

# 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 MINNEAPOLIS MN 55414

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

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: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G)

Election on in the State of

- (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on in the State of

5. Covering Period 09 01 2008 through 09 30 2008

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

Type or Print Name of Treasurer Mr. Gerald Patrick Halbach

Signature of Treasurer Electronically Filed by Mr. Gerald Patrick Halbach Date 10 14 2008

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

Table with 7 columns and 1 row for Office Use Only

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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		68545.22
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	89498.28									
(c) Total Receipts (from Line 19) .....	14500.00	203937.09								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	103998.28	272482.31								
7. Total Disbursements (from Line 31) .....	55764.40	224248.43								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	48233.88	48233.88								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
FOLLOW THE NORTH STAR FUND

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	8500.00	159000.00
(i) Itemized (use Schedule A) .....	0.00	100.00
(ii) Unitemized .....	8500.00	159100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	6000.00	44500.00
(c) Other Political Committees (such as PACs) .....	14500.00	203600.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	337.09
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)) .....	14500.00	203937.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14500.00	203937.09

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	5764.40	73048.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5764.40	73048.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	45000.00	146200.00
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.....	5000.00	5000.00
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))..	55764.40	224248.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55764.40	224248.43

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	14500.00	203600.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14500.00	203600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5764.40	73048.43
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	337.09
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5764.40	72711.34

# 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 / 13
	<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

<b>A.</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 09 / 15 / 2008
	City State Zip Code Minneapolis MN 55407	<b>Transaction ID:</b> SA11AI.5304
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 5000.00
	Name of Employer Occupation Homemaker Homemaker	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas F Sax	Date of Receipt
	Mailing Address 3091 Summit Ave	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 24 / 2008
	City State Zip Code Chicago IL 60035	<b>Transaction ID:</b> SA11AI.5364
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 2500.00
	Name of Employer Occupation Financial Relations, Inc. Principal	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 2500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Ann Barrows Wark	Date of Receipt
	Mailing Address 1588 Northrop 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 09 / 24 / 2008
	City State Zip Code Falcon Heights MN 55108	<b>Transaction ID:</b> SA11AI.5302
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 1000.00
	Name of Employer Occupation Children's Center Teacher	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 13</span>
	(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	

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**

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE</b>		Date of Receipt
	Mailing Address <b>101 Constitution Avenue NW Suite 500 West</b>		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y <b>09 / 15 / 2008</b>
	City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>
	FEC ID number of contributing federal political committee. <b>C C00096156</b>		<b>Transaction ID: SA11C.5295</b>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text"/> <b>1000.00</b>	
		Contribution	
		Aggregate Year-to-Date ▼ <input type="text"/> <b>1000.00</b>	

<b>B.</b>	Full Name (Last, First, Middle Initial) <b>INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION</b>		Date of Receipt
	Mailing Address <b>900 Seventh St. N.W.</b>		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y <b>09 / 02 / 2008</b>
	City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>
	FEC ID number of contributing federal political committee. <b>C C00027342</b>		<b>Transaction ID: SA11C.5297</b>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text"/> <b>5000.00</b>	
		Contribution	
		Aggregate Year-to-Date ▼ <input type="text"/> <b>5000.00</b>	

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

**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) Campaign Finance Consultants	Transaction ID: SB21B.5352	
	Date of Disbursement MM / DD / YYYY 09 / 11 / 2008	
Mailing Address 10 G St NE, Suite 470	Amount of Each Disbursement this Period 2563.90	
City Washington State DC Zip Code 20002	Purpose of Disbursement Fundraising consulting	
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 <input type="checkbox"/> Other (specify) ▼	
State: District:		

B. Full Name (Last, First, Middle Initial) Cardmember Service	Transaction ID: SB21B.5334	
	Date of Disbursement MM / DD / YYYY 09 / 09 / 2008	
Mailing Address PO Box 790408	Amount of Each Disbursement this Period 1496.25	
City St Louis State MO Zip Code 63179	Purpose of Disbursement Credit card--see memo entries	
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 <input type="checkbox"/> Other (specify) ▼	
State: District:		

C. Full Name (Last, First, Middle Initial) Sonoma Restaurant	Transaction ID: SB21B.5334.0	
	Date of Disbursement MM / DD / YYYY 09 / 09 / 2008	
Mailing Address 223 Pennsylvania Ave SE	Amount of Each Disbursement this Period 1496.25	
City Washington State DC Zip Code 20003	Purpose of Disbursement Catering	
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 <input type="checkbox"/> Other (specify) ▼	
State: District:	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) .....	4060.15
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	Transaction ID: SB21B.5306 Date of Disbursement
	Mailing Address 7300 Chapman Highway	<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	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	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) Mr. Thomas R Perron	Transaction ID: SB21B.5311 Date of Disbursement
	Mailing Address 3302 Belden Dr NE	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City St Anthony State MN Zip Code 55418	Amount of Each Disbursement this Period
	Purpose of Disbursement Compliance consulting	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1565.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="5625.15"/>

# 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) ALASKANS FOR BEGICH</p> <p>Mailing Address PO BOX 240287</p> <p>City ANCHORAGE State AK Zip Code 99524</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name MARK BEGICH</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5314</p> <p>Date of Disbursement 09 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AL FRANKEN FOR SENATE</p> <p>Mailing Address PO BOX 583144</p> <p>City MINNEAPOLIS State MN Zip Code 55458</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name AL FRANKEN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5319</p> <p>Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF BRUCE LUNSFORD</p> <p>Mailing Address 1500 BARDSTOWN ROAD SECOND FLOOR</p> <p>City LOUISVILLE State KY Zip Code 40205</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name BRUCE LUNSFORD</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5327</p> <p>Date of Disbursement 09 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>

**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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) HILL PAC</p> <p>Mailing Address 1133 Connecticut Avenue, N.W. Suite 300</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Contribution</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><b>Transaction ID:</b> SB23.5359</p> <p>Date of Disbursement 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) JEFF MERKLEY FOR OREGON</p> <p>Mailing Address 921 SW WASHINGTON STE 470</p> <p>City PORTLAND State OR Zip Code 97205</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JEFFREY ALAN MERKLEY</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5316</p> <p>Date of Disbursement 09 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) MADIA FOR U S CONGRESS</p> <p>Mailing Address P.O. Box 2459</p> <p>City Maple Grove State MN Zip Code 55311</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JIGAR ASHWIN MADIA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5313</p> <p>Date of Disbursement 09 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>

**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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>MUSGROVE FOR U S SENATE</b>	<b>Transaction ID:</b> SB23.5325 Date of Disbursement 09 / 08 / 2008	
	Mailing Address <b>PO BOX 24477</b> <b>1076 HIGHLAND COLONY PARKWAY</b>		
	City <b>JACKSON</b> State <b>MS</b> Zip Code <b>39225</b>	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Contribution	Category/ Type	
	Candidate Name <b>DAVID RONALD MUSGROVE</b>		
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MS</b> District: <b>00</b>	Disbursement For: <b>2008</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>UDALL FOR COLORADO</b>	<b>Transaction ID:</b> SB23.5321 Date of Disbursement 09 / 08 / 2008	
	Mailing Address <b>PO BOX 40158</b>		
	City <b>DENVER</b> State <b>CO</b> Zip Code <b>80204</b>	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Contribution	Category/ Type	
	Candidate Name <b>MARK E UDALL</b>		
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CO</b> District: <b>00</b>	Disbursement For: <b>2008</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>UDALL FOR US ALL</b>	<b>Transaction ID:</b> SB23.5320 Date of Disbursement 09 / 15 / 2008	
	Mailing Address <b>3311 CANDELARIA NE SUITE A</b>		
	City <b>ALBUQUERQUE</b> State <b>NM</b> Zip Code <b>87107</b>	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Contribution	Category/ Type	
	Candidate Name <b>TOM UDALL</b>		
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NM</b> District: <b>00</b>	Disbursement For: <b>2008</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>15000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>45000.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 13

<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

A.

Full Name (Last, First, Middle Initial)  
Red Cross

Transaction ID: SB29.5332

Date of Disbursement

Mailing Address PO Box 4002018

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
0	9		3	0		2	0	0	8

City State Zip Code  
Des Moines IA 50340

Amount of Each Disbursement this Period

5000.00
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Purpose of Disbursement  
Charitable contribution

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Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

5000.00
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TOTAL This Period (last page this line number only) .....

5000.00
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