

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 09 09 2008 in the State of MN
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 07 01 2008 through 08 20 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Jeff Larson

Signature of Treasurer Electronically Filed by Jeff Larson Date 08 22 2008

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
NORTHSTAR LEADERSHIP PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
2	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		37539.39
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	35537.89									
(c) Total Receipts (from Line 19)	44500.00	222995.39								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	80037.89	260534.78								
7. Total Disbursements (from Line 31)	45963.02	226459.91								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34074.87	34074.87								
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)	34431.33									

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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
2	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	30000.00	111500.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	30000.00	111500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	14500.00	111000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	44500.00	222500.00
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	337.75
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	157.64
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))	44500.00	222995.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	44500.00	222995.39

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.....	40963.02	146459.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	40963.02	146459.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	80000.00
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))..	45963.02	226459.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45963.02	226459.91

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)	44500.00	222500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44500.00	222500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	40963.02	146459.91
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	337.75
38. Net Operating Expenditures (subtract Line 37 from Line 36)	40963.02	146122.16

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) Cleo Cafesjian		Date of Receipt
	Mailing Address		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 09 / 2008
	City	State	Zip Code
	Eagan	MN	56123
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4478
		Amount of Each Receipt this Period	
		<input type="text"/> 2500.00	
Name of Employer Retired		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 2500.00	

B.	Full Name (Last, First, Middle Initial) Gerald L Cafesjian		Date of Receipt
	Mailing Address		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 09 / 2008
	City	State	Zip Code
	Eagan	MN	55123
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4480
		Amount of Each Receipt this Period	
		<input type="text"/> 2500.00	
Name of Employer GLC Enterprises		Occupation President / CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 2500.00	

C.	Full Name (Last, First, Middle Initial) Eugene Frey		Date of Receipt
	Mailing Address		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 25 / 2008
	City	State	Zip Code
	Naples	FL	34103
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4487
		Amount of Each Receipt this Period	
		<input type="text"/> 5000.00	
Name of Employer Retired		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 5000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 10000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) Michael Gorman	Date of Receipt MM / DD / YYYY 07 / 25 / 2008
	Mailing Address 5100 Mirror Lakes Drive	Transaction ID: SA11AI.4489
	City State Zip Code Edina MN 55436	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Split Rock Partners Occupation Venture Capitalist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

B.	Full Name (Last, First, Middle Initial) Beverly Oren	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 3105 Sandy Hook Dr	Transaction ID: SA11AI.4493
	City State Zip Code St Paul MN 55113	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Homemaker Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

C.	Full Name (Last, First, Middle Initial) Don Oren	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 3105 Sandy Hook Dr.	Transaction ID: SA11AI.4491
	City State Zip Code St. Paul MN 55113	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Dart Transit Co. Occupation Vice President 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)	15000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 23	
	(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) Jeanine M. Rivet		Date of Receipt	
	Mailing Address 4305 Trillium Way		M M / D D / Y Y Y Y 07 / 18 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.4484
	Minnetrsta	MN	55364	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		5000.00	
Name of Employer United Health Group		Occupation Executive VP		
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)	5000.00
TOTAL This Period (last page this line number only)	30000.00

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

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

FOR LINE NUMBER: PAGE 9 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE; THE

Mailing Address 701 Pennsylvania Avenue NW
Suite 750

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: SA11C.4521

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
FEDERAL EXPRESS POLITICAL ACTION COMMITTEE

Mailing Address 942 South Shady Grove Road

City State Zip Code
Memphis TN 38120

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 1 6 / 2 0 0 8

Transaction ID: SA11C.4482

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
LOCKRIDGE GRINDAL NAUEN POLITICAL FUND

Mailing Address 100 WASHINGTON AVE SO SUITE 2200

City State Zip Code
MINNEAPOLIS MN 55401

FEC ID number of contributing federal political committee. **C** C00167916

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 0 7 / 2 0 0 8

Transaction ID: SA11C.4477

Amount of Each Receipt this Period
1000.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 23
(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

A. Full Name (Last, First, Middle Initial)
TRAVELERS COMPANIES INC. POLITICAL ACTION COMMITTEE (TPAC), THE

Mailing Address One Tower Square

City State Zip Code
Hartford CT 06183

FEC ID number of contributing federal political committee. **C** C00376376

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2008

Transaction ID: SA11C.4483

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
XCEL ENERGY EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address 1225 17TH STREET, SUITE 1200
Suite 900

City State Zip Code
DENVER CO 80202

FEC ID number of contributing federal political committee. **C** C00107771

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2008

Transaction ID: SA11C.4517

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1800 CONCORD PIKE

City State Zip Code
WILMINGTON DE 19850

FEC ID number of contributing federal political committee. **C** C70003181

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2008

Transaction ID: SA11C.4519

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)	▶	8500.00
TOTAL This Period (last page this line number only)	▶	14500.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) Bellwether Consulting Mailing Address 1775 I St NW Ste 700 City Washington State DC Zip Code 20006 Purpose of Disbursement PAC Fundraising 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) ▼	Transaction ID: SB21B.4529 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Bellwether Consulting Mailing Address 1775 I St NW Ste 700 City Washington State DC Zip Code 20006 Purpose of Disbursement PAC Fundraising expenses 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: SB21B.4530 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 8	Amount of Each Disbursement this Period 43.68
C.	Full Name (Last, First, Middle Initial) Bellwether Consulting Mailing Address 1775 I St NW Ste 700 City Washington State DC Zip Code 20006 Purpose of Disbursement PAC Fundraising 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) ▼	Transaction ID: SB21B.4531 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	2043.68
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

A.	Full Name (Last, First, Middle Initial) Bellwether Consulting Mailing Address 1775 I St NW Ste 700 City Washington State DC Zip Code 20006 Purpose of Disbursement PAC Fundraising Expenses - Small Event 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: SB21B.4532 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 8	Amount of Each Disbursement this Period 1409.02
B.	Full Name (Last, First, Middle Initial) Bellwether Consulting Mailing Address 1775 I St NW Ste 700 City Washington State DC Zip Code 20006 Purpose of Disbursement PAC Fundraising 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) ▼	Transaction ID: SB21B.4534 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 8	Amount of Each Disbursement this Period 3050.00
C.	Full Name (Last, First, Middle Initial) Bellwether Consulting Mailing Address 1775 I St NW Ste 700 City Washington State DC Zip Code 20006 Purpose of Disbursement PAC Fundraising 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) ▼	Transaction ID: SB21B.4528 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 8	Amount of Each Disbursement this Period 350.00

SUBTOTAL of Disbursements This Page (optional) ▶

4809.02

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 13 / 23

<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

<p>A. Full Name (Last, First, Middle Initial) Chef De Cuisine</p> <p>Mailing Address 1161 Wayzata Blvd E #98</p> <p>City Wayzata State MN Zip Code 55391</p> <p>Purpose of Disbursement PAC Fundraising Event - Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4535</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5680.44"/></p> <p>Category/Type: <input type="text" value="003"/></p>
<p>B. Full Name (Last, First, Middle Initial) FedEx</p> <p>Mailing Address 8300 City Center Drive</p> <p>City Woodbury State MN Zip Code 55125</p> <p>Purpose of Disbursement PAC Delivery Costs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4523</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="57.86"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>C. Full Name (Last, First, Middle Initial) FLS Connect, LLC</p> <p>Mailing Address 7300 Hudson Blvd Suite 270</p> <p>City St Paul State MN Zip Code 55128</p> <p>Purpose of Disbursement Consulting - PAC mgmt salaries, rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4538</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3500.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) FLS Connect, LLC	Transaction ID: SB21B.4539 Date of Disbursement
	Mailing Address 7300 Hudson Blvd Suite 270	<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City St Paul State MN Zip Code 55128	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting - PAC Fundraising Fees	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="003"/> 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) FLS Connect, LLC	Transaction ID: SB21B.4540 Date of Disbursement
	Mailing Address 7300 Hudson Blvd Suite 270	<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City St Paul State MN Zip Code 55128	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting - PAC mgmt salaries, rent	<input type="text" value="3500.00"/>
	Candidate Name	<input type="text" value="001"/> 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) FLS Connect, LLC	Transaction ID: SB21B.4541 Date of Disbursement
	Mailing Address 7300 Hudson Blvd Suite 270	<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City St Paul State MN Zip Code 55128	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting - PAC Fundraising Fees	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="003"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

<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.	Full Name (Last, First, Middle Initial) Park Midway Bank	Transaction ID: SB21B.4496 Date of Disbursement
	Mailing Address 2265 Como Avenue	<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City St Paul State MN Zip Code 55108	Amount of Each Disbursement this Period
	Purpose of Disbursement LPAC Lodging and CC fees Candidate Name	<input type="text" value="1230.10"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="002"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Park Midway Bank	Transaction ID: SB21B.4496.0 Date of Disbursement
	Mailing Address 2265 Como Avenue	<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City St Paul State MN Zip Code 55108	Amount of Each Disbursement this Period
	Purpose of Disbursement Hotel Palomar - LPAC Lodging Candidate Name	<input type="text" value="1000.64"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="002"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Park Midway Bank	Transaction ID: SB21B.4509 Date of Disbursement
	Mailing Address 2265 Como Avenue	<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City St Paul State MN Zip Code 55108	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank and Credit Card Fees Candidate Name	<input type="text" value="141.92"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1372.02"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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.

Full Name (Last, First, Middle Initial)
Richard Nelson

Transaction ID: SB21B.4542
Date of Disbursement

Mailing Address 1975 Portland Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	0	8

City State Zip Code
St Paul MN 55104

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Consulting - PAC Fundraising

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Sharing and Caring Hands

Transaction ID: SB21B.4525
Date of Disbursement

Mailing Address 525 N 7th Street

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	8

City State Zip Code
Minneapolis MN 55405

Amount of Each Disbursement this Period

10000.00

Purpose of Disbursement
Charitable Donation

012

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

40963.02

**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 17 / 23

<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

A.

Full Name (Last, First, Middle Initial)
JOHANNIS FOR SENATE INC

Transaction ID: SB23.4495

Date of Disbursement

Mailing Address 1201 O STREET SUITE 101

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	8

City State Zip Code
LINCOLN NE 68506

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NE District: 00

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

5000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

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

Outstanding Balance Beginning This Period <input type="text" value="350.00"/>		Transaction ID: SD10.4448	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="350.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>		Transaction ID: SD10.4449	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect, LLC			Nature of Debt (Purpose): Consulting-PAC mgmt salaries, rent
Mailing Address 7300 Hudson Blvd Suite 270			
City St Paul	State MN	ZIP Code 55128	

Outstanding Balance Beginning This Period <input type="text" value="3500.00"/>		Transaction ID: SD10.4243	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect, LLC	Nature of Debt (Purpose): Consulting - PAC Fundraising Fees
Mailing Address 7300 Hudson Blvd Suite 270	
City State ZIP Code St Paul MN 55128	

Outstanding Balance Beginning This Period 2500.00	Transaction ID: SD10.4249	
Amount Incurred This Period 0.00	Payment This Period 2500.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect, LLC	Nature of Debt (Purpose): Consulting-PAC mgmt salaries, rent
Mailing Address 7300 Hudson Blvd Suite 270	
City State ZIP Code St Paul MN 55128	

Outstanding Balance Beginning This Period 3500.00	Transaction ID: SD10.4242	
Amount Incurred This Period 0.00	Payment This Period 3500.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect, LLC	Nature of Debt (Purpose): Consulting - PAC Fundraising Fees
Mailing Address 7300 Hudson Blvd Suite 270	
City State ZIP Code St Paul MN 55128	

Outstanding Balance Beginning This Period 2500.00	Transaction ID: SD10.4248	
Amount Incurred This Period 0.00	Payment This Period 2500.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	0.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect, LLC	Nature of Debt (Purpose): Consulting-PAC mgmt salaries, rent
Mailing Address 7300 Hudson Blvd Suite 270	
City State ZIP Code St Paul MN 55128	

Outstanding Balance Beginning This Period 3500.00	Transaction ID: SD10.4241	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect, LLC	Nature of Debt (Purpose): Consulting - PAC Fundraising Fees
Mailing Address 7300 Hudson Blvd Suite 270	
City State ZIP Code St Paul MN 55128	

Outstanding Balance Beginning This Period 2500.00	Transaction ID: SD10.4247	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect, LLC	Nature of Debt (Purpose): Consulting-PAC mgmt salaries, rent
Mailing Address 7300 Hudson Blvd Suite 270	
City State ZIP Code St Paul MN 55128	

Outstanding Balance Beginning This Period 3500.00	Transaction ID: SD10.4238	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

1) SUBTOTALS This Period This Page (optional).....	9500.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect, LLC	Nature of Debt (Purpose): Consulting - PAC Fundraising Fees
Mailing Address 7300 Hudson Blvd Suite 270	
City State ZIP Code St Paul MN 55128	

Outstanding Balance Beginning This Period 2500.00	Transaction ID: SD10.4246	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect, LLC	Nature of Debt (Purpose): Reimburse for Lodging on 11/20/2007
Mailing Address 7300 Hudson Blvd Suite 270	
City State ZIP Code St Paul MN 55128	

Outstanding Balance Beginning This Period 473.83	Transaction ID: SD10.4262	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 473.83

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect, LLC	Nature of Debt (Purpose): Consulting-PAC mgmt salaries, rent
Mailing Address 7300 Hudson Blvd Suite 270	
City State ZIP Code St Paul MN 55128	

Outstanding Balance Beginning This Period 3500.00	Transaction ID: SD10.4237	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

1) SUBTOTALS This Period This Page (optional).....	6473.83
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect, LLC	Nature of Debt (Purpose): Consulting - PAC Fundraising Fees
Mailing Address 7300 Hudson Blvd Suite 270	
City State ZIP Code St Paul MN 55128	

Outstanding Balance Beginning This Period 2500.00	Transaction ID: SD10.4245	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect, LLC	Nature of Debt (Purpose): Consulting - PAC Fundraising
Mailing Address 7300 Hudson Blvd Suite 270	
City State ZIP Code St Paul MN 55128	

Outstanding Balance Beginning This Period 2500.00	Transaction ID: SD10.4464	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect, LLC	Nature of Debt (Purpose): Consulting - PAC mgmt salaries, rent
Mailing Address 7300 Hudson Blvd Suite 270	
City State ZIP Code St Paul MN 55128	

Outstanding Balance Beginning This Period 3500.00	Transaction ID: SD10.4465	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

1) SUBTOTALS This Period This Page (optional).....	8500.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect, LLC	Nature of Debt (Purpose): Consulting - PAC Fundrais- ing
Mailing Address 7300 Hudson Blvd Suite 270	
City State ZIP Code St Paul MN 55128	

Outstanding Balance Beginning This Period 2500.00	Transaction ID: SD10.4466	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect, LLC	Nature of Debt (Purpose): Consulting - PAC mgmt sal- aries, rent
Mailing Address 7300 Hudson Blvd Suite 270	
City State ZIP Code St Paul MN 55128	

Outstanding Balance Beginning This Period 3500.00	Transaction ID: SD10.4467	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

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

Outstanding Balance Beginning This Period 3957.50	Transaction ID: SD10.4468	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3957.50

1) SUBTOTALS This Period This Page (optional).....	9957.50
2) TOTALS This Period (last page this line number only).....	34431.33
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	34431.33