

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
 Check if different than previously reported. (ACC)
St. Paul MN 55128

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 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:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2006 through 03 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 06 15 2006

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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

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	177151.33									
(c) Total Receipts (from Line 19)	62423.20	62423.20								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	239574.53	239574.53								
7. Total Disbursements (from Line 31)	81327.65	81327.65								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	158246.88	158246.88								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
NorthStar Leadership PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

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	6500.00	6500.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	6500.00	6500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	53000.00	53000.00
(c) Other Political Committees (such as PACs)	59500.00	59500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	35.00	35.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	2000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	888.20	888.20
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))	62423.20	62423.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	62423.20	62423.20

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	61327.65	61327.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	61327.65	61327.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	20000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	81327.65	81327.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	81327.65	81327.65

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	59500.00	59500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59500.00	59500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	61327.65	61327.65
37. Offsets to Operating Expenditures (from Line 15, page 3)	35.00	35.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	61292.65	61292.65

**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 6 / 41
	<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)
NorthStar Leadership PAC

A. Full Name (Last, First, Middle Initial)
Advanced Med Tech PAC

Mailing Address Ms. Melissa Clary
1200 G Street NW Suite 400

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00340356

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2006

Transaction ID: 60405.C485

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
American Dental PAC

Mailing Address Francis McLaughling, Jr.
1111 14th St NW Suite 1100

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 24 / 2006

Transaction ID: 60405.C465

Amount of Each Receipt this Period
2000.00

Receipt

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

Mailing Address John Vogt
1399 New York Ave NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00158980

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2006

Transaction ID: 60405.C487

Amount of Each Receipt this Period
2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	6000.00
TOTAL 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: (check only one)	PAGE 7 / 41
	<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)
NorthStar Leadership PAC

A. Full Name (Last, First, Middle Initial) Deloitte & Touche PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address Wade Williams PO Box 365		Transaction ID: 60405.C470	
City State Zip Code Washington DC 20044-0365		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C00211318		Receipt	
Name of Employer Occupation		Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Emerson Electric PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address Mr. Robert McDonald 8000 W Florissant Ave		Transaction ID: 60405.C478	
City State Zip Code Saint Louis MO 63136		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C00080515		Receipt	
Name of Employer Occupation		Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) General Electric PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address Lynn Harding Thomson 1299 Penn Ave NW Suite 1100W		Transaction ID: 60405.C481	
City State Zip Code Washington DC 20004		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C00024869		Receipt	
Name of Employer Occupation		Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	5000.00
TOTAL 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 / 41
	(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)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. GlaxoSmithKline PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address Ms. Megan Brier 1500 K St NW #650		Transaction ID: 60405.C484	
City Washington State DC Zip Code 20005		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00199703		Receipt	
Name of Employer Occupation		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 2000.00			

Full Name (Last, First, Middle Initial) B. Johnson & Johnson PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address Ms. Jane Adams 1 Johnson & Johnson Plaza		Transaction ID: 60405.C488	
City New Brunswick State NJ Zip Code 08933-0001		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00010983		Receipt	
Name of Employer Occupation		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 2000.00			

Full Name (Last, First, Middle Initial) C. Koch PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address Ms. Diane Koebele 720 Arcwood Road		Transaction ID: 60405.C482	
City Saint Paul State MN Zip Code 55115		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00236489		Receipt	
Name of Employer Occupation		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 5000.00			

SUBTOTAL of Receipts This Page (optional) ▶	9000.00
TOTAL 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 10 / 41						
	(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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A. Full Name (Last, First, Middle Initial) Plumbing, Heating PAC (PHCC)		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address Mr. Lake Coulson 180 S Washington St		Transaction ID: 60405.C476	
City Falls Church State VA Zip Code 22046	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C C00157875		Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) SAIC (Science Appl.) PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address Mr. Andy Jazwick 1919 Pennsylvania Ave NW Ste 650		Transaction ID: 60405.C491	
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C C00300418		Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Southern MN Beet Sugar PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address Mr. John Richmond PO Box 500		Transaction ID: 60405.C472	
City Renville State MN Zip Code 56284-0500	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C C00166348		Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	6000.00
TOTAL 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 11 / 41
	(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)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. St. Paul Travelers PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address Ms. Ruth Ravitz Smith 1331 F St NW Suite 975		Transaction ID: 60405.C473	
City State Zip Code Washington DC 20004		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00376376		Receipt	
Name of Employer Occupation		Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Target PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address Mr. Nathan Garvis 1000 Nicollet Mall TPS 3275		Transaction ID: 60405.C471	
City State Zip Code Minneapolis MN 55403		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00098061		Receipt	
Name of Employer Occupation		Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. United Health PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address Ms. Elise Gemeinhardt 701 Penn Ave NW Suite 530		Transaction ID: 60405.C475	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00274431		Receipt	
Name of Employer Occupation		Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	15000.00
TOTAL 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 12 / 41						
	(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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A. Full Name (Last, First, Middle Initial) US Steel PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006	
Mailing Address Ms. Mindy Fleishman 600 Grant Street Rm 1874		Transaction ID: 60405.C490	
City State Zip Code Pittsburgh PA 15219		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00030676		Receipt	
Name of Employer Occupation		Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) US Team PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006	
Mailing Address Mr. Todd Walker 100 West Putnam Ave		Transaction ID: 60405.C492	
City State Zip Code Greenwich CT 06830		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00104851		Receipt	
Name of Employer Occupation		Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Wine & Spirits PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006	
Mailing Address Ms. Nicole deSibour 805 15th St NW Suite 430		Transaction ID: 60405.C489	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00147173		Receipt	
Name of Employer Occupation		Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	53000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 41
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Kenneth Butler		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address 11810 Lyrac Ct		Transaction ID: 60405.C480	
City State Zip Code Oakton VA 22124-2200	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Capital Partnerships	Occupation Senior Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Tom Foley		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address PO Box 2935		Transaction ID: 60405.C466	
City State Zip Code Saint Paul MN 55102	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Self	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Hein Hettinga		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address 17094 Cucamonga Ave		Transaction ID: 60405.C479	
City State Zip Code Corona CA 92880-9505	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Self	Occupation Farmer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 14 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Jana McKeag		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address 315 Queen Street		Transaction ID: 60405.C468	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Self Occupation Lobbyist	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Daniel Meyer		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address 2506 Duxbury Place		Transaction ID: 60405.C474	
City State Zip Code Alexandria VA 22308	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer The Duberstein Group Occupation Vice President	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. John Rose		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address 509 Pine Rd		Transaction ID: 60405.C469	
City State Zip Code Fort Washington MD 20744-6616	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Russ Reid Company Occupation Vice President	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL 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 15 / 41	
	(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) Robert Wood	
Mailing Address 2207 Traies Ct	
City Alexandria	State VA
Zip Code 22306-2564	
FEC ID number of contributing federal political committee. C	
Name of Employer Barbour, Griffith & Rogers	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY 03 / 08 / 2006
Transaction ID: 60405.C467
Amount of Each Receipt this Period 1000.00
Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	6500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 41
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input type="checkbox"/> 12
		<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)
Simon for Treasurer

Mailing Address 11150 Santa Monica Blvd. Suite 450

City State Zip Code
Los Angeles CA 90025-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: 60405.C464

Amount of Each Receipt this Period
2000.00

Refund of Contribution Made

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	2000.00

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 17 / 41
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Park Midway Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6	
Mailing Address 2265 Como Ave		Transaction ID: 60405.C493	
City State Zip Code Saint Paul MN 55108-	Amount of Each Receipt this Period 301.81		
FEC ID number of contributing federal political committee. C	Interest Received		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 301.81		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Park Midway Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 2265 Como Ave		Transaction ID: 60405.C494	
City State Zip Code Saint Paul MN 55108-	Amount of Each Receipt this Period 268.18		
FEC ID number of contributing federal political committee. C	Interest Received		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 569.99		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Park Midway Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6	
Mailing Address 2265 Como Ave		Transaction ID: 60405.C496	
City State Zip Code Saint Paul MN 55108-	Amount of Each Receipt this Period 318.21		
FEC ID number of contributing federal political committee. C	Interest Received		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 888.20		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	888.20
TOTAL This Period (last page this line number only) ▶	888.20

**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 18 / 41

<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) A. 3 Dog Consulting		Transaction ID: 60405.E914 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address 104 E Hume Ave		Amount of Each Disbursement this Period 1800.00
City Alexandria State VA Zip Code 22301-	Category/ Type PAC FUNDRAISING CONSULTANT	
Purpose of Disbursement PAC FUNDRAISING CONSULTANT		
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. Bellwether Consulting		Transaction ID: 60131.E885 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 7079.00
City Alexandria State VA Zip Code 22314-	Category/ Type NON-CANDIDATE FUNDRAISING EXPENSE	
Purpose of Disbursement NON-CANDIDATE FUNDRAISING EXPENSE		
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) C. Bellwether Consulting		Transaction ID: 60405.E908 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 3500.00
City Alexandria State VA Zip Code 22314-	Category/ Type NON-CANDIDATE FUNDRAISING EXPENSE	
Purpose of Disbursement NON-CANDIDATE FUNDRAISING EXPENSE		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12379.00
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)

PAGE 19 / 41

<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) A. Design Incentives		Transaction ID: 60405.E900 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address 1065 E Highway 36		Amount of Each Disbursement this Period 5120.52
City Saint Paul State MN Zip Code 55109-	Category/ Type GIFTS	
Purpose of Disbursement GIFTS		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Elan Services - VISA		Transaction ID: 60131.E895 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 5.00
City Saint Louis State MO Zip Code 63179-	Category/ Type CREDIT CARD FEES	
Purpose of Disbursement CREDIT CARD FEES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Elan Services - VISA		Transaction ID: 60131.E881 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 1151.11
City Saint Louis State MO Zip Code 63179-	Category/ Type CREDIT CARD PAYMENT: SEE BELOW	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	6276.63
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)

PAGE 20 / 41

<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) A. Northwest Airlines		Transaction ID: 60131.E883 Date of Disbursement MM / DD / YYYY 01 / 25 / 2006
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 542.60
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. Northwest Airlines		Transaction ID: 60131.E884 Date of Disbursement MM / DD / YYYY 01 / 25 / 2006
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 542.60
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) C. Elan Services - VISA		Transaction ID: 60405.E910 Date of Disbursement MM / DD / YYYY 02 / 01 / 2006
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 5.00
City Saint Louis State MO Zip Code 63179-	CREDIT CARD FEES	
Purpose of Disbursement CREDIT CARD FEES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	5.00
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)

<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) A. Elan Services - VISA		Transaction ID: 60405.E924 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 5801.61
City Saint Louis State MO Zip Code 63179-	Purpose of Disbursement CREDIT CARD PAYMENT: 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) ▼	CREDIT CARD PAYMENT: SEE BELOW

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: 60405.E934 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 508.10
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) C. Northwest Airlines		Transaction ID: 60405.E933 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 468.11
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

SUBTOTAL of Disbursements This Page (optional) ▶	5801.61
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)

PAGE 22 / 41

<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) A. Northwest Airlines		Transaction ID: 60405.E936 Date of Disbursement MM / DD / YYYY 02 / 24 / 2006
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 100.00
City Chaska State MN Zip Code 55318-	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) ▼	[MEMO ITEM] MEMO: AIRFARE

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: 60405.E928 Date of Disbursement MM / DD / YYYY 02 / 24 / 2006
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 1035.19
City Chaska State MN Zip Code 55318-	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) ▼	[MEMO ITEM] MEMO: AIRFARE

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 60405.E937 Date of Disbursement MM / DD / YYYY 02 / 24 / 2006
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 501.60
City Chaska State MN Zip Code 55318-	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) ▼	[MEMO ITEM] MEMO: AIRFARE

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)

PAGE 23 / 41

<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) A. Northwest Airlines		Transaction ID: 60405.E930 Date of Disbursement MM / DD / YYYY 02 / 24 / 2006
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 1711.20
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. Northwest Airlines		Transaction ID: 60405.E931 Date of Disbursement MM / DD / YYYY 02 / 24 / 2006
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 405.60
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) C. Northwest Airlines		Transaction ID: 60405.E935 Date of Disbursement MM / DD / YYYY 02 / 24 / 2006
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 10.00
City Chaska State MN Zip Code 55318-	[MEMO ITEM] MEMO: CHANGE FEE	
Purpose of Disbursement CHANGE FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	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)

PAGE 24 / 41

<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) A. Northwest Airlines		Transaction ID: 60405.E932 Date of Disbursement MM / DD / YYYY 02 / 24 / 2006
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 290.61
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. Sage Travel		Transaction ID: 60405.E926 Date of Disbursement MM / DD / YYYY 02 / 24 / 2006
Mailing Address 1107 Hazeltine Blvd		Amount of Each Disbursement this Period 35.00
City Chaska State MN Zip Code 55318-	Purpose of Disbursement AGENT FEES 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: AGENT FEES

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 60405.E925 Date of Disbursement MM / DD / YYYY 02 / 24 / 2006
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 377.11
City Arlington State VA Zip Code 22227-	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

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)

PAGE 25 / 41

<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) A. Elan Services - VISA		Transaction ID: 60405.E923 Date of Disbursement MM / DD / YYYY 03 / 01 / 2006
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 5.00
City Saint Louis	State MO Zip Code 63179-	
Purpose of Disbursement CREDIT CARD FEES		CREDIT CARD FEES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Elan Services - VISA		Transaction ID: 60405.E946 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 5205.38
City Saint Louis	State MO Zip Code 63179-	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW		CREDIT CARD PAYMENT: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Enterprise Rental		Transaction ID: 60405.E967 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006
Mailing Address 900 University Ave		Amount of Each Disbursement this Period 87.77
City Saint Paul	State MN Zip Code 55104-	
Purpose of Disbursement CAR RENTAL		[MEMO ITEM] MEMO: CAR RENTAL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	5210.38
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)

PAGE 26 / 41

<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) A. FedEx Kinkos		Transaction ID: 60405.E960 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 8300 City Centre Drive		Amount of Each Disbursement this Period 8.96
City Woodbury State MN Zip Code 55125-	[MEMO ITEM] MEMO: COPIES	
Purpose of Disbursement COPIES 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. Hilton Hotel		Transaction ID: 60405.E958 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 9336 Civic Center Dr		Amount of Each Disbursement this Period 7.47
City Beverly Hills State CA Zip Code 90210-3604	[MEMO ITEM] MEMO: LODGING	
Purpose of Disbursement LODGING 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) C. Hilton Hotel		Transaction ID: 60405.E957 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 9336 Civic Center Dr		Amount of Each Disbursement this Period 344.02
City Beverly Hills State CA Zip Code 90210-3604	[MEMO ITEM] MEMO: LODGING	
Purpose of Disbursement LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	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)

PAGE 27 / 41

<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. Hilton Hotel Full Name (Last, First, Middle Initial) Mailing Address 9336 Civic Center Dr City Beverly Hills State CA Zip Code 90210-3604 Purpose of Disbursement LODGING 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) ▼		Transaction ID: 60405.E956 Date of Disbursement 03 / 31 / 2006 Amount of Each Disbursement this Period 341.20 [MEMO ITEM] MEMO: LODGING
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B. Northwest Airlines Full Name (Last, First, Middle Initial) Mailing Address 70 E 6th Street 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) ▼		Transaction ID: 60405.E947 Date of Disbursement 03 / 31 / 2006 Amount of Each Disbursement this Period 1184.10 [MEMO ITEM] MEMO: AIRFARE
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C. Northwest Airlines Full Name (Last, First, Middle Initial) Mailing Address 70 E 6th Street City Chaska State MN Zip Code 55318- Purpose of Disbursement AIRFARE CREDIT 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) ▼		Transaction ID: 60405.E949 Date of Disbursement 03 / 31 / 2006 Amount of Each Disbursement this Period -657.50 [MEMO ITEM] MEMO: AIRFARE CREDIT
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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)

PAGE 28 / 41

<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) A. Northwest Airlines		Transaction ID: 60405.E963 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006	
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period -530.10	
City Chaska State MN Zip Code 55318-	Purpose of Disbursement AIRFARE CREDIT 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) ▼		

[MEMO ITEM]
MEMO: AIRFARE CREDIT

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: 60405.E950 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006	
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period -132.49	
City Chaska State MN Zip Code 55318-	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) ▼		

[MEMO ITEM]
MEMO: AIRFARE

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 60405.E965 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006	
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 579.30	
City Chaska State MN Zip Code 55318-	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) ▼		

[MEMO ITEM]
MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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 29 / 41

<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) A. Northwest Airlines		Transaction ID: 60405.E951 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006	
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 574.80	
City Chaska State MN Zip Code 55318-	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) ▼	[MEMO ITEM] MEMO: AIRFARE	

Full Name (Last, First, Middle Initial) B. Premiere One Executive		Transaction ID: 60405.E959 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006	
Mailing Address 1346 S Mansfield Ave		Amount of Each Disbursement this Period 1302.37	
City Los Angeles State CA Zip Code 90019-	Purpose of Disbursement GROUND TRANSPORTATION	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) ▼	[MEMO ITEM] MEMO: GROUND TRANSPORTATION	

Full Name (Last, First, Middle Initial) C. Sage Travel		Transaction ID: 60405.E948 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006	
Mailing Address 1107 Hazeltine Blvd		Amount of Each Disbursement this Period 35.00	
City Chaska State MN Zip Code 55318-	Purpose of Disbursement AGENT FEES	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) ▼	[MEMO ITEM] MEMO: AGENT FEES	

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)

PAGE 30 / 41

<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) A. Sage Travel		Transaction ID: 60405.E953 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006
Mailing Address 1107 Hazeltine Blvd		Amount of Each Disbursement this Period 35.00
City Chaska State MN Zip Code 55318-	Purpose of Disbursement AGENT FEES 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) ▼	[MEMO ITEM] MEMO: AGENT FEES

Full Name (Last, First, Middle Initial) B. The Beverly Hills Hotel		Transaction ID: 60405.E955 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006
Mailing Address On Sunset Blvd		Amount of Each Disbursement this Period 1170.64
City Beverly Hills State CA Zip Code 90210-	Purpose of Disbursement LODGING 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) ▼	[MEMO ITEM] MEMO: LODGING

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 60405.E952 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 608.10
City Arlington State VA Zip Code 22227-	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) ▼	[MEMO ITEM] MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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 31 / 41

<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) A. Feather, Larson & Synhorst		Transaction ID: 60131.E886 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6
Mailing Address 2401 W. Behrend Drive, Suite 7		Amount of Each Disbursement this Period 1723.61
City Phoenix State AZ Zip Code 85027-	PAC MGMT FEE-INCLUDES SALARIES	
Purpose of Disbursement PAC MGMT FEE-INCLUDES SALARIES		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. FedEx Kinkos		Transaction ID: 60405.E902 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address 8300 City Centre Drive		Amount of Each Disbursement this Period 30.40
City Woodbury State MN Zip Code 55125-	DELIVERY	
Purpose of Disbursement DELIVERY		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) C. FedEx Kinkos		Transaction ID: 60405.E915 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address 8300 City Centre Drive		Amount of Each Disbursement this Period 27.86
City Woodbury State MN Zip Code 55125-	DELIVERY	
Purpose of Disbursement DELIVERY		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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1781.87
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)

PAGE 32 / 41

<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) A. FedEx Kinkos		Transaction ID: 60405.E945 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006	
Mailing Address 8300 City Centre Drive		Amount of Each Disbursement this Period 21.00	
City Woodbury State MN Zip Code 55125-	Purpose of Disbursement DELIVERY	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) ▼		DELIVERY

Full Name (Last, First, Middle Initial) B. FLS-DCI		Transaction ID: 60131.E887 Date of Disbursement MM / DD / YYYY 01 / 12 / 2006	
Mailing Address 7300 Hudson Blvd. Suite 270		Amount of Each Disbursement this Period 750.00	
City Saint Paul State MN Zip Code 55128-	Purpose of Disbursement RENT	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) ▼		RENT

Full Name (Last, First, Middle Initial) C. FLS-DCI		Transaction ID: 60405.E916 Date of Disbursement MM / DD / YYYY 03 / 13 / 2006	
Mailing Address 7300 Hudson Blvd. Suite 270		Amount of Each Disbursement this Period 750.00	
City Saint Paul State MN Zip Code 55128-	Purpose of Disbursement RENT	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) ▼		RENT

SUBTOTAL of Disbursements This Page (optional) ▶	1521.00
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)

PAGE 33 / 41

<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) A. FLS-DCI		Transaction ID: 60405.E944 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006	
Mailing Address 7300 Hudson Blvd. Suite 270		Amount of Each Disbursement this Period 16500.00	
City Saint Paul State MN Zip Code 55128-	Purpose of Disbursement PAC MGMT FEE-INCLUDES SALARIES	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 MGMT FEE-INCLUDES SALARIES	

Full Name (Last, First, Middle Initial) B. Sarah Hazen		Transaction ID: 60131.E896 Date of Disbursement MM / DD / YYYY 01 / 12 / 2006	
Mailing Address 1484 Canfield		Amount of Each Disbursement this Period 293.25	
City Saint Paul State MN Zip Code 55108-	Purpose of Disbursement CONSULTANT	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) ▼	CONSULTANT	

Full Name (Last, First, Middle Initial) C. Sarah Hazen		Transaction ID: 60405.E897 Date of Disbursement MM / DD / YYYY 01 / 30 / 2006	
Mailing Address 1484 Canfield		Amount of Each Disbursement this Period 254.15	
City Saint Paul State MN Zip Code 55108-	Purpose of Disbursement CONSULTANT	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) ▼	CONSULTANT	

SUBTOTAL of Disbursements This Page (optional) ▶	17047.40
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)

PAGE 34 / 41

<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. Sarah Hazen Full Name (Last, First, Middle Initial) Mailing Address 1484 Canfield City Saint Paul State MN Zip Code 55108-		Transaction ID: 60405.E903 Date of Disbursement 02 / 04 / 2006
Purpose of Disbursement CONSULTANT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 195.50 CONSULTANT
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Sarah Hazen Full Name (Last, First, Middle Initial) Mailing Address 1484 Canfield City Saint Paul State MN Zip Code 55108-		Transaction ID: 60405.E911 Date of Disbursement 02 / 24 / 2006
Purpose of Disbursement CONSULTANT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 234.60 CONSULTANT
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Sarah Hazen Full Name (Last, First, Middle Initial) Mailing Address 1484 Canfield City Saint Paul State MN Zip Code 55108-		Transaction ID: 60405.E920 Date of Disbursement 03 / 14 / 2006
Purpose of Disbursement CONSULTANT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 215.05 CONSULTANT
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	645.15
TOTAL 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)

<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) A. Sarah Hazen		Transaction ID: 60405.E940 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006
Mailing Address 1484 Canfield		Amount of Each Disbursement this Period 215.05
City Saint Paul State MN Zip Code 55108-	Purpose of Disbursement CONSULTANT 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) ▼	CONSULTANT

Full Name (Last, First, Middle Initial) B. Loffler Companies		Transaction ID: 60405.E918 Date of Disbursement MM / DD / YYYY 03 / 13 / 2006
Mailing Address 1101 E 78th St Ste 200		Amount of Each Disbursement this Period 691.55
City Minneapolis State MN Zip Code 55420-1402	Purpose of Disbursement COPIER 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) ▼	COPIER

Full Name (Last, First, Middle Initial) C. Elizabeth Maruggi		Transaction ID: 60405.E898 Date of Disbursement MM / DD / YYYY 01 / 30 / 2006
Mailing Address 660 Howell Street S		Amount of Each Disbursement this Period 625.00
City Saint Paul State MN Zip Code 55116-	Purpose of Disbursement NON-CANDIDATE FUNDRAISING CONSULTAN 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) ▼	NON-CANDIDATE FUNDRAISING CONSULTAN

SUBTOTAL of Disbursements This Page (optional) ▶	1531.60
TOTAL 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)

<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) A. Elizabeth Maruggi		Transaction ID: 60405.E912 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 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-	NON-CANDIDATE FUNDRAISING CONSULTAN	
Purpose of Disbursement NON-CANDIDATE FUNDRAISING CONSULTAN		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. Elizabeth Maruggi		Transaction ID: 60405.E905 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address 660 Howell Street S		Amount of Each Disbursement this Period 119.00
City Saint Paul State MN Zip Code 55116-	REIMB. - TAXIS	
Purpose of Disbursement REIMB. - TAXIS		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) C. Elizabeth Maruggi		Transaction ID: 60405.E942 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 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-	NON-CANDIDATE FUNDRAISING CONSULTAN	
Purpose of Disbursement NON-CANDIDATE FUNDRAISING CONSULTAN		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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1369.00
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)

PAGE 38 / 41

<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. Richard Nelson Full Name (Last, First, Middle Initial) Mailing Address 1975 Portland Ave City Saint Paul State MN Zip Code 55104-		Transaction ID: 60405.E941 Date of Disbursement 03 / 31 / 2006
Purpose of Disbursement NON-CANDIDATE FUNDRAISING CONSULTAN Candidate Name		Amount of Each Disbursement this Period 4000.00
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) ▼	NON-CANDIDATE FUNDRAISING CONSULTAN

B. Northwest Airlines Full Name (Last, First, Middle Initial) Mailing Address 70 E 6th Street City Chaska State MN Zip Code 55318-		Transaction ID: 60131.E893 Date of Disbursement 01 / 12 / 2006
Purpose of Disbursement MEMBERSHIP FEES Candidate Name		Amount of Each Disbursement this Period 250.00
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) ▼	MEMBERSHIP FEES

C. Patton Boggs, LLP Full Name (Last, First, Middle Initial) Mailing Address 2550 M Street NW City Washington State DC Zip Code 20037-		Transaction ID: 60405.E917 Date of Disbursement 03 / 13 / 2006
Purpose of Disbursement LEGAL FEES Candidate Name		Amount of Each Disbursement this Period 279.20
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) ▼	LEGAL FEES

SUBTOTAL of Disbursements This Page (optional) ▶	4529.20
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)

PAGE 39 / 41

<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) A. US Postmaster		Transaction ID: 60131.E894 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6
Mailing Address 316 Robert Street North		Amount of Each Disbursement this Period 39.00
City Saint Paul State MN Zip Code 55101-	Purpose of Disbursement STAMPS 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) ▼	STAMPS

Full Name (Last, First, Middle Initial) B. US Postmaster		Transaction ID: 60405.E909 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 316 Robert Street North		Amount of Each Disbursement this Period 40.00
City Saint Paul State MN Zip Code 55101-	Purpose of Disbursement BOX RENTAL 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) ▼	BOX RENTAL

Full Name (Last, First, Middle Initial) C. U.S. Treasury		Transaction ID: 60405.E922 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address U.S. Treasury		Amount of Each Disbursement this Period 394.00
City Ogden State UT Zip Code 84201-	Purpose of Disbursement FEDERAL TAXES 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) ▼	FEDERAL TAXES

SUBTOTAL of Disbursements This Page (optional) ▶	473.00
TOTAL This Period (last page this line number only) ▶	60827.84

**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)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. National Rep. Senatorial Committee		Transaction ID: 60405.E938																					
Mailing Address 425 Second St NE		Date of Disbursement																					
City Washington State DC Zip Code 20002-		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	6		2	0	0	6														
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">15000.00</td> </tr> </table>		15000.00																			
15000.00																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2006																					
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) B. Tom Kean For US Senate		Transaction ID: 60405.E939																					
Mailing Address PO Box 225		Date of Disbursement																					
City Colonia State NJ Zip Code 07067-0225		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	7		2	0	0	6														
Purpose of Disbursement PRIMARY CONTRIBUTION		Amount of Each Disbursement this Period																					
Candidate Name THOMAS H JR KEAN		<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>		5000.00																			
5000.00																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2006																					
State: NJ District: 00		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

PRIMARY CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)	▶	20000.00
TOTAL This Period (last page this line number only)	▶	20000.00

Image# 26950169240

Form/Schedule: **F3XA** Per your letter of June 2, 2006 - the expenditures made for Fundraising Consultant and Fundraising Consultant
Transaction ID: **C00386573** Expenses were for the NorthStar Leadership PAC and not for any Federal Candidate. The descriptions for those
entries have been modified to reflect this.
