

# 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 type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input checked="" type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (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 03 01 2010 through 03 31 2010

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 04 20 2010

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)

A. Form/Schedule : **F3XN**

Transaction ID :

Line 16 of this Report contains a refund of \$2500 from Bennet for Colorado. A contribution to Bennet for Colorado of \$2500 was made on 12/23/2009 and reported. This payment was mistakenly reported as for the Primary Election, when the intent was for the General Election. Upon notification of this error, a refund from the Bennet for Colorado Committee was promptly secured.

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
FOLLOW THE NORTH STAR FUND

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		52309.79
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	39981.51									
(c) Total Receipts (from Line 19) .....	13000.00	45000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	52981.51	97309.79								
7. Total Disbursements (from Line 31) .....	28732.09	73060.37								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	24249.42	24249.42								
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) .....	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

Write or Type Committee Name

FOLLOW THE NORTH STAR FUND

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	500.00	15500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	500.00	15500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	17000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	5500.00	32500.00
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 .....	7500.00	12500.00
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)) .....	13000.00	45000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13000.00	45000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<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.....	7732.09	24560.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	7732.09	24560.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	43500.00
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	5000.00
(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	5000.00
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))..	28732.09	73060.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28732.09	73060.37

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	5500.00	32500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5500.00	27500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7732.09	24560.37
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7732.09	24560.37

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 14	
	(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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David A Castagnetti		Date of Receipt		
	Mailing Address 1341 G St NW Suite 1100		M M / D D / Y Y Y Y 03 / 31 / 2010		
	City Washington	State DC	Zip Code 20005	<b>Transaction ID:</b> SA11AI.5985	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00		
	Name of Employer Mehlman Vogel Castagnetti	Occupation Partner	Contribution		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 8 / 14</span>
	(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**

<b>A.</b>	Full Name (Last, First, Middle Initial) WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT		Date of Receipt
	Mailing Address 702 S.W. 8th Street		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bentonville	AR	72716
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C.6021
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="2500.00"/>
Receipt For:		Contribution	
<input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="2500.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT		Date of Receipt
	Mailing Address 702 S.W. 8th Street		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bentonville	AR	72716
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C.6023
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="2500.00"/>
Receipt For:		Contribution	
<input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="2500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="5000.00"/>

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

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

FOR LINE NUMBER: PAGE 9 / 14  
(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)  
BENNET FOR COLORADO

Mailing Address 1900 GRANT STREET SUITE 1170

City State Zip Code  
DENVER CO 80203

FEC ID number of contributing federal political committee. **C** C00458398

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 4 / 2 0 1 0

**Transaction ID: SA16.5968**

Amount of Each Receipt this Period  
2500.00

Contribution refund

**B.**

Full Name (Last, First, Middle Initial)  
FRIENDS OF CHRIS DODD

Mailing Address PO BOX 270701

City State Zip Code  
WEST HARTFORD CT 06127

FEC ID number of contributing federal political committee. **C** C00347310

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

**Transaction ID: SA16.5967**

Amount of Each Receipt this Period  
5000.00

Contribution refund

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7500.00
<b>TOTAL</b> This Period (last page this line number only) .....	7500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 14

<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.5978 Date of Disbursement
	Mailing Address 10 G St NE, Suite 470	<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising consulting	<input type="text" value="3025.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Melzer Investment Co	Transaction ID: SB21B.5972 Date of Disbursement
	Mailing Address 6205 Parkwood Rd	<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Edina State MN Zip Code 55436	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="400.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: SB21B.5970 Date of Disbursement
	Mailing Address 7300 Chapman Highway	<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3490.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 14

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Thomas R Perron <hr/> Mailing Address 3302 Belden Dr NE <hr/> City Minneapolis State MN Zip Code 55418 <hr/> Purpose of Disbursement Fundraising consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.5979 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2525.12 <hr/> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Thomas R Perron <hr/> Mailing Address 3302 Belden Dr NE <hr/> City Minneapolis State MN Zip Code 55418 <hr/> Purpose of Disbursement Compliance consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.5980 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00 <hr/> Category/ Type

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

4025.12

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

7515.12

**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 / 14

<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) BENNET FOR COLORADO	Transaction ID: SB23.5989 Date of Disbursement
	Mailing Address 1900 GRANT STREET SUITE 1170	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City DENVER State CO Zip Code 80203	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name MICHAEL F BENNET	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) BLUMENTHAL FOR SENATE	Transaction ID: SB23.5998 Date of Disbursement
	Mailing Address 777 SUMMER STREET	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City STAMFORD State CT Zip Code 06901	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name RICHARD BLUMENTHAL	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) CHRIS COONS FOR DELAWARE	Transaction ID: SB23.6000 Date of Disbursement
	Mailing Address PO BOX 9900	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City NEWARK State DE Zip Code 19714	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name CHRISTOPHER A COONS	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
FOLLOW THE NORTH STAR FUND

<p><b>A.</b> Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER</p> <p>Mailing Address 236 MASSACHUSETTS AVENUE NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name ARLEN SPECTER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5995</p> <p>Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FEINGOLD SENATE COMMITTEE</p> <p>Mailing Address PO BOX 620062</p> <p>City MIDDLETON State WI Zip Code 53562</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name RUSSELL D FEINGOLD</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5997</p> <p>Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER</p> <p>Mailing Address PO BOX 641751</p> <p>City LOS ANGELES State CA Zip Code 90064</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name BARBARA BOXER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5991</p> <p>Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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

7500.00

**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 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) FRIENDS OF TARRYL CLARK	Transaction ID: SB23.5993
	Mailing Address PO Box 489	Date of Disbursement 03 / 31 / 2010
	City St Cloud State MN Zip Code 56302	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name TARRYL LYNN CLARK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE	Transaction ID: SB23.5992
	Mailing Address 313 C STREET NE	Date of Disbursement 03 / 31 / 2010
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name KIRSTEN ELIZABETH GILLIBRAND Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

7500.00

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

21000.00