

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines NORTHSTAR LEADERSHIP PAC

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

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

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

5. Covering Period 07 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jeff Larson

Signature of Treasurer Electronically Filed by Jeff Larson Date 01 28 2010

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

Office Use Only 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	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		27781.51
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	67278.88									
(c) Total Receipts (from Line 19)	45612.21	159726.72								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	112891.09	187508.23								
7. Total Disbursements (from Line 31)	83243.85	157860.99								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29647.24	29647.24								
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)	56432.25									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
NORTHSTAR LEADERSHIP PAC

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	30750.00	133750.00
(ii) Unitemized	14726.11	14726.11
(iii) TOTAL (add Lines 11(a)(i) and (ii)	45476.11	148476.11
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	11000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	45476.11	159476.11
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	136.10	250.61
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))	45612.21	159726.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	45612.21	159726.72

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	75743.85	140360.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	75743.85	140360.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	17500.00
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))..	83243.85	157860.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83243.85	157860.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	45476.11	159476.11
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45476.11	159476.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	75743.85	140360.99
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	75743.85	140360.99

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

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

FOR LINE NUMBER: PAGE 6 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
Mary Abroe
Mailing Address 212 Woodbine Ave
City Wilmette State IL Zip Code 60091
FEC ID number of contributing federal political committee. **C**
Name of Employer College of Lake County Occupation Teacher
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 10 / 05 / 2009
Transaction ID: SA11AI.5292
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Richard Ames
Mailing Address 2000 Ames Drive
City Burnsville State MN Zip Code 55306
FEC ID number of contributing federal political committee. **C**
Name of Employer Ames Construction Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 08 / 01 / 2009
Transaction ID: SA11AI.5570
Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
Kenneth Bialkin
Mailing Address Four Times Square
City New York State NY Zip Code 10036
FEC ID number of contributing federal political committee. **C**
Name of Employer Skadden Arps Slate et al Occupation Attorney
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 02 / 2009
Transaction ID: SA11AI.5464
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 6500.00
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 7 / 42
(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)
Marvin Borman

Mailing Address 1080 Tonkaway Rd

City State Zip Code
Long Lake MN 55356

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

Name of Employer Occupation
Maslon Edelman Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **08 / 26 / 2009**

Transaction ID: SA11AI.5046

Amount of Each Receipt this Period **500.00**

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

Mailing Address 700 New hampshire Ave NW

City State Zip Code
Washington DC 20037

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

Name of Employer Occupation
Alston & Bird Special Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 16 / 2009**

Transaction ID: SA11AI.5209

Amount of Each Receipt this Period **1000.00**

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

Mailing Address 7101 West 78th St

City State Zip Code
Bloomington MN 55439

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt **11 / 02 / 2009**

Transaction ID: SA11AI.5386

Amount of Each Receipt this Period **2500.00**

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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: (check only one)	PAGE 8 / 42
	<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) JAY FISHMAN	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address PO BOX 425	Transaction ID: SA11AI.5571
	City State Zip Code SARATOGA SPRINGS NY 12866	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation The Travelers Companies CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) JoAnn Greb	Date of Receipt MM / DD / YYYY 08 / 24 / 2009
	Mailing Address 8861 W Wilson Bay Dr	Transaction ID: SA11AI.4938
	City State Zip Code Hayward WI 54843	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Retired Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Warren Herreid	Date of Receipt MM / DD / YYYY 07 / 06 / 2009
	Mailing Address 4305 Trillium Way	Transaction ID: SA11AI.4780
	City State Zip Code Minnetrista MN 55364	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Kahr & Associates Consultant	
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)	6500.00
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 9 / 42
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)
Carol Hunter

Mailing Address 704 23rd St SW

City Austin State MN Zip Code 55912

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 19 / 2009

Transaction ID: SA11AI.4840

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Robert Kerbell

Mailing Address 3827 House Rd

City Eau Claire State WI Zip Code 54701

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

Name of Employer Loman Ed. Services Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 21 / 2009

Transaction ID: SA11AI.5487

Amount of Each Receipt this Period 2500.00

C.

Full Name (Last, First, Middle Initial)
Robert Klas

Mailing Address 1685 Marthaler Ln

City West St Paul State MN Zip Code 55118

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

Name of Employer Tapemark, Inc Occupation Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 20 / 2009

Transaction ID: SA11AI.4873

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00

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: (check only one)	PAGE 10 / 42
	<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) Richard Kleberg	Date of Receipt MM / DD / YYYY 09 / 04 / 2009
	Mailing Address PO Box 17777	Transaction ID: SA11AI.5167
	City State Zip Code San Antonio TX 78217	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SDF Enterprises Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

B.	Full Name (Last, First, Middle Initial) Marjorie Matheson	Date of Receipt MM / DD / YYYY 09 / 16 / 2009
	Mailing Address 147 Heather Ln	Transaction ID: SA11AI.5212
	City State Zip Code Mill Neck NY 11765	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 500.00

C.	Full Name (Last, First, Middle Initial) James Maxwell	Date of Receipt MM / DD / YYYY 08 / 24 / 2009
	Mailing Address PO Box 10009	Transaction ID: SA11AI.4936
	City State Zip Code Goldsboro NC 27532	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Goldsboro Milling Co Occupation Livestock Producer 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)	▶	1750.00
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 11 / 42
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)
Michael McGinn

Mailing Address 1451 Blackhawk Lake Dr

City State Zip Code
Eagan MN 55122

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

Name of Employer Occupation
USMS US Marshall

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2009

Transaction ID: SA11AI.4838

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
James Oriochio

Mailing Address 851 W 128th St

City State Zip Code
Burnsville MN 55337

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

Name of Employer Occupation
Coordinated Business Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2009

Transaction ID: SA11AI.4997

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Greg Pearson

Mailing Address 4400 Trillium Ln W

City State Zip Code
Minnetrista MN 55364

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

Name of Employer Occupation
Intel Americas Inc VP Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: SA11AI.5108

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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: (check only one)	PAGE 12 / 42
	<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)
Fredricq Rhoades

Mailing Address 5400 Highway 17

City Summersville State MO Zip Code 65571

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 04 / 2009

Transaction ID: SA11AI.5172

Amount of Each Receipt this Period 500.00

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

Mailing Address 4305 Trillium Way

City Minnetrista State MN Zip Code 55364

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

Name of Employer United Health Group Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 18 / 2009

Transaction ID: SA11AI.4816

Amount of Each Receipt this Period 1000.00

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

Mailing Address 1201 Yale Pl #702

City Minneapolis State MN Zip Code 55403

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

Name of Employer Retiree Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 17 / 2009

Transaction ID: SA11AI.4782

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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: (check only one)	PAGE 13 / 42
	<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

A.	Full Name (Last, First, Middle Initial) Maureen Schulze		Date of Receipt
	Mailing Address 5113 Schaefer Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 04 / 2009
	City	State	Zip Code
	Edina	MN	55436
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5166
Name of Employer Homemaker		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	<input type="text"/> 2500.00

B.	Full Name (Last, First, Middle Initial) Robert Sunderland		Date of Receipt
	Mailing Address 953 Pyrite Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 24 / 2009
	City	State	Zip Code
	Henderson	NV	89011
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4940
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Wayne Trewitt		Date of Receipt
	Mailing Address 8 oakhill Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 27 / 2009
	City	State	Zip Code
	Woodside	CA	94062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5064
Name of Employer Wastech Inc		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3250.00
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: PAGE 14 / 42

(check only one)

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

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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)
John Turner

Mailing Address 301 Kenwood Pkwy Atp 502

City State Zip Code
Minneapolis MN 55403

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.5437

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
John Turner

Mailing Address 301 Kenwood Pkwy Atp 502

City State Zip Code
Minneapolis MN 55403

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.5486

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Thomas Witkop

Mailing Address 3947 Middle Country Rd

City State Zip Code
Calverton NY 11933

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

Name of Employer Peconic Propane Occupation Owner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.5016

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

30750.00

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

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

FOR LINE NUMBER: PAGE 15 / 42
(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)
Park Midway Bank NA
Mailing Address 2265 Como Avenue

City State Zip Code
St Paul MN 55108

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: SA17.5562
 Amount of Each Receipt this Period
 22.15
 Interest Income from Bank

B. Full Name (Last, First, Middle Initial)
Park Midway Bank NA
Mailing Address 2265 Como Avenue

City State Zip Code
St Paul MN 55108

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.69

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: SA17.5563
 Amount of Each Receipt this Period
 24.71
 Interest Income from Bank

C. Full Name (Last, First, Middle Initial)
Park Midway Bank NA
Mailing Address 2265 Como Avenue

City State Zip Code
St Paul MN 55108

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA17.5564
 Amount of Each Receipt this Period
 19.92
 Interest Income from Bank

SUBTOTAL of Receipts This Page (optional) ► **66.78**

TOTAL This Period (last page this line number only) ► **66.78**

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 16 / 42

<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) 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.5558 Date of Disbursement 12 / 20 / 2009 Amount of Each Disbursement this Period 750.00 Category/ Type
B.	Full Name (Last, First, Middle Initial) Norm Coleman Mailing Address 909 Osceola Ave City St Paul State MN Zip Code 55105 Purpose of Disbursement Reimbursement - PAC Travel 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.5539 Date of Disbursement 09 / 04 / 2009 Amount of Each Disbursement this Period 432.19 Category/ Type
C.	Full Name (Last, First, Middle Initial) SLS Hotel Mailing Address 465 S La Cienega Blvd City Los Angeles State CA Zip Code 90048 Purpose of Disbursement PAC Travel Costs 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.5539.0 Date of Disbursement 07 / 03 / 2009 Amount of Each Disbursement this Period 432.19 Category/ Type [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

1182.19

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) Elizabeth Maruggi	Transaction ID: SB21B.5490 Date of Disbursement 07 / 01 / 2009
	Mailing Address 660 Howell Street S	Amount of Each Disbursement this Period 3500.00
	City St Paul State MN Zip Code 55116	
	Purpose of Disbursement Consulting - PAC Administrative Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Elizabeth Maruggi	Transaction ID: SB21B.5493 Date of Disbursement 07 / 15 / 2009
	Mailing Address 660 Howell Street S	Amount of Each Disbursement this Period 3500.00
	City St Paul State MN Zip Code 55116	
	Purpose of Disbursement Consulting - PAC Administrative Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Elizabeth Maruggi	Transaction ID: SB21B.5496 Date of Disbursement 07 / 31 / 2009
	Mailing Address 660 Howell Street S	Amount of Each Disbursement this Period 3500.00
	City St Paul State MN Zip Code 55116	
	Purpose of Disbursement Consulting - PAC Administrative 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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	10500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) Elizabeth Maruggi Mailing Address 660 Howell Street S City St Paul State MN Zip Code 55116 Purpose of Disbursement Consulting - PAC Administrative Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5502 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 9 Amount of Each Disbursement this Period 3500.00
B.	Full Name (Last, First, Middle Initial) FLS Connect, LLC Mailing Address 7300 Hudson Blvd Suite 270 City St Paul State MN Zip Code 55128 Purpose of Disbursement Consulting - 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.5550 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 9 Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) FLS Connect, LLC Mailing Address 7300 Hudson Blvd Suite 270 City St Paul State MN Zip Code 55128 Purpose of Disbursement Consulting - 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.5551 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 9 Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional)	8500.00
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

A.	Full Name (Last, First, Middle Initial) FLS Connect, LLC	Transaction ID: SB21B.5552 Date of Disbursement 12 / 20 / 2009
	Mailing Address 7300 Hudson Blvd Suite 270	Amount of Each Disbursement this Period 2500.00
	City St Paul State MN Zip Code 55128	
	Purpose of Disbursement Consulting - PAC Fundraising Fees	Category/ Type
	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:	

B.	Full Name (Last, First, Middle Initial) FLS Connect, LLC	Transaction ID: SB21B.5553 Date of Disbursement 12 / 20 / 2009
	Mailing Address 7300 Hudson Blvd Suite 270	Amount of Each Disbursement this Period 3500.00
	City St Paul State MN Zip Code 55128	
	Purpose of Disbursement Consulting - PAC Mgmt Salaries, Rent	Category/ Type
	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:	

C.	Full Name (Last, First, Middle Initial) FLS Connect, LLC	Transaction ID: SB21B.5554 Date of Disbursement 12 / 20 / 2009
	Mailing Address 7300 Hudson Blvd Suite 270	Amount of Each Disbursement this Period 3500.00
	City St Paul State MN Zip Code 55128	
	Purpose of Disbursement Consulting - PAC Mgmt Salaries, Rent	Category/ Type
	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)	9500.00
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

A.

Full Name (Last, First, Middle Initial)
FLS Connect, LLC

Transaction ID: SB21B.5555
Date of Disbursement

Mailing Address 7300 Hudson Blvd
Suite 270

/ /

City State Zip Code
St Paul MN 55128

Amount of Each Disbursement this Period

Purpose of Disbursement
Consulting - PAC Mgmt Salaries, Rent
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Thomas McGill

Transaction ID: SB21B.5492
Date of Disbursement

Mailing Address 840 Linwood Ave

/ /

City State Zip Code
St Paul MN 55105

Amount of Each Disbursement this Period

Purpose of Disbursement
Consulting - PAC Fundraising Fee
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Park Midway Bank NA

Transaction ID: SB21B.5495
Date of Disbursement

Mailing Address 2265 Como Avenue

/ /

City State Zip Code
St Paul MN 55108

Amount of Each Disbursement this Period

Purpose of Disbursement
Bank and CC Service Fees
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: District:

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)

PAGE 21 / 42

<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 NA	Transaction ID: SB21B.5505 Date of Disbursement
	Mailing Address 2265 Como Avenue	<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City St Paul State MN Zip Code 55108	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank and CC Services Fees	<input type="text" value="40.77"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Park Midway Bank NA	Transaction ID: SB21B.5541 Date of Disbursement
	Mailing Address 2265 Como Avenue	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City St Paul State MN Zip Code 55108	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank and CC Service Fees	<input type="text" value="105.32"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Park Midway Bank NA	Transaction ID: SB21B.5542 Date of Disbursement
	Mailing Address 2265 Como Avenue	<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City St Paul State MN Zip Code 55108	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank and CC Service Fees	<input type="text" value="27.21"/>
	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)	<input type="text" value="173.30"/>
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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Park Midway Bank NA</p> <p>Mailing Address 2265 Como Avenue</p> <p>City St Paul State MN Zip Code 55108</p> <p>Purpose of Disbursement Bank and CC Service Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5517</p> <p>Date of Disbursement 10 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 27.25</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Park Midway Bank NA</p> <p>Mailing Address 2265 Como Avenue</p> <p>City St Paul State MN Zip Code 55108</p> <p>Purpose of Disbursement Bank and CC Service Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5518</p> <p>Date of Disbursement 11 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 98.19</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Park Midway Bank NA</p> <p>Mailing Address 2265 Como Avenue</p> <p>City St Paul State MN Zip Code 55108</p> <p>Purpose of Disbursement Bank and CC Service Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5520</p> <p>Date of Disbursement 12 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 33.33</p>

SUBTOTAL of Disbursements This Page (optional) ▶

158.77

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 / 42

<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) Patton Boggs LLP	Transaction ID: SB21B.5547 Date of Disbursement 12 / 20 / 2009
	Mailing Address 2550 M Street NW	Amount of Each Disbursement this Period 360.00
	City Washington State DC Zip Code 20037	
	Purpose of Disbursement Legal 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) ▼

B.	Full Name (Last, First, Middle Initial) Patton Boggs LLP	Transaction ID: SB21B.5548 Date of Disbursement 12 / 20 / 2009
	Mailing Address 2550 M Street NW	Amount of Each Disbursement this Period 1253.75
	City Washington State DC Zip Code 20037	
	Purpose of Disbursement Legal 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) ▼

C.	Full Name (Last, First, Middle Initial) Patton Boggs LLP	Transaction ID: SB21B.5549 Date of Disbursement 12 / 20 / 2009
	Mailing Address 2550 M Street NW	Amount of Each Disbursement this Period 817.65
	City Washington State DC Zip Code 20037	
	Purpose of Disbursement Legal 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) ▼

SUBTOTAL of Disbursements This Page (optional)	2431.40
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)

<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) Pinnacle Direct	Transaction ID: SB21B.5501 Date of Disbursement
	Mailing Address 15260 113th St N	<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Stillwater State MN Zip Code 55082	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Direct Mail - Fundraising	<input type="text" value="5085.35"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Pinnacle Direct	Transaction ID: SB21B.5512 Date of Disbursement
	Mailing Address 15260 113th St N	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Stillwater State MN Zip Code 55082	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Direct Mail - Fundraising	<input type="text" value="9209.66"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Pinnacle Direct	Transaction ID: SB21B.5519 Date of Disbursement
	Mailing Address 15260 113th St N	<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Stillwater State MN Zip Code 55082	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Direct Mail - Fundraising	<input type="text" value="5775.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="20070.01"/>
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.5491
Date of Disbursement

Mailing Address 1975 Portland Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	0	9

City St Paul State MN Zip Code 55104

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Consulting - PAC Fundraising Fee

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

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

Transaction ID: SB21B.5497
Date of Disbursement

Mailing Address 1975 Portland Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	9

City St Paul State MN Zip Code 55104

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Consulting - PAC Fundraising Fees

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Kathie Roberts

Transaction ID: SB21B.5509
Date of Disbursement

Mailing Address 7300 Hudson Blvd

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	9

City St Paul State MN Zip Code 55128

Amount of Each Disbursement this Period

296.25

Purpose of Disbursement
PAC ADMINISTRATIVE CONSULTANT FEE

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

10296.25

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)
US Postmaster

Transaction ID: SB21B.5498
Date of Disbursement

Mailing Address 316 Robert Street N

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	9

City St Paul State MN Zip Code 55101

Amount of Each Disbursement this Period

Purpose of Disbursement
PAC - BRM annual postage fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
US Postmaster

Transaction ID: SB21B.5499
Date of Disbursement

Mailing Address 316 Robert Street N

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	9

City St Paul State MN Zip Code 55101

Amount of Each Disbursement this Period

Purpose of Disbursement
PAC Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
US Postmaster

Transaction ID: SB21B.5503
Date of Disbursement

Mailing Address 316 Robert Street N

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	9

City St Paul State MN Zip Code 55101

Amount of Each Disbursement this Period

Purpose of Disbursement
PAC Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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)

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

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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) US Postmaster Mailing Address 316 Robert Street N City St Paul State MN Zip Code 55101 Purpose of Disbursement PAC Post Office Box rental fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5504 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 9	Amount of Each Disbursement this Period 44.00
B.	Full Name (Last, First, Middle Initial) US Postmaster Mailing Address 316 Robert Street N City St Paul State MN Zip Code 55101 Purpose of Disbursement PAC Postage 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.5510 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period 88.00
C.	Full Name (Last, First, Middle Initial) US Postmaster Mailing Address 316 Robert Street N City St Paul State MN Zip Code 55101 Purpose of Disbursement PAC Postage 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.5516 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 9	Amount of Each Disbursement this Period 44.00

SUBTOTAL of Disbursements This Page (optional)	176.00
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

A.	Full Name (Last, First, Middle Initial) VISA - Park Midway Bank <hr/> Mailing Address PO BOX 790408 <hr/> City ST LOUIS State MO Zip Code 63179 <hr/> Purpose of Disbursement PAC Travel Costs Candidate Name <hr/> 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.5525 Date of Disbursement 07 / 06 / 2009 <hr/> Amount of Each Disbursement this Period 1333.77 <hr/> Category/Type
B.	Full Name (Last, First, Middle Initial) NWA Airlines <hr/> Mailing Address <hr/> City St Paul State MN Zip Code 55104 <hr/> Purpose of Disbursement AIR FARE - PAC Meeting Candidate Name <hr/> 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.5525.0 Date of Disbursement 05 / 18 / 2009 <hr/> Amount of Each Disbursement this Period 257.19 <hr/> Category/Type [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) NWA Airlines <hr/> Mailing Address <hr/> City St Paul State MN Zip Code 55104 <hr/> Purpose of Disbursement AIR FARE - PAC Meeting Candidate Name <hr/> 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.5525.1 Date of Disbursement 05 / 20 / 2009 <hr/> Amount of Each Disbursement this Period 369.20 <hr/> Category/Type [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	1333.77
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) Fairmount Hotel	Transaction ID: SB21B.5525.2
	Mailing Address	Date of Disbursement 05 / 23 / 2009
	City: San Francisco State: CA Zip Code	Amount of Each Disbursement this Period 333.80
	Purpose of Disbursement: Hotel for PAC Meeting	[MEMO ITEM]
	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:	

B.	Full Name (Last, First, Middle Initial) VISA - Park Midway Bank	Transaction ID: SB21B.5533
	Mailing Address: PO BOX 790408	Date of Disbursement 08 / 31 / 2009
	City: ST LOUIS State: MO Zip Code: 63179	Amount of Each Disbursement this Period 330.13
	Purpose of Disbursement: PAC Travel Costs	[MEMO ITEM]
	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:	

C.	Full Name (Last, First, Middle Initial) NWA Airlines	Transaction ID: SB21B.5533.0
	Mailing Address	Date of Disbursement 07 / 02 / 2009
	City: St Paul State: MN Zip Code: 55104	Amount of Each Disbursement this Period 269.20
	Purpose of Disbursement: AIR FARE - PAC Travel Costs	[MEMO ITEM]
	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)	330.13
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) VISA - Park Midway Bank	Transaction ID: SB21B.5535 Date of Disbursement
	Mailing Address PO BOX 790408	<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City ST LOUIS State MO Zip Code 63179	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC BRM Permit Renewal	<input type="text" value="185.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) VISA - Park Midway Bank	Transaction ID: SB21B.5543 Date of Disbursement
	Mailing Address PO BOX 790408	<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City ST LOUIS State MO Zip Code 63179	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Travel Costs	<input type="text" value="906.82"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NWA Airlines	Transaction ID: SB21B.5543.0 Date of Disbursement
	Mailing Address	<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City St Paul State MN Zip Code 55104	Amount of Each Disbursement this Period
	Purpose of Disbursement AIRFARE - PAC Travel Costs	<input type="text" value="671.21"/>
	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]

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)

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

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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial) HYATT Regency Riverfront Mailing Address City State Zip Code St Louis MO Purpose of Disbursement PAC Travel - 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: SB21B.5543.1 Date of Disbursement 09 / 23 / 2009
	Amount of Each Disbursement this Period 235.61 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) White House Custom Colour Mailing Address 2840 Lone Oak Parkway City State Zip Code Eagan MN 55121 Purpose of Disbursement PAC Fundraising - Printing costs 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.5556 Date of Disbursement 12 / 20 / 2009
	Amount of Each Disbursement this Period 3450.00

SUBTOTAL of Disbursements This Page (optional)

3450.00

TOTAL This Period (last page this line number only)

75704.25

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 / 42

<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) BACHMANN FOR CONGRESS Mailing Address PO Box 25950 City Woodbury State MN Zip Code 55125 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5489 Date of Disbursement 07 / 01 / 2009
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE COMMITTEE Mailing Address 8331 LITTLE HARBOR DRIVE City CINCINNATI State OH Zip Code 45244 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5513 Date of Disbursement 09 / 30 / 2009
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE; THE Mailing Address POST OFFICE BOX 5928 City WINSTON-SALEM State NC Zip Code 27113 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5575 Date of Disbursement 11 / 16 / 2009
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

7500.00

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	State	ZIP Code	
Washington	DC	20006	

Outstanding Balance Beginning This Period <input type="text" value="750.00"/>		Transaction ID: SD10.4766	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="750.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 <input type="text" value="2500.00"/>		Transaction ID: SD10.4464	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2500.00"/>	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	State	ZIP Code	
St Paul	MN	55128	

Outstanding Balance Beginning This Period <input type="text" value="3500.00"/>		Transaction ID: SD10.4465	
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)	PAGE 34 / 42
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 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 <input type="text" value="2500.00"/>	Transaction ID: SD10.4466	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 <input type="text" value="3500.00"/>	Transaction ID: SD10.4467	
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"/>

C. 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 <input type="text" value="3500.00"/>	Transaction ID: SD10.4587	
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: SD10.4588	
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 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: SD10.4630	
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: SD10.4632	
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).....	▶	6000.00
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: SD10.4633	
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: SD10.4634	
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 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: SD10.4640	
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: SD10.4641	
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 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: SD10.4767	
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: SD10.4768	
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 Fundraising Fees
Mailing Address 7300 Hudson Blvd Suite 270	
City State ZIP Code St Paul MN 55128	

Outstanding Balance Beginning This Period <input type="text" value="2500.00"/>	Transaction ID: SD10.4769	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2500.00"/>

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 <input type="text" value="3500.00"/>	Transaction ID: SD10.4770	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3500.00"/>

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 <input type="text" value="2500.00"/>	Transaction ID: SD10.4771	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2500.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="8500.00"/>
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
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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: SD10.4772	
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: SD10.4773	
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: SD10.4774	
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)	PAGE 40 / 42
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 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 <input type="text" value="2500.00"/>	Transaction ID: SD10.4775	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2500.00"/>

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 <input type="text" value="3500.00"/>	Transaction ID: SD10.4776	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3500.00"/>

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 <input type="text" value="2500.00"/>	Transaction ID: SD10.4777	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2500.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="8500.00"/>
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)	PAGE 41 / 42
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 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: SD10.4778	
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): PAC Fundraising fees
Mailing Address 7300 Hudson Blvd Suite 270	
City State ZIP Code St Paul MN 55128	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.5582	
Amount Incurred This Period 1036.35	Payment This Period 0.00	Outstanding Balance at Close of This Period 1036.35

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

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.5583	
Amount Incurred This Period 1395.90	Payment This Period 0.00	Outstanding Balance at Close of This Period 1395.90

1) SUBTOTALS This Period This Page (optional).....	5932.25
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)	PAGE 42 / 42
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A. 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 360.00	Transaction ID: SD10.4635	
Amount Incurred This Period 0.00	Payment This Period 360.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 1253.75	Transaction ID: SD10.4765	
Amount Incurred This Period 0.00	Payment This Period 1253.75	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).....	56432.25
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)	56432.25