

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

FOLLOW THE NORTH STAR FUND

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="2026.80"/>	<input type="text" value="2026.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2026.80"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="153300.00"/>	<input type="text" value="153300.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="155326.80"/>	<input type="text" value="155326.80"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="133678.14"/>	<input type="text" value="133678.14"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="21648.66"/>	<input type="text" value="21648.66"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

FOLLOW THE NORTH STAR FUND

Report Covering the Period: From: 01 / 01 / 2013 To: 06 / 30 / 2013

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).....	73800.00	73800.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	73800.00	73800.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	79500.00	79500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	153300.00	153300.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	153300.00	153300.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	153300.00	153300.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	66178.14	66178.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	66178.14	66178.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	65000.00	65000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	2500.00	2500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	133678.14	133678.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	133678.14	133678.14

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	153300.00	153300.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	153300.00	153300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	66178.14	66178.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	66178.14	66178.14

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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)
FOLLOW THE NORTH STAR FUND

Full Name (Last, First, Middle Initial) A. Page Knudsen Cowles		Date of Receipt
Mailing Address 475 Grand Hill		<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City State Zip Code St Paul MN 55102		Transaction ID : SA11AI.7299
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Name of Employer None	Occupation Philanthropist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) B. John Cowles III		Date of Receipt
Mailing Address 475 Grand Hill		<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City State Zip Code St Paul MN 55102		Transaction ID : SA11AI.7297
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Name of Employer Unity Ave Assoc	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) C. Annamarie A Daley		Date of Receipt
Mailing Address 2815 Capriole Dr		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City State Zip Code Medina MN 55340		Transaction ID : SA11AI.7463
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Name of Employer Robins, Kaplan, Miller, Ceresi	Occupation Attorney	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Linda Hall Daschle		Date of Receipt
Mailing Address 2830 Foxhall Rd NW		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20007
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7398
Name of Employer	Occupation	Amount of Each Receipt this Period
Baker Donelson	Attorney	<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. James D Deal		Date of Receipt
Mailing Address PO Box 159		<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Anoka	MN	55303
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7415
Name of Employer	Occupation	Amount of Each Receipt this Period
NAU Country Ins Co	Executive	<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mrs. Pamela S Deal		Date of Receipt
Mailing Address PO Box 159		<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Anoka	MN	55303
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7416
Name of Employer	Occupation	Amount of Each Receipt this Period
Retired	Retired	<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 8 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Kelly Doran

Mailing Address 404 River St

City State Zip Code
Minneapolis MN 55401

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

Name of Employer Occupation
Doran Companies Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : SA11AI.7291

Amount of Each Receipt this Period
2500.00

Contribution

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

Mailing Address 20 Meriland Ave

City State Zip Code
Edina MN 55436

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

Name of Employer Occupation
Health EZ CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : SA11AI.7306

Amount of Each Receipt this Period
2500.00

Contribution

Full Name (Last, First, Middle Initial)
C. Lawrence J Field

Mailing Address 1915 Noble Drive

City State Zip Code
Golden Valley MN 55422

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

Name of Employer Occupation
Leonard Street and Deinard Lawyer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : SA11AI.7295

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 10000.00

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 9 OF 52
	<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)
FOLLOW THE NORTH STAR FUND

A. Barbara L Forster
Full Name (Last, First, Middle Initial)

Mailing Address 700 South Second St
Loft 71

City Minneapolis State MN Zip Code 55401

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 ▼
2500.00

Date of Receipt
04 / 03 / 2013
Transaction ID : SA11AI.7442

Amount of Each Receipt this Period
2500.00

Contribution

B. Karen M Grabow
Full Name (Last, First, Middle Initial)

Mailing Address 2743 Dean Parkway

City Minneapolis State MN Zip Code 55416

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

Name of Employer Land O'Lakes Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
01 / 23 / 2013
Transaction ID : SA11AI.7301

Amount of Each Receipt this Period
2500.00

Contribution

C. Karen M Grabow
Full Name (Last, First, Middle Initial)

Mailing Address 2743 Dean Parkway

City Minneapolis State MN Zip Code 55416

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

Name of Employer Land O Lakes Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
05 / 10 / 2013
Transaction ID : SA11AI.7465

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶ 10000.00

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 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Cindy Harrell-Horn
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 St Cloud Road
 City Los Angeles State CA Zip Code 90077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Homemaker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 08 / 2013
Transaction ID : SA11AI.7447
 Amount of Each Receipt this Period 1000.00
 Contribution

B. Samuel D Heins
 Full Name (Last, First, Middle Initial)
 Mailing Address 2730 Woolsey Ln
 City Wayzata State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heins Mills & Olson Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 03 / 2013
Transaction ID : SA11AI.7443
 Amount of Each Receipt this Period 2500.00
 Contribution

C. Claudia M James
 Full Name (Last, First, Middle Initial)
 Mailing Address 3167 19th St N
 City Arlington State VA Zip Code 22201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Podesta Group Occupation Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 29 / 2013
Transaction ID : SA11AI.7399
 Amount of Each Receipt this Period 1000.00
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00
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 11 OF 52
	<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)
FOLLOW THE NORTH STAR FUND

Full Name (Last, First, Middle Initial) A. Allen Lenzmeier		Date of Receipt MM / DD / YYYY 04 / 03 / 2013 Transaction ID : SA11AI.7441
Mailing Address 750 S 2nd St Apt 802		Amount of Each Receipt this Period 2500.00
City Minneapolis	State MN	Zip Code 55401
FEC ID number of contributing federal political committee.	C	
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Christopher R O'Neil		Date of Receipt MM / DD / YYYY 03 / 29 / 2013 Transaction ID : SA11AI.7401
Mailing Address 1310 19th St NW		Amount of Each Receipt this Period 1000.00
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee.	C	
Name of Employer O'Neil, Athy, & Casey	Occupation Attorney	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Vance K Opperman		Date of Receipt MM / DD / YYYY 06 / 13 / 2013 Transaction ID : SA11AI.7479
Mailing Address 225 South Sixth St Suite 5200		Amount of Each Receipt this Period 5000.00
City Minneapolis	State MN	Zip Code 55402
FEC ID number of contributing federal political committee.	C	
Name of Employer Key Investment Inc	Occupation Executive	Contribution
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).....▶	8500.00
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 OF 52
	<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)
FOLLOW THE NORTH STAR FUND

A. James Pohlad
Full Name (Last, First, Middle Initial)

Mailing Address 3811 Sheridan Ave S

City Minneapolis State MN Zip Code 55410

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

Name of Employer Pohlad Companies Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 13 / 2013
Transaction ID : SA11AI.7493

Amount of Each Receipt this Period 5000.00

Contribution

B. Terry T Saario
Full Name (Last, First, Middle Initial)

Mailing Address 34 Park Lane

City Minneapolis State MN Zip Code 55416

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 ▼ 2500.00

Date of Receipt 04 / 24 / 2013
Transaction ID : SA11AI.7464

Amount of Each Receipt this Period 2500.00

Contribution

C. Shakopee Mdewakanton Sioux
Full Name (Last, First, Middle Initial)

Mailing Address 2330 Sioux Trail NW

City Prior Lake State MN Zip Code 55372

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

Name of Employer NA Occupation NA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 23 / 2013
Transaction ID : SA11AI.7308

Amount of Each Receipt this Period 2500.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶ 10000.00

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 13 OF 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. ActBlue Techincal Services		Date of Receipt
Mailing Address 14 Arrow Street Suite 11		<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Cambridge	State MA	Zip Code 02138
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7307
Name of Employer N/A	Occupation N/A	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 ▼	<input type="text" value="300.00"/>
	<input type="text" value="300.00"/>	Contribution

Full Name (Last, First, Middle Initial) B. Karen Ritchie		Date of Receipt
Mailing Address 5163 North Duluth		<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Duluth	State MN	Zip Code 55804
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7307.1
Name of Employer Not employed	Occupation Not employed	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 ▼	<input type="text" value="250.00"/>
	<input type="text" value="250.00"/>	Contribution
		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. ActBlue Techincal Services		Date of Receipt
Mailing Address 14 Arrow Street Suite 11		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City Cambridge	State MA	Zip Code 02138
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7449
Name of Employer N/A	Occupation N/A	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 ▼	<input type="text" value="1000.00"/>
	<input type="text" value="1300.00"/>	Contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 14 OF 52
	<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)
FOLLOW THE NORTH STAR FUND

Full Name (Last, First, Middle Initial) A. Matthew Tanielian		Date of Receipt MM / DD / YYYY 04 / 08 / 2013 Transaction ID : SA11AI.7449.0
Mailing Address 5615 Wilson		Amount of Each Receipt this Period 1000.00
City Bethesda	State MD	Zip Code 20814
FEC ID number of contributing federal political committee. C	Contribution [MEMO ITEM]	
Name of Employer Consultant	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Receipt MM / DD / YYYY 04 / 08 / 2013 Transaction ID : SA11AI.7450
Mailing Address 14 Arrow Street Suite 11		Amount of Each Receipt this Period 5000.00
City Cambridge	State MA	Zip Code 02138
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer N/A	Occupation N/A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6300.00	

Full Name (Last, First, Middle Initial) C. Adam O Emmerich		Date of Receipt MM / DD / YYYY 04 / 08 / 2013 Transaction ID : SA11AI.7450.0
Mailing Address 51 West 52nd St		Amount of Each Receipt this Period 5000.00
City New York	State NY	Zip Code 10019
FEC ID number of contributing federal political committee. C	Contribution [MEMO ITEM]	
Name of Employer Wachtell Lipton	Occupation Attorney	
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).....▶	

**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 15 OF 52
	<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)
FOLLOW THE NORTH STAR FUND

A. ActBlue Techincal Services
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Arrow Street
 Suite 11
 City Cambridge State MA Zip Code 02138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation N/A
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 8300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2013
Transaction ID : SA11AI.7480
 Amount of Each Receipt this Period
 2000.00
 Contribution

B. David C Cox
 Full Name (Last, First, Middle Initial)
 Mailing Address 1920 S 1st St, Apt 403
 City Minneapolis State MN Zip Code 55454
 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 ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2013
Transaction ID : SA11AI.7480.0
 Amount of Each Receipt this Period
 2000.00
 Contribution
[MEMO ITEM]

C. Peter A Vorbrich
 Full Name (Last, First, Middle Initial)
 Mailing Address 4309 Fremont Ave S
 City Minneapolis State MN Zip Code 55409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarVal Investors Occupation Executive
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2013
Transaction ID : SA11AI.7413
 Amount of Each Receipt this Period
 5000.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	7000.00
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 16 OF 52
(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)
FOLLOW THE NORTH STAR FUND

A. Full Name (Last, First, Middle Initial)
Sarah R Winton

Mailing Address 117 Portland Ave S
#1601

City State Zip Code
Minneapolis MN 55401

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 23 / 2013

Transaction ID : SA11AI.7304

Amount of Each Receipt this Period
2500.00

Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	73800.00

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

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

FOR LINE NUMBER: PAGE 17 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. 3M COMPANY PAC

Mailing Address 3M CENTER BUILDING 224-6S-03

City ST. PAUL State MN Zip Code 55144

FEC ID number of contributing federal political committee. **C** C00084475

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2013
Transaction ID : SA11C.7417

Amount of Each Receipt this Period
2500.00

Contribution

Full Name (Last, First, Middle Initial)
B. 3M COMPANY PAC

Mailing Address 3M CENTER BUILDING 224-6S-03

City ST. PAUL State MN Zip Code 55144

FEC ID number of contributing federal political committee. **C** C00084475

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2013
Transaction ID : SA11C.7482

Amount of Each Receipt this Period
2500.00

Contribution

Full Name (Last, First, Middle Initial)
C. ACCENTURE INC. POLITICAL ACTION COMMITTEE

Mailing Address 800 Connecticut Avenue NW
Suite 600

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00300707

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : SA11C.7387

Amount of Each Receipt this Period
1000.00

Contribution

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: (check only one)	PAGE 18 OF 52
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2013 Transaction ID : SA11C.7495
Mailing Address 222 South Prospect Ave c/o Finance Department		Amount of Each Receipt this Period 1000.00 Contribution
City Park Ridge State IL Zip Code 60068	Aggregate Year-to-Date ▼ 1000.00	
FEC ID number of contributing federal political committee. C C00173153		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) AMERICAN BEVERAGE ASSOCIATION POLITICAL ACTION COMMITTEE (AKA AMERICAN BEVERAGE PAC)		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2013 Transaction ID : SA11C.7403
Mailing Address 1101 - 16TH STREET, N.W.		Amount of Each Receipt this Period 2000.00 Contribution
City WASHINGTON State DC Zip Code 20036	Aggregate Year-to-Date ▼ 2000.00	
FEC ID number of contributing federal political committee. C C00100107		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2013 Transaction ID : SA11C.7484
Mailing Address 101 NORTH 3RD STREET		Amount of Each Receipt this Period 2500.00 Contribution
City MOORHEAD State MN Zip Code 56560	Aggregate Year-to-Date ▼ 2500.00	
FEC ID number of contributing federal political committee. C C00110338		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
TOTAL This Period (last page this line number only).....▶	5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 52
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt
Mailing Address 1111 14th Street, NW Suite 1100		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C C00000729		Transaction ID : SA11C.7466
Name of Employer	Occupation	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 ▼	<input type="text" value="2500.00"/>
		Contribution

Full Name (Last, First, Middle Initial) B. AMERICAN HOSPITAL ASSOCIATION PAC		Date of Receipt
Mailing Address 325 Seventh Street, NW Suite 700		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C C00106146		Transaction ID : SA11C.7385
Name of Employer	Occupation	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 ▼	<input type="text" value="1000.00"/>
		Contribution

Full Name (Last, First, Middle Initial) C. CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS		Date of Receipt
Mailing Address 101 Constitution Ave NW Tenth Floor West		<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C C00001016		Transaction ID : SA11C.7311
Name of Employer	Occupation	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 ▼	<input type="text" value="5000.00"/>
		Contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="8500.00"/>
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 20 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 1350 I STREET, NW
SUITE 590

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00274944**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : SA11C.7392

Amount of Each Receipt this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. COMCAST CORP. POLITICAL ACTION COMMITTEE

Mailing Address 1500 Market Street
35th Floor

City Philadelphia State PA Zip Code 19102

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : SA11C.7386

Amount of Each Receipt this Period
2500.00

Contribution

Full Name (Last, First, Middle Initial)
C. ECHOSTAR CORPORATION AND DISH NETWORK CORPORATION PAC (ECHOSTAR DISH NETWORK PAC)

Mailing Address 1110 VERMONT NW, SUITE 750

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00330647**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : SA11C.7409

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00

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 21 OF 52
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. HEARPAC OF HEARING INDUSTRIES ASSOCIATION

Mailing Address 1444 I ST., NW, SUITE 700

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00437798

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2013

Transaction ID : SA11C.7483

Amount of Each Receipt this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. HOME DEPOT INC. POLITICAL ACTION COMMITTEE, THE

Mailing Address 101 Constitution Ave. NW
Suite 800 West

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SA11C.7406

Amount of Each Receipt this Period
5000.00

Contribution

Full Name (Last, First, Middle Initial)
C. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Avenue NW
Suite 500 West

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2013

Transaction ID : SA11C.7444

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	7000.00
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 22 OF 52
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1615 L Street, NW
 Suite 900
 City Washington State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C** C00032698
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : SA11C.7389
 Amount of Each Receipt this Period
 1000.00
 Contribution

B. IUPAT MEMBER AND FAMILY FUNDRAISING PC ACCOUNT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1750 New York Ave
 City Washington State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C** C00349035
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2013
Transaction ID : SA11C.7419
 Amount of Each Receipt this Period
 2500.00
 Contribution

C. LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 905 16th St., N.W.
 Second Floor
 City Washington State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C** C00007922
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : SA11C.7397
 Amount of Each Receipt this Period
 2500.00
 Contribution

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: (check only one)	PAGE 23 OF 52
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. LIFETOUCH INC POLITICAL ACTION COMMITTEE

Mailing Address 11000 VIKING DRIVE SUITE 400

City	State	Zip Code
EDEN PRAIRIE	MN	55344

FEC ID number of contributing federal political committee. **C** C00405241

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SA11C.7407

Amount of Each Receipt this Period
2500.00

Contribution

Full Name (Last, First, Middle Initial)
B. MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 16011 NE 36th Way
Box 97017

City	State	Zip Code
Redmond	WA	98073

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2013

Transaction ID : SA11C.7491

Amount of Each Receipt this Period
2500.00

Contribution

Full Name (Last, First, Middle Initial)
C. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 Massachusetts Ave. NW

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2013

Transaction ID : SA11C.7310

Amount of Each Receipt this Period
1000.00

Contribution

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: (check only one)	PAGE 24 OF 52
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1325 Massachusetts Ave. NW
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C00238725
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 03 / 29 / 2013
Transaction ID : SA11C.7384
 Amount of Each Receipt this Period 2500.00
 Contribution

B. NATIONAL ASSOCIATION OF BROADCASTERS POLITICAL ACTION COMMITTEE (NABPAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 1771 N STREET NW
 City WASHINGTON State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C** C00009985
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 13 / 2013
Transaction ID : SA11C.7494
 Amount of Each Receipt this Period 2500.00
 Contribution

C. NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Massachusetts Avenue NW #100
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C** C00010082
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 29 / 2013
Transaction ID : SA11C.7405
 Amount of Each Receipt this Period 2500.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	7500.00
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 25 OF 52
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. NATIONAL VENTURE CAPITAL ASSOCIATION VENTUREPAC		Date of Receipt
Mailing Address 1655 N. FORT MYER DR. SUITE 850		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
ARLINGTON	VA	22209
FEC ID number of contributing federal political committee.	<input type="text" value="C00150367"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	
		Transaction ID : SA11C.7388
		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
		Contribution

Full Name (Last, First, Middle Initial) B. NEWS AMERICA HOLDINGS INC-FOX POL ACTION COMMITTEE (AKA NEWS AMERICA-FOX POL ACTION CMTE)		Date of Receipt
Mailing Address 444 N CAPITOL STREET - SUITE 740 0		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20001
FEC ID number of contributing federal political committee.	<input type="text" value="C00330019"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	
		Transaction ID : SA11C.7486
		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
		Contribution

Full Name (Last, First, Middle Initial) C. PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE I		Date of Receipt
Mailing Address 1301 K STREET, NW SUITE 800W		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
WASHINGTON	DC	20005
FEC ID number of contributing federal political committee.	<input type="text" value="C00107235"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	
		Transaction ID : SA11C.7394
		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
		Contribution

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

**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 26 OF 52
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. PUBLIX SUPER MARKETS, INC. ASSOCIATES POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 407

City LAKELAND	State FL	Zip Code 33811
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00400705

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 06 / 13 / 2013
Transaction ID : SA11C.7487

Amount of Each Receipt this Period
 1000.00

Contribution

B. ROBINS KAPLAN PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 K street N.W. Suite 1200

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00275909

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 03 / 29 / 2013
Transaction ID : SA11C.7408

Amount of Each Receipt this Period
 2500.00

Contribution

C. SHEET METAL WORKER'S INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE PAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1750 NEW YORK AVE NW

City WASHINGTON	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C70001136

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 02 / 05 / 2013
Transaction ID : SA11C.7411

Amount of Each Receipt this Period
 5000.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	8500.00
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 27 OF 52
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Mailing Address P O BOX 500

City RENVILLE State MN Zip Code 56284

FEC ID number of contributing federal political committee. **C** C00166348

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013

Transaction ID : SA11C.7395

Amount of Each Receipt this Period
 2500.00

Contribution

B. SUPERVALU INC POLITICAL ACTION COMMITTEE, (VALUPAC)

Full Name (Last, First, Middle Initial)
SUPERVALU INC POLITICAL ACTION COMMITTEE, (VALUPAC)

Mailing Address 11840 VALLEY VIEW ROAD

City EDEN PRAIRIE State MN Zip Code 55344

FEC ID number of contributing federal political committee. **C** C00243220

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2013

Transaction ID : SA11C.7312

Amount of Each Receipt this Period
 4000.00

Contribution

C. TARGETCITIZENS POLITICAL FORUM

Full Name (Last, First, Middle Initial)
TARGETCITIZENS POLITICAL FORUM

Mailing Address 1000 Nicollet Mall
TPS 3275

City Minneapolis State MN Zip Code 55403

FEC ID number of contributing federal political committee. **C** C00098061

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2013

Transaction ID : SA11C.7445

Amount of Each Receipt this Period
 5000.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	11500.00
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 28 OF 52
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
FOLLOW THE NORTH STAR FUND

A. U.S. TRAVEL ASSOCIATION PAC
Full Name (Last, First, Middle Initial)
Mailing Address 1100 NEW YORK AVENUE
SUITE 450W
City WASHINGTON State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00457754
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 Y
06 / 13 / 2013
Transaction ID : SA11C.7489
Amount of Each Receipt this Period
2500.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	79500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ActBlue Techincal Services

Mailing Address 14 Arrow Street

City Washington State DC Zip Code 02138

Purpose of Disbursement
Credit card fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7577

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ActBlue Techincal Services

Mailing Address 14 Arrow Street

City Washington State DC Zip Code 02138

Purpose of Disbursement
Credit card fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7579

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. American Express.

Mailing Address 200 Vesey St

City New York State NY Zip Code 10285

Purpose of Disbursement
Credit card

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7318

Amount of Each Disbursement this Period

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

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

Full Name (Last, First, Middle Initial)

A. Jax Cafe

Mailing Address 1928 University Ave NE

City Minneapolis State MN Zip Code 55418

Purpose of Disbursement Meetings/meals

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		17		2013

Transaction ID : SB21B.7318.0

Amount of Each Disbursement this Period

666.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. American Express.

Mailing Address 200 Vesey St

City New York State NY Zip Code 10285

Purpose of Disbursement Bank fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2013

Transaction ID : SB21B.7435

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. American Express.

Mailing Address 200 Vesey St

City New York State NY Zip Code 10285

Purpose of Disbursement Bank fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2013

Transaction ID : SB21B.7436

Amount of Each Disbursement this Period

7.95

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

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

15.90

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. American Express.

Mailing Address 200 Vesey St

City New York State NY Zip Code 10285

Purpose of Disbursement
Bank fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2013

Transaction ID : SB21B.7453

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

B. American Express.

Mailing Address 200 Vesey St

City New York State NY Zip Code 10285

Purpose of Disbursement
Credit card

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 22 / 2013

Transaction ID : SB21B.7459

Amount of Each Disbursement this Period

1526.51

Full Name (Last, First, Middle Initial)

C. Bar La Grassa

Mailing Address 800 Washington Ave N

City Minneapolis State MN Zip Code 55401

Purpose of Disbursement
Meetings/meals

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 22 / 2013

Transaction ID : SB21B.7459.0

Amount of Each Disbursement this Period

1526.51

[MEMO ITEM]

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

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

1534.46

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. American Express.

Mailing Address 200 Vesey St

City New York State NY Zip Code 10285

Purpose of Disbursement
Bank fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 03 / 2013

Transaction ID : SB21B.7472

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

B. American Express.

Mailing Address 200 Vesey St

City New York State NY Zip Code 10285

Purpose of Disbursement
Credit card

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2013

Transaction ID : SB21B.7500

Amount of Each Disbursement this Period

1590.80

Full Name (Last, First, Middle Initial)

C. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2013

Transaction ID : SB21B.7500.0

Amount of Each Disbursement this Period

1254.70

[MEMO ITEM]

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

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

1598.75

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 12 / 2013

Transaction ID : SB21B.7500.1

Amount of Each Disbursement this Period

336.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Campaign Finance Consultants

Mailing Address 10 G St NE, Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement
Fundraising consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 14 / 2013

Transaction ID : SB21B.7330

Amount of Each Disbursement this Period

3540.32

Full Name (Last, First, Middle Initial)

C. Campaign Finance Consultants

Mailing Address 10 G St NE, Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement
Fundraising consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SB21B.7336

Amount of Each Disbursement this Period

3580.02

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

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

7120.34

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Campaign Finance Consultants

Mailing Address 10 G St NE, Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement
Fundraising consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	3

Transaction ID : SB21B.7455

Amount of Each Disbursement this Period

3	6	5	7	.	3	2
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Full Name (Last, First, Middle Initial)

B. Campaign Finance Consultants

Mailing Address 10 G St NE, Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement
Fundraising consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	3

Transaction ID : SB21B.7473

Amount of Each Disbursement this Period

4	1	9	8	.	9	5
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Campaign Finance Consultants

Mailing Address 10 G St NE, Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement
Fundraising consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	3

Transaction ID : SB21B.7540

Amount of Each Disbursement this Period

4	0	9	6	.	5	7
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	1	9	5	2	.	8	4
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Rebecca Groen

Mailing Address 1170 Cushing Circle
Apt 131

City St Paul State MN Zip Code 55108

Purpose of Disbursement
Compliance consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7319

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Rebecca Groen

Mailing Address 1170 Cushing Circle
Apt 131

City St Paul State MN Zip Code 55108

Purpose of Disbursement
Compliance consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7322

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Rebecca Groen

Mailing Address 1170 Cushing Circle
Apt 131

City St Paul State MN Zip Code 55108

Purpose of Disbursement
Compliance consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7333

Amount of Each Disbursement this Period

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

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

Full Name (Last, First, Middle Initial)

A. Rebecca Groen

Mailing Address 1170 Cushing Circle
Apt 131

City St Paul State MN Zip Code 55108

Purpose of Disbursement
Compliance consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7451

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Rebecca Groen

Mailing Address 1170 Cushing Circle
Apt 131

City St Paul State MN Zip Code 55108

Purpose of Disbursement
Compliance consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7469

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Rebecca Groen

Mailing Address 1170 Cushing Circle
Apt 131

City St Paul State MN Zip Code 55108

Purpose of Disbursement
Compliance consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7474

Amount of Each Disbursement this Period

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

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

Full Name (Last, First, Middle Initial)

A. Melzer Investment Co

Mailing Address 6205 Parkwood Rd

City Edina State MN Zip Code 55436

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2013

Transaction ID : SB21B.7316

Amount of Each Disbursement this Period

400.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Melzer Investment Co

Mailing Address 6205 Parkwood Rd

City Edina State MN Zip Code 55436

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2013

Transaction ID : SB21B.7321

Amount of Each Disbursement this Period

400.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Melzer Investment Co

Mailing Address 6205 Parkwood Rd

City Edina State MN Zip Code 55436

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2013

Transaction ID : SB21B.7396

Amount of Each Disbursement this Period

400.00

Category/
Type

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

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

1200.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Melzer Investment Co

Mailing Address 6205 Parkwood Rd

City Edina State MN Zip Code 55436

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2013

Transaction ID : SB21B.7337

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

B. Melzer Investment Co

Mailing Address 6205 Parkwood Rd

City Edina State MN Zip Code 55436

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2013

Transaction ID : SB21B.7548

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

C. Melzer Investment Co

Mailing Address 6205 Parkwood Rd

City Edina State MN Zip Code 55436

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : SB21B.7475

Amount of Each Disbursement this Period

400.00

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

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

1200.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Melzer Investment Co

Mailing Address 6205 Parkwood Rd

City Edina State MN Zip Code 55436

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2013

Transaction ID : SB21B.7539

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

B. Merchant Services

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
Bank fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2013

Transaction ID : SB21B.7314

Amount of Each Disbursement this Period

279.95

Full Name (Last, First, Middle Initial)

C. Merchant Services

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
Bank fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2013

Transaction ID : SB21B.7324

Amount of Each Disbursement this Period

104.95

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

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

784.90

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Merchant Services

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
Bank fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 04 / 2013

Transaction ID : SB21B.7335

Amount of Each Disbursement this Period

104.95

Full Name (Last, First, Middle Initial)

B. Merchant Services

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
Bank fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SB21B.7452

Amount of Each Disbursement this Period

104.95

Full Name (Last, First, Middle Initial)

C. Merchant Services

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
Bank fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 02 / 2013

Transaction ID : SB21B.7470

Amount of Each Disbursement this Period

104.95

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

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

314.85

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Merchant Services

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
Bank fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7496

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. New Partners Consulting Inc

Mailing Address 1250 Eye St NW
Suite 200

City Washington State DC Zip Code 20005

Purpose of Disbursement
Fundraising consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7329

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. New Partners Consulting Inc

Mailing Address 1250 Eye St NW
Suite 200

City Washington State DC Zip Code 20005

Purpose of Disbursement
Fundraising consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7457

Amount of Each Disbursement this Period

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

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

Full Name (Last, First, Middle Initial)

A. New Partners Consulting Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		03		2013

Mailing Address 1250 Eye St NW
Suite 200

Transaction ID : SB21B.7471

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

2800.00

Purpose of Disbursement
Fundraising consulting

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. New Partners Consulting Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2013

Mailing Address 1250 Eye St NW
Suite 200

Transaction ID : SB21B.7477

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

2800.00

Purpose of Disbursement
Fundraising consulting

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. NGP Van Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		05		2013

Mailing Address 1101 15th St NW
Suite 500

Transaction ID : SB21B.7315

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

600.00

Purpose of Disbursement
Database

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

6200.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. NGP Van Inc.

Mailing Address 1101 15th St NW
Suite 500

City Washington State DC Zip Code 20005

Purpose of Disbursement
Database

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2013

Transaction ID : **SB21B.7542**

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

B. Silver Service LLC

Mailing Address 2424 Colfax Ave S

City Minneapolis State MN Zip Code 55405

Purpose of Disbursement
Catering

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 25 / 2013

Transaction ID : **SB21B.7320**

Amount of Each Disbursement this Period

3816.12

Full Name (Last, First, Middle Initial)

C. Take Action Minnesota

Mailing Address 705 Raymond Ave
Suite 100

City St Paul State MN Zip Code 55114

Purpose of Disbursement
Advertising/meals

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2013

Transaction ID : **SB21B.7383**

Amount of Each Disbursement this Period

1500.00

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

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

5916.12

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Trilogy Interactive

Mailing Address PO Box 4177

City Mountain View State CA Zip Code 94040

Purpose of Disbursement
Web design

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2013

Transaction ID : **SB21B.7325**

Amount of Each Disbursement this Period

484.00

Full Name (Last, First, Middle Initial)

B. US Bank

Mailing Address PO Box 790408

City St Louis State MO Zip Code 63179

Purpose of Disbursement
Credit card

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2013

Transaction ID : **SB21B.7317**

Amount of Each Disbursement this Period

442.81

Full Name (Last, First, Middle Initial)

C. Surdyk's

Mailing Address 303 East Hennepin Ave

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement
Meetings/meals

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2013

Transaction ID : **SB21B.7317.0**

Amount of Each Disbursement this Period

442.81

[MEMO ITEM]

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

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

926.81

66012.82

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ALASKANS FOR BEGICH 2014

Mailing Address PO BOX 410

City PALMER State AK Zip Code 99645

Purpose of Disbursement
Contribution

Candidate Name
MARK BEGICH

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: AK District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2013

Transaction ID : SB23.7340

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. AL FRANKEN FOR SENATE 2014

Mailing Address PO BOX 583144

City MINNEAPOLIS State MN Zip Code 55458

Purpose of Disbursement
Contribution

Candidate Name
AL FRANKEN

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MN District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2013

Transaction ID : SB23.7348

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. AL FRANKEN FOR SENATE 2014

Mailing Address PO BOX 583144

City MINNEAPOLIS State MN Zip Code 55458

Purpose of Disbursement
Contribution

Candidate Name
AL FRANKEN

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MN District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2013

Transaction ID : SB23.7525

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BRALEY FOR IOWA

Mailing Address PO BOX 856

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement
Contribution

Candidate Name
BRUCE L BRALEY

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: IA District: 00

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2013

Transaction ID : **SB23.7560**

Amount of Each Disbursement this Period

5000.00

B. CHRIS COONS FOR DELAWARE

Mailing Address PO BOX 9900

City NEWARK State DE Zip Code 19714

Purpose of Disbursement
Contribution

Candidate Name
CHRISTOPHER A COONS

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: DE District: 00

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2013

Transaction ID : **SB23.7520**

Amount of Each Disbursement this Period

2500.00

C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2013

Transaction ID : **SB23.7332**

Amount of Each Disbursement this Period

15000.00

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

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

22500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ELIZABETH COLBERT BUSCH FOR CONGRESS

Mailing Address PO BOX 21949

City CHARLESTON State SC Zip Code 29413

Purpose of Disbursement
Contribution

Candidate Name

ELIZABETH COLBERT BUSCH

Office Sought: House
 Senate
 President
State: SC District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2013

Transaction ID : SB23.7372

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MARK WARNER

Mailing Address 1029 NORTH ROYAL STREET 2ND FL

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

MARK ROBERT WARNER

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2013

Transaction ID : SB23.7365

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MARK WARNER

Mailing Address 1029 NORTH ROYAL STREET 2ND FL

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

MARK ROBERT WARNER

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SB23.7538

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MARY LANDRIEU, INC.

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name
MARY L LANDRIEU

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	3

Transaction ID : SB23.7355

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. Hagan Senate Committee Inc

Mailing Address PO BOX 29103

City GREENSBORO State NC Zip Code 27455

Purpose of Disbursement
Contribution

Candidate Name
KAY R HAGAN

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	3

Transaction ID : SB23.7554

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. MARKEY COMMITTEE; THE

Mailing Address PO BOX 526

City MEDFORD State MA Zip Code 02155

Purpose of Disbursement
Contribution

Candidate Name
EDWARD J MARKEY

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

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	3

Transaction ID : SB23.7501

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

1	0	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	0	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Mark Prior for US Senate

Mailing Address PO BOX 2720

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement
Contribution

Candidate Name

Mark L. Pryor

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SB23.7363

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Mark Prior for US Senate

Mailing Address PO BOX 2720

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement
Contribution

Candidate Name

Mark L. Pryor

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2013

Transaction ID : SB23.7526

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR RICK WEILAND

Mailing Address PO BOX 1488

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement
Contribution

Candidate Name

RICHARD PAUL WEILAND

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2013

Transaction ID : SB23.7534

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. SCHATZ FOR SENATE

Mailing Address PO BOX 3828

City HONOLULU State HI Zip Code 96812

Purpose of Disbursement
Contribution

Candidate Name
BRIAN SCHATZ

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: HI District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	3

Transaction ID : SB23.7530

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. THE MARKEY COMMITTEE

Mailing Address PO BOX 526

City MEDFORD State MA Zip Code 02155

Purpose of Disbursement
Contribution

Candidate Name
EDWARD J MARKEY

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MA District: 00

Date of Disbursement

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

Transaction ID : SB23.7375

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. TIM WALZ FOR US CONGRESS

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement
Contribution

Candidate Name
TIMOTHY J. WALZ

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MN District: 01

Date of Disbursement

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

Transaction ID : SB23.7369

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7	5	0	0	.	0	0
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7	5	0	0	.	0	0
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. UDALL FOR US ALL

Mailing Address 3311 CANDELARIA NE SUITE A

City ALBUQUERQUE State NM Zip Code 87107

Purpose of Disbursement
Contribution

Candidate Name
TOM UDALL

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2013

Transaction ID : SB23.7533

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

2500.00

65000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Minnesotans United for All Families

Mailing Address 1170 15th Ave SE
Suite 305

City Minneapolis State MI Zip Code 55414

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 10 / 2013

Transaction ID : SB29.7590

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2500.00

2500.00