

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Follow the North Star Fund

ADDRESS (number and street) 807 Broadway Street NE #125 Minneapolis MN 55413

Check if different than previously reported. (ACC)

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

C 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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), Convention (12C), General (12G), Special (12S), Runoff (12R)

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 08/01/2016 through 08/31/2016

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 Gerald Halbach

Signature of Treasurer Gerald Halbach [Electronically Filed] Date 09/20/2016

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)

Page 2

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="2016"/>		67110.04
(b) Cash on Hand at Beginning of Reporting Period.....	47884.13	
(c) Total Receipts (from Line 19)	24500.00	279000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	72384.13	346110.04
7. Total Disbursements (from Line 31).....	35138.40	303864.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	37245.73	42245.73
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

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).....	12500.00	145300.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12500.00	145300.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	12000.00	133700.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	24500.00	279000.00
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))..... ▶	24500.00	279000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24500.00	279000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	15138.40	103864.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	15138.40	103864.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	200000.00
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)) ..	35138.40	303864.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35138.40	303864.31

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)	24500.00	279000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24500.00	279000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	15138.40	103864.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15138.40	103864.31

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

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

FOR LINE NUMBER: PAGE 6 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Kjell Bergh

Mailing Address 4950 Neal Ave N

City State Zip Code
 Stillwater MN 55082

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

Name of Employer Occupation
 Bergh Int. Holdings Business Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 08 / 31 / 2016
Transaction ID : C21930523

Amount of Each Receipt this Period
 2500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Michelle G Pohlad

Mailing Address 2520 W Lake of the Isles Pkwy

City State Zip Code
 Minneapolis MN 55405-2332

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

Name of Employer Occupation
 Self-Employed Philanthropist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 08 / 31 / 2016
Transaction ID : C21930521

Amount of Each Receipt this Period
 5000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. William Pohlad

Mailing Address 2520 W Lake of the Isles Pkwy

City State Zip Code
 Minneapolis MN 55405-2332

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

Name of Employer Occupation
 River Road Productions Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 08 / 31 / 2016
Transaction ID : C21930522

Amount of Each Receipt this Period
 5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	12500.00
TOTAL This Period (last page this line number only).....▶	12500.00

**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 INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS POLITICAL ACTION COMMITTEE

Mailing Address PALLADIAN 1
220 LEIGH FARM RD

City DURHAM State NC Zip Code 27707

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
08 / 01 / 2016
Transaction ID : C21903970

Amount of Each Receipt this Period
1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Express Scripts Inc PAC

Mailing Address ONE EXPRESS WAY

City ST. LOUIS State MO Zip Code 63121

FEC ID number of contributing federal political committee. **C** C00365072

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
08 / 01 / 2016
Transaction ID : C21903967

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE (MORPAC)

Mailing Address 1919 M STREET, NW
5TH FLOOR

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
08 / 01 / 2016
Transaction ID : C21903969

Amount of Each Receipt this Period
3000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	9500.00
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 8 OF 13
(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. NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION CO
Full Name (Last, First, Middle Initial)

Mailing Address 1850 M Street NW Suite 540

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
08 / 15 / 2016
Transaction ID : C21913615

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	12000.00

**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. Campaign Compliance Solutions

Mailing Address 1170 Cushing Circle
#131

City State Zip Code
Saint Paul MN 55108

Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 10 / 2016

Transaction ID : D649927

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Campaign Finance Consultants

Mailing Address 10 G Street NE, Suite 570

City State Zip Code
Washington DC 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

M M / D D / Y Y Y Y Y Y
08 / 09 / 2016

Transaction ID : D649931

Amount of Each Disbursement this Period

4131.06

Memo Item

Full Name (Last, First, Middle Initial)

C. Cardmember Service

Mailing Address PO Box 6353

City State Zip Code
 Fargo ND 58125

Purpose of Disbursement
Credit Card Payment - Below if Itemized

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 10 / 2016

Transaction ID : D649929

Amount of Each Disbursement this Period

127.94

Memo Item

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

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

6759.00

**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. Melzer Investments, Inc

Mailing Address 328 E Hennepin Ave

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2016

Transaction ID : D649956

Amount of Each Disbursement this Period

400.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Melzer Investments, Inc

Mailing Address 328 E Hennepin Ave

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2016

Transaction ID : D649923

Amount of Each Disbursement this Period

400.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Merchant Services

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2016

Transaction ID : D649921

Amount of Each Disbursement this Period

132.99

Memo Item

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

932.99

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. New Partners Consulting

Mailing Address 1250 I St NW Suite 200

City Washington State DC Zip Code 20005

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
08 / 10 / 2016

Transaction ID : D649925

Amount of Each Disbursement this Period

3200.00

Memo Item

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address 18850 N 56th St

City Phoenix State AZ Zip Code 85054-4500

Purpose of Disbursement
Credit Card Payment - See Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2016

Transaction ID : D649954

Amount of Each Disbursement this Period

4244.91

Memo Item

Full Name (Last, First, Middle Initial)

C. Palomar Hotel

Mailing Address 117 South 17th Street

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement
Room Rental & Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2016

Transaction ID : D649955

Amount of Each Disbursement this Period

4244.91

Memo Item

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

7444.91

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

15136.90

**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. EVAN BAYH COMMITTEE

Mailing Address 850 FORT WAYNE AVENUE

City INDIANAPOLIS State IN Zip Code 46220

Purpose of Disbursement Contribution

Candidate Name
EVAN BAYH

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

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : D649935

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MAGGIE FOR NH

Mailing Address PO BOX 298

City CONCORD State NH Zip Code 03302

Purpose of Disbursement Contribution

Candidate Name
MARGARET WOOD HASSAN

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

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : D649937

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KATIE MCGINTY FOR SENATE

Mailing Address PO BOX 22447

City PHILADELPHIA State PA Zip Code 19110

Purpose of Disbursement Contribution

Candidate Name
KATHLEEN ALANA MCGINTY

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

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : D643777

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

15000.00

**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. WOMENWINNING FEDERAL PAC

Mailing Address 2610 UNIVERSITY AVE W
STE 325

City SAINT PAUL State MN Zip Code 55114

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 26 / 2016

Transaction ID : D649953

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

5000.00

20000.00