

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

FOLLOW THE NORTH STAR FUND

ADDRESS (number and street) 316 E Hennepin Ave
Suite 201
 Check if different than previously reported. (ACC)
MINNEAPOLIS MN 55414

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00431874

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

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

Election on _____ in the State of _____

- (d) 30-Day **Post**-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 06 30 2009

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

Type or Print Name of Treasurer Mr. Gerald Patrick Halbach

Signature of Treasurer Electronically Filed by Mr. Gerald Patrick Halbach Date 07 14 2009

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
FOLLOW THE NORTH STAR FUND

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		45855.00
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	45855.00									
(c) Total Receipts (from Line 19)	97500.00	97500.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	143355.00	143355.00								
7. Total Disbursements (from Line 31)	110508.26	110508.26								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32846.74	32846.74								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
FOLLOW THE NORTH STAR FUND

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	67000.00	67000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	67000.00	67000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	30500.00	30500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	97500.00	97500.00
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 Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	97500.00	97500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	97500.00	97500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	55508.26	55508.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	55508.26	55508.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55000.00	55000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	110508.26	110508.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	110508.26	110508.26

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	97500.00	97500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	97500.00	97500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	55508.26	55508.26
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	55508.26	55508.26

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Cleo T Cafesjian	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 4001 Tamiamia Trail N Suite 425	Transaction ID: SA11AI.5611
	City Naples State FL Zip Code 34103	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer GLC Enterprises Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

B.	Full Name (Last, First, Middle Initial) Gerard L Cafesjian	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 4001 Tamiami Trl N Suite 425	Transaction ID: SA11AI.5612
	City Naples State FL Zip Code 34103	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer GLC Enterprises Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

C.	Full Name (Last, First, Middle Initial) Joel Conner	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 1201 Harmon Place #302	Transaction ID: SA11AI.5613
	City Minneapolis State MN Zip Code 55403	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Luigino's Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional)	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 7 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Annamarie A Daley

Mailing Address 2815 Capriole Dr

City State Zip Code
Medina MN 55340

FEC ID number of contributing federal political committee. C

Name of Employer Robins, Kaplan, Miller, Ceresi
Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
02 / 20 / 2009

Transaction ID: SA11AI.5552

Amount of Each Receipt this Period
5000.00

Contribution

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

Mailing Address 2751 Hennepin Ave
Apt 258

City State Zip Code
Minneapolis MN 55408

FEC ID number of contributing federal political committee. C

Name of Employer Self
Occupation Philanthropist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
02 / 20 / 2009

Transaction ID: SA11AI.5512

Amount of Each Receipt this Period
5000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mrs. Pamela S Deal

Mailing Address PO Box 159

City State Zip Code
Anoka MN 55303

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 ▼
5000.00

Date of Receipt
02 / 20 / 2009

Transaction ID: SA11AI.5554

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional) 15000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 33
(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)
James Dolan

Mailing Address 16110 Crosby Cove Rd

City State Zip Code
Wayzata MN 55391

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

Name of Employer Dolan Media Co Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
01 / 02 / 2009

Transaction ID: SA11AI.5499

Amount of Each Receipt this Period
5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Adam O Emmerich

Mailing Address 51 West 52nd St

City State Zip Code
New York NY 10019

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

Name of Employer Wachtell Lipton Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2009

Transaction ID: SA11AI.5574

Amount of Each Receipt this Period
5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Jill Nevel 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 Breck School Occupation Communications Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: SA11AI.5516

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **15000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 33
(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)
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
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: SA11AI.5515

Amount of Each Receipt this Period
5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Martha Gabbert

Mailing Address 312 W Ferndale Rd

City State Zip Code
Wayzata MN 55391

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

Name of Employer Occupation
R & B Properties Developer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: SA11AI.5518

Amount of Each Receipt this Period
1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Samuel D Heins

Mailing Address 2730 Woolsey Ln

City State Zip Code
Wayzata MN 55391

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

Name of Employer Occupation
Heins Mills & Olson Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: SA11AI.5519

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **11000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 33
	<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.	Full Name (Last, First, Middle Initial) Kimberly A Kieves		Date of Receipt
	Mailing Address 5020 Woodhurst Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Minnetonka	MN	55345
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5559
Name of Employer Homemaker		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00
			Contribution

B.	Full Name (Last, First, Middle Initial) Kimberly A Lund		Date of Receipt
	Mailing Address 2207 E 36th St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Minneapolis	MN	55407
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5560
Name of Employer Homemaker		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00
			Contribution

C.	Full Name (Last, First, Middle Initial) Alida R Messenger		Date of Receipt
	Mailing Address 30 Rockefeller Plaza Room 5600		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	New York	NY	10112
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5600
Name of Employer Self-employed		Occupation Philanthropist	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"/> 2500.00
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 12500.00
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 11 / 33

(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)
David B Potter

Mailing Address 801 Washington Ave
#302

City State Zip Code
Minneapolis MN 55401

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

Name of Employer Occupation
Oppenheimer Wolff & Donnelly Attorney

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 4000.00

Date of Receipt

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

Transaction ID: SA11AI.5561

Amount of Each Receipt this Period

4000.00

Contribution

B.

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

Mailing Address 34 Park Lane

City State Zip Code
Minneapolis MN 55416

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
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.5614

Amount of Each Receipt this Period

2500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

67000.00

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

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

FOR LINE NUMBER: PAGE 12 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
BEST BUY CO., INC EMPLOYEE POLITICAL FORUM
Mailing Address 7601 Penn Avenue South

City State Zip Code
Richfield MN 55423

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: SA11C.5631
 Amount of Each Receipt this Period
 1000.00
 Contribution

B. Full Name (Last, First, Middle Initial)
CALIFORNIA DAIRIES FEDERAL POLITICAL ACTION COMMITTEE
Mailing Address 475 South Tegner

City State Zip Code
Turlock CA 95380

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

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
0	5	/	1	2	/	2	0	0	9

Transaction ID: SA11C.5628
 Amount of Each Receipt this Period
 2500.00
 Contribution

C. Full Name (Last, First, Middle Initial)
DLA PIPER LLP (US) POLITICAL ACTION COMMITTEE (DLA PIPER PAC)
Mailing Address 500 8th Street, NW Suite 700

City State Zip Code
Washington DC 20004

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

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
0	6	/	0	2	/	2	0	0	9

Transaction ID: SA11C.5639
 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: PAGE 13 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 942 South Shady Grove Road

City State Zip Code
Memphis TN 38120

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 7 / 2 0 0 9

Transaction ID: SA11C.5609

Amount of Each Receipt this Period
1000.00

Contribution

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

Mailing Address 101 Constitution Ave. NW
Suite 800 West

City State Zip Code
Washington DC 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 / D D / Y Y Y Y Y
 0 6 / 0 2 / 2 0 0 9

Transaction ID: SA11C.5636

Amount of Each Receipt this Period
5000.00

Contribution

C. Full Name (Last, First, Middle Initial)
INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 1615 L Street, NW
Suite 900

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 7 / 2 0 0 9

Transaction ID: SA11C.5615

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: PAGE 14 / 33

(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.

Full Name (Last, First, Middle Initial)
INTERNATIONAL COUNCIL OF SHOPPING CENTERS INC POLITICAL ACTION COMMITTEE (ICSC PAC)

Mailing Address 1399 New York Avenue
Suite 720

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: SA11C.5622

Amount of Each Receipt this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
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 ▼
2000.00

Date of Receipt

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

Transaction ID: SA11C.5502

Amount of Each Receipt this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
ROBINS KAPLAN PAC

Mailing Address 1801 K street N.W.
Suite 1200

City State Zip Code
Washington DC 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

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

Transaction ID: SA11C.5550

Amount of Each Receipt this Period

2500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶

5500.00

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 15 / 33
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1000 Nicollet Mall
TPS 3275

City State Zip Code
Minneapolis MN 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 / D D / Y Y Y Y Y
 0 6 / 0 2 / 2 0 0 9

Transaction ID: SA11C.5635

Amount of Each Receipt this Period
5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 S.W. 8th Street

City State Zip Code
Bentonville AR 72716

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 2 / 2 0 0 9

Transaction ID: SA11C.5637

Amount of Each Receipt this Period
5000.00

Contribution

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

Mailing Address 104 WILMOT ROAD MS #1447

City State Zip Code
DEERFIELD IL 60015

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 0 / 2 0 0 9

Transaction ID: SA11C.5633

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **11000.00**

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 / 33
	(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.

Full Name (Last, First, Middle Initial) XCEL ENERGY EMPLOYEE POLITICAL ACTION COMMITTEE		Date of Receipt
Mailing Address 1225 17TH STREET, SUITE 1200 Suite 900		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
City	State	Zip Code
DENVER	CO	80202
FEC ID number of contributing federal political committee.	<input type="text" value="C00107771"/>	Transaction ID: SA11C.5630
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
		<input type="text" value="1000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="30500.00"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 17 / 33

<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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Campaign Finance Consultants</p> <p>Mailing Address 10 G St NE, Suite 470</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Fundraising consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5535</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2554.34"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Campaign Finance Consultants</p> <p>Mailing Address 10 G St NE, Suite 470</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Fundraising consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5537</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Campaign Finance Consultants</p> <p>Mailing Address 10 G St NE, Suite 470</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Fundraising consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5582</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4081.40"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="9135.74"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 33

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

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

A. Campaign Finance Consultants	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.5618																					
	Mailing Address 10 G St NE, Suite 470	Date of Disbursement																					
	City Washington State DC Zip Code 20002	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	1	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	4	/	2	1	/	2	0	0	9														
	Purpose of Disbursement Fundraising consulting	Amount of Each Disbursement this Period																					
	Candidate Name	<table border="1"> <tr> <td colspan="10">3043.10</td> </tr> </table>		3043.10																			
3043.10																							
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: District:	Category/Type																					

B. Campaign Finance Consultants	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.5627																					
	Mailing Address 10 G St NE, Suite 470	Date of Disbursement																					
	City Washington State DC Zip Code 20002	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	9	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	5	/	1	9	/	2	0	0	9														
	Purpose of Disbursement Fundraising consulting	Amount of Each Disbursement this Period																					
	Candidate Name	<table border="1"> <tr> <td colspan="10">3060.50</td> </tr> </table>		3060.50																			
3060.50																							
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: District:	Category/Type																					

C. Campaign Finance Consultants	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.5658																					
	Mailing Address 10 G St NE, Suite 470	Date of Disbursement																					
	City Washington State DC Zip Code 20002	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	8	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	6	/	1	8	/	2	0	0	9														
	Purpose of Disbursement Fundraising consulting	Amount of Each Disbursement this Period																					
	Candidate Name	<table border="1"> <tr> <td colspan="10">3085.00</td> </tr> </table>		3085.00																			
3085.00																							
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: District:	Category/Type																					

SUBTOTAL of Disbursements This Page (optional)	▶	<table border="1"><tr><td>9188.60</td></tr></table>	9188.60
9188.60			
TOTAL This Period (last page this line number only)	▶	<table border="1"><tr><td> </td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 33

<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

<p>A. Full Name (Last, First, Middle Initial) Cardmember Service</p> <p>Mailing Address PO Box 790408</p> <p>City St Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement Credit card--see memo entries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5486 Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1402.03</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Jax Cafe</p> <p>Mailing Address 1928 University Ave NE</p> <p>City Minneapolis State MN Zip Code 55418</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5486.0 Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1301.85</p> <p>[MEMO ITEM]</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Melzer Investment Co</p> <p>Mailing Address 6205 Parkwood Rd</p> <p>City Edina State MN Zip Code 55436</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5533 Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1802.03

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Melzer Investment Co</p> <p>Mailing Address 6205 Parkwood Rd</p> <p>City Edina State MN Zip Code 55436</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5542</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="400.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Melzer Investment Co</p> <p>Mailing Address 6205 Parkwood Rd</p> <p>City Edina State MN Zip Code 55436</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5583</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="400.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Melzer Investment Co</p> <p>Mailing Address 6205 Parkwood Rd</p> <p>City Edina State MN Zip Code 55436</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5619</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="400.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1200.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

PAGE 21 / 33

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

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

A.	Full Name (Last, First, Middle Initial) Melzer Investment Co	Transaction ID: SB21B.5626 Date of Disbursement 05 / 19 / 2009
	Mailing Address 6205 Parkwood Rd	Amount of Each Disbursement this Period 400.00
	City Edina State MN Zip Code 55436	
	Purpose of Disbursement Rent	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Melzer Investment Co	Transaction ID: SB21B.5657 Date of Disbursement 06 / 24 / 2009
	Mailing Address 6205 Parkwood Rd	Amount of Each Disbursement this Period 400.00
	City Edina State MN Zip Code 55436	
	Purpose of Disbursement Rent	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: SB21B.5508 Date of Disbursement 01 / 05 / 2009
	Mailing Address 7300 Chapman Highway	Amount of Each Disbursement this Period 377.84
	City Knoxville State TN Zip Code 37920	
	Purpose of Disbursement Bank fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1177.84
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: SB21B.5534 Date of Disbursement
	Mailing Address 7300 Chapman Highway	<input type="text" value="02"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank fees	<input type="text" value="65.00"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: SB21B.5536 Date of Disbursement
	Mailing Address 7300 Chapman Highway	<input type="text" value="02"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank fees	<input type="text" value="50.00"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: SB21B.5575 Date of Disbursement
	Mailing Address 7300 Chapman Highway	<input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank fees	<input type="text" value="65.00"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)

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

A. Full Name (Last, First, Middle Initial) Merchant Services <hr/> Mailing Address 7300 Chapman Highway <hr/> City Knoxville State TN Zip Code 37920 <hr/> Purpose of Disbursement Bank fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5617 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 85.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Merchant Services <hr/> Mailing Address 7300 Chapman Highway <hr/> City Knoxville State TN Zip Code 37920 <hr/> Purpose of Disbursement Bank fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5625 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 85.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Merchant Services <hr/> Mailing Address 7300 Chapman Highway <hr/> City Knoxville State TN Zip Code 37920 <hr/> Purpose of Disbursement Bank fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5641 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 85.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	255.00
TOTAL This Period (last page this line number only) ▶	85.00

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

A.	Full Name (Last, First, Middle Initial) Silver Service LLC Mailing Address 2424 Colfax Ave S City Minneapolis State MN Zip Code 55405 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5581 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9 Amount of Each Disbursement this Period 2459.20
B.	Full Name (Last, First, Middle Initial) Thomas R Perron Mailing Address 3302 Belden Dr NE City Minneapolis State MN Zip Code 55418 Purpose of Disbursement Compliance consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5505 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 9 Amount of Each Disbursement this Period 1500.00
C.	Full Name (Last, First, Middle Initial) Thomas R Perron Mailing Address 3302 Belden Dr NE City Minneapolis State MN Zip Code 55418 Purpose of Disbursement Fundraising consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5506 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 9 Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional)	6459.20
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

<p>A. Full Name (Last, First, Middle Initial) Thomas R Perron</p> <p>Mailing Address 3302 Belden Dr NE</p> <p>City Minneapolis State MN Zip Code 55418</p> <p>Purpose of Disbursement Travel reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5507</p> <p>Date of Disbursement 01 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1120.00</p>
<p>B. Full Name (Last, First, Middle Initial) Thomas R Perron</p> <p>Mailing Address 3302 Belden Dr NE</p> <p>City Minneapolis State MN Zip Code 55418</p> <p>Purpose of Disbursement Compliance consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5509</p> <p>Date of Disbursement 01 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Thomas R Perron</p> <p>Mailing Address 3302 Belden Dr NE</p> <p>City Minneapolis State MN Zip Code 55418</p> <p>Purpose of Disbursement Fundraising consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5510</p> <p>Date of Disbursement 01 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 2508.57</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5128.57

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Thomas R Perron	Transaction ID: SB21B.5539 Date of Disbursement 02 / 18 / 2009
	Mailing Address 3302 Belden Dr NE	Amount of Each Disbursement this Period 2500.00
	City Minneapolis State MN Zip Code 55418	
	Purpose of Disbursement Fundraising consulting	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Thomas R Perron	Transaction ID: SB21B.5540 Date of Disbursement 02 / 18 / 2009
	Mailing Address 3302 Belden Dr NE	Amount of Each Disbursement this Period 1500.00
	City Minneapolis State MN Zip Code 55418	
	Purpose of Disbursement Compliance consulting	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Thomas R Perron	Transaction ID: SB21B.5578 Date of Disbursement 03 / 20 / 2009
	Mailing Address 3302 Belden Dr NE	Amount of Each Disbursement this Period 1500.00
	City Minneapolis State MN Zip Code 55418	
	Purpose of Disbursement Compliance consulting	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Thomas R Perron	Transaction ID: SB21B.5580 Date of Disbursement																			
	Mailing Address 3302 Belden Dr NE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	0		2	0	0	9												
	City Minneapolis State MN Zip Code 55418	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Fundraising consulting	<table border="1"><tr><td>2887.47</td></tr></table>	2887.47																		
2887.47																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Thomas R Perron	Transaction ID: SB21B.5620 Date of Disbursement																			
	Mailing Address 3302 Belden Dr NE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	1		2	0	0	9												
	City Minneapolis State MN Zip Code 55418	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Compliance consulting	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																		
1500.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Thomas R Perron	Transaction ID: SB21B.5621 Date of Disbursement																			
	Mailing Address 3302 Belden Dr NE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	1		2	0	0	9												
	City Minneapolis State MN Zip Code 55418	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Fundraising consulting	<table border="1"><tr><td>2561.77</td></tr></table>	2561.77																		
2561.77																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>6949.24</td></tr></table>	6949.24
6949.24		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Thomas R Perron	Transaction ID: SB21B.5644 Date of Disbursement 06 / 01 / 2009
	Mailing Address 3302 Belden Dr NE	Amount of Each Disbursement this Period 1500.00
	City Minneapolis State MN Zip Code 55418	
	Purpose of Disbursement Compliance consulting	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Thomas R Perron	Transaction ID: SB21B.5645 Date of Disbursement 06 / 01 / 2009
	Mailing Address 3302 Belden Dr NE	Amount of Each Disbursement this Period 2500.00
	City Minneapolis State MN Zip Code 55418	
	Purpose of Disbursement Fundraising consulting	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Thomas R Perron	Transaction ID: SB21B.5663 Date of Disbursement 06 / 29 / 2009
	Mailing Address 3302 Belden Dr NE	Amount of Each Disbursement this Period 1500.00
	City Minneapolis State MN Zip Code 55418	
	Purpose of Disbursement Compliance consulting	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Thomas R Perron			Transaction ID: SB21B.5664	
	Mailing Address 3302 Belden Dr NE			Date of Disbursement 06 / 29 / 2009	
City Minneapolis		State MN	Zip Code 55418		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Fundraising consulting			Category/ Type		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	54976.22

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF BYRON DORGAN	Transaction ID: SB23.5650 Date of Disbursement 06 / 18 / 2009	
	Mailing Address PO BOX 871		
	City BISMARCK	State ND	Zip Code 58502
	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 5000.00	
	Candidate Name BYRON L DORGAN	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: ND District: 00		
B.	Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD	Transaction ID: SB23.5604 Date of Disbursement 03 / 24 / 2009	
	Mailing Address PO BOX 270701		
	City WEST HARTFORD	State CT	Zip Code 06127
	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 5000.00	
	Candidate Name Christopher Dodd	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: CT District:		
C.	Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD	Transaction ID: SB23.5684 Date of Disbursement 03 / 24 / 2009	
	Mailing Address PO BOX 270701		
	City WEST HARTFORD	State CT	Zip Code 06127
	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 5000.00	
	Candidate Name Christopher Dodd	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: CT District:		

SUBTOTAL of Disbursements This Page (optional)	15000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE <hr/> Mailing Address 313 C STREET NE <hr/> City WASHINGTON State DC Zip Code 20002 <hr/> Purpose of Disbursement Contribution Candidate Name KIRSTEN ELIZABETH GILLIBRAND Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5674 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) HODES FOR SENATE <hr/> Mailing Address 26 SOUTH MAIN STREET #253 <hr/> City CONCORD State NH Zip Code 03301 <hr/> Purpose of Disbursement Contribution Candidate Name PAUL W HODES Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5653 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) LEAHY FOR U.S. SENATOR COMMITTEE <hr/> Mailing Address PO BOX 1042 <hr/> City MONTPELIER State VT Zip Code 05601 <hr/> Purpose of Disbursement Contribution Candidate Name PATRICK LEAHY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5646 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9	Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN Mailing Address PO BOX 3662 City SEATTLE State WA Zip Code 98124 Purpose of Disbursement Contribution Candidate Name PATTY MURRAY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5668 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
B. Full Name (Last, First, Middle Initial) ROBIN CARNAHAN FOR SENATE Mailing Address PO BOX 50378 City CLAYTON State MO Zip Code 63105 Purpose of Disbursement Contribution Candidate Name ROBIN CARNAHAN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5591 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	5500.00