transaction ID: 70102.C664

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 24
	<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)  
NorthStar Leadership PAC

**A.** Full Name (Last, First, Middle Initial)  
Murray Goodman

Mailing Address 911 N Ocean Blvd

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer The Goodman Company Occupation Real Estate Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 70102.C665

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Corrine Sands

Mailing Address 3858 Hayvenhurst Dr

City State Zip Code  
Encino CA 91436

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

Name of Employer Waldo Trading Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

Transaction ID: 70110.C668

Amount of Each Receipt this Period  
2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Lenny Sands

Mailing Address 3858 Hayvenhurst Drive

City State Zip Code  
Encino CA 91436

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

Name of Employer Lohan Media Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

Transaction ID: 70110.C669

Amount of Each Receipt this Period  
2500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 24	
	(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)  
NorthStar Leadership PAC

**A.** Full Name (Last, First, Middle Initial)  
Betty Sembler

Mailing Address 10324 Paradise Blvd

City State Zip Code  
Saint Petersburg FL 33706

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

Transaction ID: 70110.C667

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	15000.00



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 24	
	(check only one)			
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

**A.** Full Name (Last, First, Middle Initial)  
Park Midway Bank

Mailing Address 2265 Como Ave

City State Zip Code  
Saint Paul MN 55108-

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2428.16

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	6

Transaction ID: 70103.C666

Amount of Each Receipt this Period  
92.98

Interest Received

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	92.98
<b>TOTAL</b> This Period (last page this line number only) .....	▶	92.98

# 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 10 / 24

<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)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) <b>A. Norm Coleman</b>		<b>Transaction ID:</b> 70102.E1265 Date of Disbursement 12 / 08 / 2006
Mailing Address 2550 University Ave W Suite 100N		Amount of Each Disbursement this Period 245.45
City Saint Paul      State MN      Zip Code 55114-		
Purpose of Disbursement REIMB.: SEE BELOW		REIMB.: SEE BELOW
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Pool and Yacht Club</b>		<b>Transaction ID:</b> 70102.E1266 Date of Disbursement 12 / 08 / 2006
Mailing Address Lilydale Road		Amount of Each Disbursement this Period 245.45
City Saint Paul      State MN      Zip Code 55101-		
Purpose of Disbursement POLITICAL MEETING - FOOD		<b>[MEMO ITEM]</b> MEMO: POLITICAL MEETING - FOOD
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Elan Services - VISA</b>		<b>Transaction ID:</b> 70102.E1237 Date of Disbursement 12 / 01 / 2006
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 17.42
City Saint Louis      State MO      Zip Code 63179-		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		CREDIT CARD PROCESSING FEE
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>262.87</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# 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 11 / 24

<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)  
NorthStar Leadership PAC

<b>A. Elan Services - VISA</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 790408 City Saint Louis State MO Zip Code 63179-		<b>Transaction ID:</b> 70102.E1238 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW Candidate Name		Amount of Each Disbursement this Period 7897.59
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>CREDIT CARD PAYMENT: SEE BELOW</b>

<b>B. American Airlines</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 619616 City Dallas State TX Zip Code 75261-		<b>Transaction ID:</b> 70102.E1248 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Purpose of Disbursement TICKET FEE Candidate Name		Amount of Each Disbursement this Period 10.00
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>[MEMO ITEM]</b> MEMO: TICKET FEE

<b>C. American Airlines</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 619616 City Dallas State TX Zip Code 75261-		<b>Transaction ID:</b> 70102.E1247 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Purpose of Disbursement AIRFARE Candidate Name		Amount of Each Disbursement this Period 159.30
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>[MEMO ITEM]</b> MEMO: AIRFARE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7897.59
<b>TOTAL</b> 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 12 / 24

<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)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		Transaction ID: 70102.E1243 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 1945 Southdale Center		Amount of Each Disbursement this Period 320.99
City Minneapolis State MN Zip Code 55435-	[MEMO ITEM] MEMO: CELL PHONE	
Purpose of Disbursement CELL PHONE		Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 70102.E1239 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address La Guardia Airport		Amount of Each Disbursement this Period 369.30
City Floral Park State NY Zip Code 11001-	[MEMO ITEM] MEMO: AIRFARE	
Purpose of Disbursement AIRFARE		Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Enterprise Rent a Car</b>		Transaction ID: 70102.E1260 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 395 7th St E		Amount of Each Disbursement this Period 1098.09
City Saint Paul State MN Zip Code 55101-2450	[MEMO ITEM] MEMO: CAR RENTAL	
Purpose of Disbursement CAR RENTAL		Category/ Type
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 13 / 24

<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)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) <b>A. Hilton Hotel - Philly</b>		Transaction ID: 70102.E1249 Date of Disbursement 12 / 08 / 2006
Mailing Address 4200 City Ave		Amount of Each Disbursement this Period 240.58
City Philadelphia	State PA Zip Code 19131-1611	
Purpose of Disbursement POLITICAL MEETING ROOM & FOOD EXPEN		<b>[MEMO ITEM]</b> MEMO: POLITICAL MEETING ROOM & FOOD EXPEN
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kincaids</b>		Transaction ID: 70102.E1258 Date of Disbursement 12 / 08 / 2006
Mailing Address 8400 Normandale Lake Blvd		Amount of Each Disbursement this Period 701.71
City Bloomington	State MN Zip Code 55437-1085	
Purpose of Disbursement POLITICAL MEETING - FOOD		<b>[MEMO ITEM]</b> MEMO: POLITICAL MEETING - FOOD
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Northwest Airlines</b>		Transaction ID: 70102.E1245 Date of Disbursement 12 / 08 / 2006
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 105.00
City Chaska	State MN Zip Code 55318-	
Purpose of Disbursement CHANGE FEE		<b>[MEMO ITEM]</b> MEMO: CHANGE FEE
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: 70102.E1251 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 391.59
City Chaska State MN Zip Code 55318-	Purpose of Disbursement AIRFARE 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) ▼	[MEMO ITEM] MEMO: AIRFARE

Full Name (Last, First, Middle Initial) <b>B. Northwest Airlines</b>		Transaction ID: 70102.E1240 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 594.30
City Chaska State MN Zip Code 55318-	Purpose of Disbursement AIRFARE 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) ▼	[MEMO ITEM] MEMO: AIRFARE

Full Name (Last, First, Middle Initial) <b>C. Northwest Airlines</b>		Transaction ID: 70102.E1252 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 391.59
City Chaska State MN Zip Code 55318-	Purpose of Disbursement AIRFARE 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) ▼	[MEMO ITEM] MEMO: AIRFARE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: 70102.E1257 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 75.01
City Chaska State MN Zip Code 55318-	[MEMO ITEM] MEMO: AIRFARE	
Purpose of Disbursement AIRFARE 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) ▼

Full Name (Last, First, Middle Initial) <b>B. Northwest Airlines</b>		Transaction ID: 70102.E1244 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 929.60
City Chaska State MN Zip Code 55318-	[MEMO ITEM] MEMO: AIRFARE	
Purpose of Disbursement AIRFARE 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) ▼

Full Name (Last, First, Middle Initial) <b>C. Northwest Airlines</b>		Transaction ID: 70102.E1256 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 351.60
City Chaska State MN Zip Code 55318-	[MEMO ITEM] MEMO: AIRFARE	
Purpose of Disbursement AIRFARE 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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: 70102.E1246 Date of Disbursement 12 / 08 / 2006	
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 127.80	
City Chaska State MN Zip Code 55318-	Purpose of Disbursement AIRFARE	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: AIRFARE		

Full Name (Last, First, Middle Initial) <b>B. Northwest Airlines</b>		Transaction ID: 70102.E1255 Date of Disbursement 12 / 08 / 2006	
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 10.00	
City Chaska State MN Zip Code 55318-	Purpose of Disbursement TICKET FEE	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: TICKET FEE		

Full Name (Last, First, Middle Initial) <b>C. Regal Carriage</b>		Transaction ID: 70102.E1242 Date of Disbursement 12 / 08 / 2006	
Mailing Address 18 West 33rd Street Suite 205		Amount of Each Disbursement this Period 533.01	
City New York State NY Zip Code 10001-	Purpose of Disbursement GROUND TRANSPORTATION	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: GROUND TRANSPORTATI- ON		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
NorthStar Leadership PAC

**A. Sage Travel**

Full Name (Last, First, Middle Initial)  
Sage Travel

Mailing Address 1107 Hazeltine Blvd

City Chaska State MN Zip Code 55318-

Purpose of Disbursement AGENT FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 70102.E1241  
Date of Disbursement 12 / 08 / 2006

Amount of Each Disbursement this Period 35.00

**[MEMO ITEM]**  
MEMO: AGENT FEES

**B. Sofitel Hotels**

Full Name (Last, First, Middle Initial)  
Sofitel Hotels

Mailing Address 8555 Beverly Blvd

City Los Angeles State CA Zip Code 90048-

Purpose of Disbursement POL. MEETING-FOOD & ROOM RENTAL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 70102.E1263  
Date of Disbursement 12 / 08 / 2006

Amount of Each Disbursement this Period 666.35

**[MEMO ITEM]**  
MEMO: POL. MEETING-FOOD & ROOM RENTAL

**C. Sofitel Hotels**

Full Name (Last, First, Middle Initial)  
Sofitel Hotels

Mailing Address 8555 Beverly Blvd

City Los Angeles State CA Zip Code 90048-

Purpose of Disbursement POL. MEETING-FOOD & ROOM RENTAL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 70102.E1261  
Date of Disbursement 12 / 08 / 2006

Amount of Each Disbursement this Period 302.26

**[MEMO ITEM]**  
MEMO: POL. MEETING-FOOD & ROOM RENTAL

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 0.00

**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)

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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)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) <b>A. Sofitel Hotels</b>		Transaction ID: 70102.E1262 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 8555 Beverly Blvd		Amount of Each Disbursement this Period 32.20	
City Los Angeles State CA Zip Code 90048-	Purpose of Disbursement POL. MEETING-FOOD	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] MEMO: POL. MEETING-FOOD	

Full Name (Last, First, Middle Initial) <b>B. Sutton Place Hotel</b>		Transaction ID: 70102.E1250 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 21 E Bellevue Pl		Amount of Each Disbursement this Period 379.67	
City Chicago State IL Zip Code 60611-1174	Purpose of Disbursement LODGING	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] MEMO: LODGING	

Full Name (Last, First, Middle Initial) <b>C. Sarah Hazen</b>		Transaction ID: 61203.E1225 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 1484 Canfield		Amount of Each Disbursement this Period 195.50	
City Saint Paul State MN Zip Code 55108-	Purpose of Disbursement PAC ADMINISTRATIVE CONSULTANT FEE	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) ▼	PAC ADMINISTRATIVE CONSUL- TANT FEE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	195.50
<b>TOTAL</b> 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)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) <b>A. Sarah Hazen</b>		Transaction ID: 70102.E1267 Date of Disbursement 12 / 14 / 2006	
Mailing Address 1484 Canfield		Amount of Each Disbursement this Period 273.70	
City Saint Paul State MN Zip Code 55108-	Purpose of Disbursement PAC ADMINISTRATIVE CONSULTANT FEE	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) ▼	PAC ADMINISTRATIVE CONSUL- TANT FEE	

Full Name (Last, First, Middle Initial) <b>B. Hormel Corporation</b>		Transaction ID: 70102.E1264 Date of Disbursement 12 / 05 / 2006	
Mailing Address 1 Hormel Pl		Amount of Each Disbursement this Period 354.79	
City Austin State MN Zip Code 55912-3673	Purpose of Disbursement AIRFARE REIMB.	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) ▼	AIRFARE REIMB.	

Full Name (Last, First, Middle Initial) <b>C. Jennifer Jones</b>		Transaction ID: 61203.E1229 Date of Disbursement 11 / 29 / 2006	
Mailing Address 57A Glen Edge Rd		Amount of Each Disbursement this Period 1600.00	
City Dellwood State MN Zip Code 55110-1446	Purpose of Disbursement PAC FUNDRAISING CONSULTANT FEE	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) ▼	PAC FUNDRAISING CONSULTANT FEE	

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

2228.49

**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)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Maruggi</b>		<b>Transaction ID:</b> 61203.E1226 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 660 Howell Street S		Amount of Each Disbursement this Period 625.00
City Saint Paul State MN Zip Code 55116-	PAC FUNDRAISING CONSULTANT	
Purpose of Disbursement PAC FUNDRAISING CONSULTANT		Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Thomas McGill</b>		<b>Transaction ID:</b> 61203.E1232 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 840 Linwood Ave		Amount of Each Disbursement this Period 500.00
City Saint Paul State MN Zip Code 55105-3324	PAC FUNDRAISING CONSULTANT FEE	
Purpose of Disbursement PAC FUNDRAISING CONSULTANT FEE		Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Thomas McGill</b>		<b>Transaction ID:</b> 70102.E1268 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address 840 Linwood Ave		Amount of Each Disbursement this Period 1000.00
City Saint Paul State MN Zip Code 55105-3324	PAC FUNDRAISING CONSULTANT FEE	
Purpose of Disbursement PAC FUNDRAISING CONSULTANT FEE		Category/ Type
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2125.00
<b>TOTAL</b> 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)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) <b>A. Minneapolis Club</b>		Transaction ID: 70102.E1269 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address 729 2nd Ave S		Amount of Each Disbursement this Period 1896.54
City Minneapolis State MN Zip Code 55402-	POLITICAL MEETING - FOOD & BEVERAGE	
Purpose of Disbursement POLITICAL MEETING - FOOD & BEVERAGE		Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Richard Nelson</b>		Transaction ID: 61203.E1224 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 1975 Portland Ave		Amount of Each Disbursement this Period 2000.00
City Saint Paul State MN Zip Code 55104-	PAC FUNDRAISING CONSULTANT FEE	
Purpose of Disbursement PAC FUNDRAISING CONSULTANT FEE		Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Park Midway Bank</b>		Transaction ID: 70103.E1271 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 2265 Como Ave		Amount of Each Disbursement this Period 26.12
City Saint Paul State MN Zip Code 55108-	BANK CHARGES	
Purpose of Disbursement BANK CHARGES		Category/ Type
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3922.66
<b>TOTAL</b> 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 22 / 24

<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)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) <b>A. Pinnacle Direct</b>		<b>Transaction ID:</b> 61203.E1231 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 15260 113th St N		Amount of Each Disbursement this Period 1113.54
City Stillwater State MN Zip Code 55082-9575	PAC DIRECT MAIL	
Purpose of Disbursement PAC DIRECT MAIL		Category/ Type
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) ▼

Full Name (Last, First, Middle Initial) <b>B. Karen Spaeth</b>		<b>Transaction ID:</b> 61203.E1227 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 6800 W Old Shakopee Rd Apt 320		Amount of Each Disbursement this Period 185.72
City Minneapolis State MN Zip Code 55438-2614	REIMB: FOOD/ROOM	
Purpose of Disbursement REIMB: FOOD/ROOM		Category/ Type
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) ▼

Full Name (Last, First, Middle Initial) <b>C. St. Paul Hotel</b>		<b>Transaction ID:</b> 61203.E1233 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 350 Market St		Amount of Each Disbursement this Period 2250.11
City Saint Paul State MN Zip Code 55102-	POLITICAL MEETING FOOD/RO- OM	
Purpose of Disbursement POLITICAL MEETING FOOD/ROOM		Category/ Type
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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3549.37</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>20181.48</b>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect	Nature of Debt (Purpose): PAC Mgmt Fee: Inc. Sal. & Rent
Mailing Address 7300 Hudson Blvd. Suite 270	
City State ZIP Code Saint Paul MN 55128-	

Outstanding Balance Beginning This Period <input type="text" value="3500.00"/>	<b>Transaction ID:</b> LS70104.E1274	
Amount Incurred This Period <input type="text" value="7000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10500.00"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs, LLP	Nature of Debt (Purpose): Legal Fees
Mailing Address 2550 M Street NW	
City State ZIP Code Washington DC 20037-	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> LS70104.E1276	
Amount Incurred This Period <input type="text" value="2953.75"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2953.75"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Public Opinion Strategies	Nature of Debt (Purpose): Polling Expense
Mailing Address 214 North Fayette Street	
City State ZIP Code Alexandria VA 22314-	

Outstanding Balance Beginning This Period <input type="text" value="2200.00"/>	<b>Transaction ID:</b> LS61203.E1236	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2200.00"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="15653.75"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 24 / 24
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Bellwether Consulting	Nature of Debt (Purpose): PAC Fundraising Consultant
Mailing Address 1775 I St NW Ste 700	
City State ZIP Code Washington DC 20006-	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: LS70104.E1272</b>	
Amount Incurred This Period <input type="text" value="1500.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1500.00"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor UniSource Direct	Nature of Debt (Purpose): Direct Mail
Mailing Address 7 N Pinckney St Ste 225D	
City State ZIP Code Madison WI 53703-4260	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: LS70104.E1277</b>	
Amount Incurred This Period <input type="text" value="10104.84"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10104.84"/>

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="11604.84"/>
2) <b>TOTALS</b> This Period (last page this line number only).....	<input type="text" value="27258.59"/>
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>