

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) 3302 BELDEN DR NE MINNEAPOLIS MN 55418

2. FEC IDENTIFICATION NUMBER C00431874 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 01 01 2007 through 06 30 2007

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 06 30 2007

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

**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	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	7									
0.00												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="right">115981.00</td></tr></table>	115981.00	<table border="1" style="width: 100%;"><tr><td align="right">115981.00</td></tr></table>	115981.00								
115981.00												
115981.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="right">115981.00</td></tr></table>	115981.00	<table border="1" style="width: 100%;"><tr><td align="right">115981.00</td></tr></table>	115981.00								
115981.00												
115981.00												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="right">75772.76</td></tr></table>	75772.76	<table border="1" style="width: 100%;"><tr><td align="right">75772.76</td></tr></table>	75772.76								
75772.76												
75772.76												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="right">40208.24</td></tr></table>	40208.24	<table border="1" style="width: 100%;"><tr><td align="right">40208.24</td></tr></table>	40208.24								
40208.24												
40208.24												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	103950.00	103950.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	103950.00	103950.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	12000.00	12000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	115950.00	115950.00
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) .....	31.00	31.00
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)) .....	115981.00	115981.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	115981.00	115981.00

**DETAILED SUMMARY PAGE**  
of Disbursements

<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.....	49172.76	49172.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	49172.76	49172.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26200.00	26200.00
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 .....	400.00	400.00
(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)) .....	400.00	400.00
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))..	75772.76	75772.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	75772.76	75772.76

**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) .....	115950.00	115950.00
34. Total Contribution Refunds (from Line 28(d)) .....	400.00	400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	115550.00	115550.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	49172.76	49172.76
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	31.00	31.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	49141.76	49141.76

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 49
	<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	

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

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

Full Name (Last, First, Middle Initial) <b>A. Cleo T Cafesjian</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7	
Mailing Address 4351 Gulf Shore Blvd N PH #5		Transaction ID: SA11A1.4330	
City Naples State FL Zip Code 34103	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Gerard L Cafesjian</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7	
Mailing Address 4001 Tamiami Trl N Suite 425		Transaction ID: SA11A1.4328	
City Naples State FL Zip Code 34103	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer GLC Enterprises Occupation Executive	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. John Jr. Cowles</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7	
Mailing Address 155 5th Ave S. Suite 100		Transaction ID: SA11A1.4343	
City Minneapolis State MN Zip Code 55401	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> John Jr. Cowles		Date of Receipt MM / DD / YYYY 05 / 18 / 2007
Mailing Address 155 5th Ave S. Suite 100		Transaction ID: SA11A1.4370
City Minneapolis	State MN	Zip Code 55401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2700.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5200.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Sage F Cowles		Date of Receipt MM / DD / YYYY 03 / 22 / 2007
Mailing Address 155 5th Ave South Suite 1000		Transaction ID: SA11A1.4353
City Minneapolis	State MN	Zip Code 55401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Sage F Cowles		Date of Receipt MM / DD / YYYY 05 / 18 / 2007
Mailing Address 155 5th Ave South Suite 1000		Transaction ID: SA11A1.4371
City Minneapolis	State MN	Zip Code 55401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2700.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	7900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. David C Cox</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7	
Mailing Address 1920 S 1st St, Apt 403		Transaction ID: SA11A1.4321	
City Minneapolis	State MN	Zip Code 55454	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B. Vicki B Cox</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7	
Mailing Address 1920 S 1st St, Apt 403		Transaction ID: SA11A1.4319	
City Minneapolis	State MN	Zip Code 55454	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. Mark Dayton</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7	
Mailing Address 2751 Hennepin Ave Apt 258		Transaction ID: SA11A1.4293	
City Minneapolis	State MN	Zip Code 55408	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Self	Occupation Philanthropist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 49
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. James D Deal		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 7 / 2 0 0 7	
Mailing Address PO Box 159		<b>Transaction ID:</b> SA11A1.4285	
City <b>Anoka</b>	State <b>MN</b>	Zip Code <b>55303</b>	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer NAU Country Ins Co	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Pamela S Deal		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 7 / 2 0 0 7	
Mailing Address PO Box 159		<b>Transaction ID:</b> SA11A1.4287	
City <b>Anoka</b>	State <b>MN</b>	Zip Code <b>55303</b>	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) F H Downing		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 0 / 2 0 0 7	
Mailing Address 1405 E Highway 96		<b>Transaction ID:</b> SA11A1.4295	
City <b>White Bear Lake</b>	State <b>MN</b>	Zip Code <b>55110</b>	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	12000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. John F Eisberg</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 05 / 2007	
Mailing Address 401 S 1st St, Apt 1413		<b>Transaction ID: SA11A1.4315</b>	
City State Zip Code Minneapolis MN 55401	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Robin Kaplan Miller & Cir-esi	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) <b>B. Adam O Emmerich</b>		Date of Receipt M M / D D / Y Y Y Y Y 02 / 20 / 2007	
Mailing Address 51 West 52nd St		<b>Transaction ID: SA11A1.4297</b>	
City State Zip Code New York NY 10019	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Wachtell Lipton	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. Susan E Engel</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007	
Mailing Address 4207 E Lake Harriet Blvd		<b>Transaction ID: SA11A1.4317</b>	
City State Zip Code Minneapolis MN 55409	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer FEC Best Efforts	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>8750.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Jill Nevel Field		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 1915 Noble Drive		Transaction ID: SA11A1.4334	
City State Zip Code Golden Valley MN 55422	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Breck School	Occupation Communications Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Lawrence J Field		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7	
Mailing Address 1915 Noble Drive		Transaction ID: SA11A1.4332	
City State Zip Code Golden Valley MN 55422	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Leonard Street and Deinard	Occupation Lawyer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> John Gabbert		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 7	
Mailing Address 312 W Ferndale Rd		Transaction ID: SA11A1.4364	
City State Zip Code Wayzata MN 55391	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Room & Board	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 49
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Martha Gabbert		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7	
Mailing Address 312 W Ferndale Rd		<b>Transaction ID:</b> SA11A1.4362	
City State Zip Code Wayzata MN 55391		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation R & B Properties Developer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Nancy Gibson		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7	
Mailing Address 2712 Glenhurst Ave S		<b>Transaction ID:</b> SA11A1.4311	
City State Zip Code St Louis Park MN 55416		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation Self-employed Naturalist, author			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Karen M Grabow		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7	
Mailing Address 2743 Dean Parkway		<b>Transaction ID:</b> SA11A1.4349	
City State Zip Code Minneapolis MN 55416		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation Land O Lakes Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A. Marlene C Kayser</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7	
Mailing Address 466 S Mississippi River Blvd		Transaction ID: SA11A1.4338	
City State Zip Code St Paul MN 55105	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Thomas C Kayser</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 466 Mississippi River Blvd S		Transaction ID: SA11A1.4336	
City State Zip Code St Paul MI 55105	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Robins Kaplan Miller & Ci-resi	Occupation Lawyer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Kathleen Lenzmeier</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7	
Mailing Address 750 South Second St #802		Transaction ID: SA11A1.4351	
City State Zip Code Minneapolis MN 55401	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 49
	(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**

Full Name (Last, First, Middle Initial) <b>A. Alida R Messinger</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>04 / 13 / 2007</b>
Mailing Address <b>30 Rockefeller Plaza Room 5600</b>		<b>Transaction ID: SA11A1.4366</b>
City <b>New York</b>	State <b>NM</b>	Zip Code <b>10112</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer Self-employed	Occupation <b>Philanthropist</b>	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. John L Morgan</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>02 / 20 / 2007</b>
Mailing Address <b>180 Bank St SE</b>		<b>Transaction ID: SA11A1.4291</b>
City <b>Minneapolis</b>	State <b>MN</b>	Zip Code <b>55414</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>5000.00</b>
Name of Employer Winmark Corp	Occupation <b>Executive</b>	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>5000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Lawrence Perlman</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>04 / 26 / 2007</b>
Mailing Address <b>4427 E Lake Harriet Pkwy</b>		<b>Transaction ID: SA11A1.4360</b>
City <b>Minneapolis</b>	State <b>MN</b>	Zip Code <b>55419</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer Retired	Occupation <b>Retired</b>	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 49
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Mindy Rechelbacher Mailing Address 1242 Hunter Dr City State Zip Code <b>Wayzata MN 55391</b> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <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>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.4289 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">300.00</td> </tr> </table> Contribution	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	0		2	0	0	7	300.00	
M	M	/	D	D	/	Y	Y	Y	Y															
0	2		2	0		2	0	0	7															
300.00																								
Name of Employer Occupation FEC Best Efforts Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="2">300.00</td> </tr> </table>		300.00																						
300.00																								

<b>B.</b> Full Name (Last, First, Middle Initial) Terry T Saario Mailing Address 34 Park Lane City State Zip Code <b>Minneapolis MN 55416</b> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <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>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.4368 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">5000.00</td> </tr> </table> Contribution	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	0	7	5000.00	
M	M	/	D	D	/	Y	Y	Y	Y															
0	6		0	7		2	0	0	7															
5000.00																								
Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="2">5000.00</td> </tr> </table>		5000.00																						
5000.00																								

<b>C.</b> Full Name (Last, First, Middle Initial) Ronald R Sternal Mailing Address 2712 Glenhurst Ave City State Zip Code <b>St Louis Park MN 55416</b> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <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>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.4309 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">500.00</td> </tr> </table> Contribution	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	7	500.00	
M	M	/	D	D	/	Y	Y	Y	Y															
0	3		1	2		2	0	0	7															
500.00																								
Name of Employer Occupation Nuveen Investments Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="2">500.00</td> </tr> </table>		500.00																						
500.00																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 / 49	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) <b>FOLLOW THE NORTH STAR FUND</b>
--

Full Name (Last, First, Middle Initial) <b>A. Mary W Vaughan</b>	
Mailing Address <b>1700 Mount Curve Ave</b>	
City <b>Minneapolis</b>	State <b>MN</b>
Zip Code <b>55403</b>	
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>5000.00</b>

Date of Receipt <b>03 / 03 / 2007</b>
Transaction ID: <b>SA11A1.4323</b>
Amount of Each Receipt this Period <b>5000.00</b>
Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>103950.00</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 49
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 1050 31st Street N.W.

City State Zip Code  
Washington DC 20007

FEC ID number of contributing federal political committee. **C** C00024521

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  
03 / 14 / 2007

Transaction ID: SA11C.4300

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA PAC)

Mailing Address 25 Massachusetts Avenue NW #100

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 27 / 2007

Transaction ID: SA11C.4388

Amount of Each Receipt this Period  
5000.00

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 ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 21 / 2007

Transaction ID: SA11C.4341

Amount of Each Receipt this Period  
2000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	12000.00

**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 18 / 49

<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><b>A. ADP</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 100 Northwest Point Blvd</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll-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><b>Transaction ID:</b> SB21B.4233 <b>Date of Disbursement:</b> 03 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 6250.47</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Internal Revenue Service</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 970028</p> <p>City Kansas City State MO Zip Code 64999</p> <p>Purpose of Disbursement Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p><b>Transaction ID:</b> SB21B.4233.0 <b>Date of Disbursement:</b> 03 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 3520.52</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><b>[MEMO ITEM]</b></p>

<p><b>C. Minnesota Department of Revenue</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 600 N Robert St</p> <p>City St Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p><b>Transaction ID:</b> SB21B.4233.1 <b>Date of Disbursement:</b> 03 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 897.86</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>6250.47</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</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 19 / 49

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Thomas R Perron</b>		Transaction ID: SB21B.4233.2 Date of Disbursement 03 / 15 / 2007	
Mailing Address 3302 Belden Dr NE		Amount of Each Disbursement this Period 1745.51	
City St Anthony State MN Zip Code 55418	Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Mr. Charles Poster</b>		Transaction ID: SB21B.4233.3 Date of Disbursement 03 / 15 / 2007	
Mailing Address 515 W 27th St		Amount of Each Disbursement this Period 86.58	
City Minneapolis State MN Zip Code 55408	Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. ADP</b>		Transaction ID: SB21B.4216 Date of Disbursement 03 / 19 / 2007	
Mailing Address 100 Northwest Point Blvd		Amount of Each Disbursement this Period 25.00	
City Elk Grove Village State IL Zip Code 60007	Purpose of Disbursement Payroll expenses 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) ..... ▶

25.00

**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

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		<b>Transaction ID:</b> SB21B.4218 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address 100 Northwest Point Blvd		Amount of Each Disbursement this Period 53.75
City Elk Grove Village      State IL      Zip Code 60007		
Purpose of Disbursement Payroll expenses 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:		

Full Name (Last, First, Middle Initial) <b>B. ADP</b>		<b>Transaction ID:</b> SB21B.4227 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address 100 Northwest Point Blvd		Amount of Each Disbursement this Period 137.72
City Elk Grove Village      State IL      Zip Code 60007		
Purpose of Disbursement Payroll-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:		

Full Name (Last, First, Middle Initial) <b>C. Mr. Thomas R Perron</b>		<b>Transaction ID:</b> SB21B.4227.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address 3302 Belden Dr NE		Amount of Each Disbursement this Period 115.44
City St Anthony      State MN      Zip Code 55418		
Purpose of Disbursement Payroll 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]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	191.47
<b>TOTAL</b> 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. Internal Revenue Service**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 970028

City Kansas City State MO Zip Code 64999

Purpose of Disbursement Taxes

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.4227.1

Date of Disbursement

/   /

Amount of Each Disbursement this Period

[MEMO ITEM]

**B. Minnesota Department of Revenue**

Full Name (Last, First, Middle Initial)

Mailing Address 600 N Robert St

City St Paul State MN Zip Code 55101

Purpose of Disbursement Taxes

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.4227.2

Date of Disbursement

/   /

Amount of Each Disbursement this Period

[MEMO ITEM]

**C. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address 100 Northwest Point Blvd

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement Payroll--see memo entries

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.4239

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		Transaction ID: SB21B.4239.0 Date of Disbursement MM / DD / YYYY 04 / 02 / 2007
Mailing Address PO Box 970028		Amount of Each Disbursement this Period 865.75
City Kansas City	State MO Zip Code 64999	
Purpose of Disbursement Taxes		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Minnesota Department of Revenue</b>		Transaction ID: SB21B.4239.1 Date of Disbursement MM / DD / YYYY 04 / 02 / 2007
Mailing Address 600 N Robert St		Amount of Each Disbursement this Period 222.99
City St Paul	State MN Zip Code 55101	
Purpose of Disbursement Taxes		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ADP</b>		Transaction ID: SB21B.4239.2 Date of Disbursement MM / DD / YYYY 04 / 02 / 2007
Mailing Address 100 Northwest Point Blvd		Amount of Each Disbursement this Period 63.00
City Elk Grove Village	State IL Zip Code 60007	
Purpose of Disbursement ADP fees		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 49

<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><b>A.</b> Mr. Thomas R Perron</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 3302 Belden Dr NE</p> <p>City St Anthony State MN Zip Code 55418</p> <p>Purpose of Disbursement Salary</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>Transaction ID: SB21B.4239.3</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1820.90"/></p> <p>[MEMO ITEM]</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B.</b> Mr. Charles Poster</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 515 W 27th St</p> <p>City Minneapolis State MN Zip Code 55408</p> <p>Purpose of Disbursement Salary</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>Transaction ID: SB21B.4239.4</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="86.58"/></p> <p>[MEMO ITEM]</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C.</b> ADP</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 100 Northwest Point Blvd</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement ADP fees</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>Transaction ID: SB21B.4281</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="25.00"/></p>
<p><b>TOTAL</b> 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 24 / 49

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

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

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		<b>Transaction ID:</b> SB21B.4251 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 100 Northwest Point Blvd		Amount of Each Disbursement this Period 3050.24
City Elk Grove Village State IL Zip Code 60007	Category/ Type	
Purpose of Disbursement Payroll		
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Minnesota Department of Revenue</b>		<b>Transaction ID:</b> SB21B.4251.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 600 N Robert St		Amount of Each Disbursement this Period 222.99
City St Paul State MN Zip Code 55101	Category/ Type	
Purpose of Disbursement Payroll taxes		
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>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Internal Revenue Service</b>		<b>Transaction ID:</b> SB21B.4251.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address PO Box 970028		Amount of Each Disbursement this Period 865.79
City Kansas City State MO Zip Code 64999	Category/ Type	
Purpose of Disbursement Payroll taxes		
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>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3050.24
<b>TOTAL</b> 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><b>A.</b> Mr. Thomas R Perron</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 3302 Belden Dr NE</p> <p>City St Anthony State MN Zip Code 55418</p> <p>Purpose of Disbursement Salary</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>Transaction ID: SB21B.4251.2</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1820.88"/></p> <p>[MEMO ITEM]</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B.</b> Mr. Charles Poster</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 515 W 27th St</p> <p>City Minneapolis State MN Zip Code 55408</p> <p>Purpose of Disbursement Salary</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>Transaction ID: SB21B.4251.3</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="86.58"/></p> <p>[MEMO ITEM]</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C.</b> ADP</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 100 Northwest Point Blvd</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement ADP fees</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>Transaction ID: SB21B.4251.4</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="54.00"/></p> <p>[MEMO ITEM]</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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)

<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><b>A. ADP</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 100 Northwest Point Blvd</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll--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><b>Transaction ID:</b> SB21B.4245</p> <p>Date of Disbursement 04 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 3050.22</p> <p>Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>B. ADP</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 100 Northwest Point Blvd</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement ADP fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p><b>Transaction ID:</b> SB21B.4245.0</p> <p>Date of Disbursement 04 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 54.00</p> <p>Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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[MEMO ITEM]

<p><b>C. Internal Revenue Service</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 970028</p> <p>City Kansas City State MO Zip Code 64999</p> <p>Purpose of Disbursement Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p><b>Transaction ID:</b> SB21B.4245.1</p> <p>Date of Disbursement 04 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 865.75</p> <p>Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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[MEMO ITEM]

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

3050.22

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 49

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

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

Full Name (Last, First, Middle Initial) <b>A. Minnesota Department of Revenue</b>		<b>Transaction ID:</b> SB21B.4245.2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 600 N Robert St		Amount of Each Disbursement this Period 222.99
City St Paul      State MN      Zip Code 55101		
Purpose of Disbursement Taxes Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mr. Thomas R Perron</b>		<b>Transaction ID:</b> SB21B.4245.3 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 3302 Belden Dr NE		Amount of Each Disbursement this Period 1820.90
City St Anthony      State MN      Zip Code 55418		
Purpose of Disbursement Salary Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mr. Charles Poster</b>		<b>Transaction ID:</b> SB21B.4245.4 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 515 W 27th St		Amount of Each Disbursement this Period 86.58
City Minneapolis      State MN      Zip Code 55408		
Purpose of Disbursement Salary Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
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) ..... ▶	0.00
<b>TOTAL</b> 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)

<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

<b>A. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 100 Northwest Point Blvd City Elk Grove Village State IL Zip Code 60007 Purpose of Disbursement Payroll--see memo entries 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>Transaction ID:</b> SB21B.4259 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7 <b>Amount of Each Disbursement this Period:</b> 3050.22 Category/Type
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<b>B. Internal Revenue Service</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 970028 City Kansas City State MO Zip Code 64999 Purpose of Disbursement Payroll taxes 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>Transaction ID:</b> SB21B.4259.0 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7 <b>Amount of Each Disbursement this Period:</b> 865.75 Category/Type <b>[MEMO ITEM]</b>
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<b>C. Minnesota Department of Revenue</b> Full Name (Last, First, Middle Initial) Mailing Address 600 N Robert St City St Paul State MN Zip Code 55101 Purpose of Disbursement Payroll taxes 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>Transaction ID:</b> SB21B.4259.1 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7 <b>Amount of Each Disbursement this Period:</b> 222.99 Category/Type <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3050.22
<b>TOTAL</b> 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

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

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

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		Transaction ID: SB21B.4259.2 Date of Disbursement MM / DD / YYYY 05 / 15 / 2007	
Mailing Address 100 Northwest Point Blvd		Amount of Each Disbursement this Period 54.00	
City Elk Grove Village State IL Zip Code 60007	Purpose of Disbursement ADP fees	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:	[MEMO ITEM]		

Full Name (Last, First, Middle Initial) <b>B. Mr. Thomas R Perron</b>		Transaction ID: SB21B.4259.3 Date of Disbursement MM / DD / YYYY 05 / 15 / 2007	
Mailing Address 3302 Belden Dr NE		Amount of Each Disbursement this Period 1820.90	
City St Anthony State MN Zip Code 55418	Purpose of Disbursement Salary	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:	[MEMO ITEM]		

Full Name (Last, First, Middle Initial) <b>C. Mr. Charles Poster</b>		Transaction ID: SB21B.4259.4 Date of Disbursement MM / DD / YYYY 05 / 15 / 2007	
Mailing Address 515 W 27th St		Amount of Each Disbursement this Period 86.58	
City Minneapolis State MN Zip Code 55408	Purpose of Disbursement Salary	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:	[MEMO ITEM]		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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

<b>A. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 100 Northwest Point Blvd City Elk Grove Village State IL Zip Code 60007 Purpose of Disbursement Payroll--see memo entries 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>Transaction ID:</b> SB21B.4269 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7 <b>Amount of Each Disbursement this Period:</b> 3050.22 Category/Type
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<b>B. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 100 Northwest Point Blvd City Elk Grove Village State IL Zip Code 60007 Purpose of Disbursement ADP fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B.4269.0 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7 <b>Amount of Each Disbursement this Period:</b> 54.00 Category/Type <b>[MEMO ITEM]</b>
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<b>C. Internal Revenue Service</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 970028 City Kansas City State MO Zip Code 64999 Purpose of Disbursement Federal taxes 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>Transaction ID:</b> SB21B.4269.1 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7 <b>Amount of Each Disbursement this Period:</b> 865.75 Category/Type <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3050.22
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Minnesota Department of Revenue</b>		Transaction ID: SB21B.4269.2 Date of Disbursement MM / DD / YYYY 05 / 31 / 2007
Mailing Address 600 N Robert St		Amount of Each Disbursement this Period 222.99
City St Paul      State MN      Zip Code 55101	[MEMO ITEM]	
Purpose of Disbursement State taxes		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) ▼

Full Name (Last, First, Middle Initial) <b>B. Mr. Thomas R Perron</b>		Transaction ID: SB21B.4269.3 Date of Disbursement MM / DD / YYYY 05 / 31 / 2007
Mailing Address 3302 Belden Dr NE		Amount of Each Disbursement this Period 1820.90
City St Anthony      State MN      Zip Code 55418	[MEMO ITEM]	
Purpose of Disbursement Salary		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) ▼

Full Name (Last, First, Middle Initial) <b>C. Mr. Charles Poster</b>		Transaction ID: SB21B.4269.4 Date of Disbursement MM / DD / YYYY 05 / 31 / 2007
Mailing Address 515 W 27th St		Amount of Each Disbursement this Period 86.58
City Minneapolis      State MN      Zip Code 55408	[MEMO ITEM]	
Purpose of Disbursement Salary		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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		<b>Transaction ID:</b> SB21B.4275 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 100 Northwest Point Blvd		Amount of Each Disbursement this Period 2993.34
City Elk Grove Village      State IL      Zip Code 60007		
Purpose of Disbursement Payroll--see memo entries		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:		

Full Name (Last, First, Middle Initial) <b>B. ADP</b>		<b>Transaction ID:</b> SB21B.4275.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 100 Northwest Point Blvd		Amount of Each Disbursement this Period 54.00
City Elk Grove Village      State IL      Zip Code 60007		
Purpose of Disbursement ADP fees		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:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Internal Revenue Service</b>		<b>Transaction ID:</b> SB21B.4275.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address PO Box 970028		Amount of Each Disbursement this Period 865.77
City Kansas City      State MO      Zip Code 64999		
Purpose of Disbursement Federal taxes		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:		

[MEMO ITEM]

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

2993.34

**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

Full Name (Last, First, Middle Initial) <b>A. Minnesota Department of Revenue</b>		<b>Transaction ID:</b> SB21B.4275.2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 600 N Robert St		Amount of Each Disbursement this Period 166.10
City St Paul      State MN      Zip Code 55101		
Purpose of Disbursement Taxes Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mr. Thomas R Perron</b>		<b>Transaction ID:</b> SB21B.4275.3 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 3302 Belden Dr NE		Amount of Each Disbursement this Period 1820.89
City St Anthony      State MN      Zip Code 55418		
Purpose of Disbursement Salary Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mr. Charles Poster</b>		<b>Transaction ID:</b> SB21B.4275.4 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 515 W 27th St		Amount of Each Disbursement this Period 86.58
City Minneapolis      State MN      Zip Code 55408		
Purpose of Disbursement Salary Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
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) ..... ▶	0.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Blue Cross Blue Shield</b>		<b>Transaction ID:</b> SB21B.4106 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7
Mailing Address 3535 Blue Cross Rd		Amount of Each Disbursement this Period 664.00
City St Paul State MN Zip Code 55164	Purpose of Disbursement Insurance 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Blue Cross Blue Shield</b>		<b>Transaction ID:</b> SB21B.4127 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address 3535 Blue Cross Rd		Amount of Each Disbursement this Period 178.50
City St Paul State MN Zip Code 55164	Purpose of Disbursement Insurance 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Blue Cross Blue Shield</b>		<b>Transaction ID:</b> SB21B.4138 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address 3535 Blue Cross Rd		Amount of Each Disbursement this Period 193.00
City St Paul State MN Zip Code 55164	Purpose of Disbursement Cellular 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) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1035.50
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Blue Cross Blue Shield</b>		<b>Transaction ID:</b> SB21B.4148 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 3535 Blue Cross Rd		Amount of Each Disbursement this Period 193.00
City St Paul State MN Zip Code 55164	Purpose of Disbursement Insurance 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Blue Cross Blue Shield</b>		<b>Transaction ID:</b> SB21B.4156 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 3535 Blue Cross Rd		Amount of Each Disbursement this Period 193.00
City St Paul State MN Zip Code 55164	Purpose of Disbursement Insurance 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Campaign Finance Consultants</b>		<b>Transaction ID:</b> SB21B.4139 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address 10 G St NE, Suite 470		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20002	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) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3386.00</b>
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Campaign Finance Consultants</b>		<b>Transaction ID:</b> SB21B.4152 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 10 G St NE, Suite 470		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20002	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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Campaign Finance Consultants</b>		<b>Transaction ID:</b> SB21B.4376 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 10 G St NE, Suite 470		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20002	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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Cardmember Service</b>		<b>Transaction ID:</b> SB21B.4197 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 324.19
City St Louis State MO Zip Code 63179	Purpose of Disbursement credit card- see memo entries 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) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5824.19
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Cardmember Service</b>		Transaction ID: SB21B.4197.9 Date of Disbursement MM / DD / YYYY 05 / 09 / 2007
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 11.00
City St Louis State MO Zip Code 63179	Purpose of Disbursement Bank fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Cardmember Service</b>		Transaction ID: SB21B.4197.11 Date of Disbursement MM / DD / YYYY 05 / 09 / 2007
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 1.43
City St Louis State MO Zip Code 63179	Purpose of Disbursement Bank fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Cardmember Service</b>		Transaction ID: SB21B.4197.12 Date of Disbursement MM / DD / YYYY 05 / 09 / 2007
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 26.25
City St Louis State MO Zip Code 63179	Purpose of Disbursement Bank fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Cardmember Service</b>		<b>Transaction ID:</b> SB21B.4184 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 184.47
City St Louis State MO Zip Code 63179	Purpose of Disbursement credit card - see memo entries 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Cardmember Service</b>		<b>Transaction ID:</b> SB21B.4184.4 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 26.25
City St Louis State MO Zip Code 63179	Purpose of Disbursement Bank fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type  <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Cardmember Service</b>		<b>Transaction ID:</b> SB21B.4184.5 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 51.97
City St Louis State MO Zip Code 63179	Purpose of Disbursement Bank fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	184.47
<b>TOTAL</b> 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dan Williams Insurance Agency</b>		<b>Transaction ID: SB21B.4133</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 1401 W 76th St, Suite 140		Amount of Each Disbursement this Period 469.00
City Richfield State MN Zip Code 55423	Category/ Type	
Purpose of Disbursement Insurance		
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Elan</b>		<b>Transaction ID: SB21B.4382</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 7300 Chapman Highway		Amount of Each Disbursement this Period 505.03
City Knoxville State TN Zip Code 37920	Category/ Type	
Purpose of Disbursement Bank fees		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Melzer Investment Co</b>		<b>Transaction ID: SB21B.4128</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 6205 Parkwood Rd		Amount of Each Disbursement this Period 750.00
City Edina State MN Zip Code 55436	Category/ Type	
Purpose of Disbursement Rent		
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1724.03
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Melzer Investment Co</b>		<b>Transaction ID:</b> SB21B.4130 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 7
Mailing Address 6205 Parkwood Rd		Amount of Each Disbursement this Period 750.00
City Edina State MN Zip Code 55436	Purpose of Disbursement Rent	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Melzer Investment Co</b>		<b>Transaction ID:</b> SB21B.4144 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 6205 Parkwood Rd		Amount of Each Disbursement this Period 772.82
City Edina State MN Zip Code 55436	Purpose of Disbursement Rent	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Melzer Investment Co</b>		<b>Transaction ID:</b> SB21B.4154 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 6205 Parkwood Rd		Amount of Each Disbursement this Period 727.19
City Edina State MN Zip Code 55436	Purpose of Disbursement Rent	
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) ..... ▶	2250.01
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Melzer Investment Co</b>		<b>Transaction ID: SB21B.4381</b> Date of Disbursement
Mailing Address 6205 Parkwood Rd		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
City Edina	State MN	Zip Code 55436
Purpose of Disbursement Rent	<input type="text" value="500.00"/>	
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 <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Metro Sales, Inc</b>		<b>Transaction ID: SB21B.4142</b> Date of Disbursement
Mailing Address 1620 E 78th St		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
City Minneapolis	State MN	Zip Code 55423
Purpose of Disbursement Copier	<input type="text" value="291.75"/>	
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:		

Full Name (Last, First, Middle Initial) <b>C. Mr. Thomas R Perron</b>		<b>Transaction ID: SB21B.4110</b> Date of Disbursement
Mailing Address 3302 Belden Dr NE		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
City St Anthony	State MN	Zip Code 55418
Purpose of Disbursement Salary	<input type="text" value="1820.90"/>	
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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2612.65"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Thomas R Perron</b>		<b>Transaction ID: SB21B.4114</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 3302 Belden Dr NE		Amount of Each Disbursement this Period 3641.80	
City St Anthony State MN Zip Code 55418	Purpose of Disbursement Salary 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) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Charles Poster</b>		<b>Transaction ID: SB21B.4108</b> Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2007	
Mailing Address 515 W 27th St		Amount of Each Disbursement this Period 398.07	
City Minneapolis State MN Zip Code 55408	Purpose of Disbursement Salary 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) ▼		

Full Name (Last, First, Middle Initial) <b>C. Qwest</b>		<b>Transaction ID: SB21B.4149</b> Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2007	
Mailing Address PO Box 17360		Amount of Each Disbursement this Period 105.75	
City Denver State CO Zip Code 80217	Purpose of Disbursement Telephone 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) ..... ▶	4145.62
<b>TOTAL</b> 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Qwest</b>		<b>Transaction ID:</b> SB21B.4157 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address PO Box 17360		Amount of Each Disbursement this Period 51.67
City Denver State CO Zip Code 80217	Category/ Type	
Purpose of Disbursement Telephone 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) ▼		

Full Name (Last, First, Middle Initial) <b>B. T-Mobile</b>		<b>Transaction ID:</b> SB21B.4104 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7
Mailing Address PO Box 51843		Amount of Each Disbursement this Period 229.00
City Los Angeles State CA Zip Code 90051	Category/ Type	
Purpose of Disbursement Cellular 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) ▼		

Full Name (Last, First, Middle Initial) <b>C. T-Mobile</b>		<b>Transaction ID:</b> SB21B.4125 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address PO Box 51843		Amount of Each Disbursement this Period 202.78
City Los Angeles State CA Zip Code 90051	Category/ Type	
Purpose of Disbursement Cellular 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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	483.45
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. T-Mobile</b>		<b>Transaction ID:</b> SB21B.4135 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address PO Box 51843		Amount of Each Disbursement this Period 202.78
City Los Angeles State CA Zip Code 90051	Purpose of Disbursement Cellular 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. T-Mobile</b>		<b>Transaction ID:</b> SB21B.4146 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address PO Box 51843		Amount of Each Disbursement this Period 203.53
City Los Angeles State CA Zip Code 90051	Purpose of Disbursement Cellular 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. T-Mobile</b>		<b>Transaction ID:</b> SB21B.4155 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address PO Box 51843		Amount of Each Disbursement this Period 207.15
City Los Angeles State CA Zip Code 90051	Purpose of Disbursement Cellular 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) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	613.46
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Transcend Communications</b>		<b>Transaction ID:</b> SB21B.4131 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 7
Mailing Address 2101 Kennedy St NE		Amount of Each Disbursement this Period 187.50
City Minneapolis State MN Zip Code 55413		
Purpose of Disbursement Telephone 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Transcend Communications</b>		<b>Transaction ID:</b> SB21B.4141 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 2101 Kennedy St NE		Amount of Each Disbursement this Period 187.50
City Minneapolis State MN Zip Code 55413		
Purpose of Disbursement Telephone 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Transcend Communications</b>		<b>Transaction ID:</b> SB21B.4151 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 2101 Kennedy St NE		Amount of Each Disbursement this Period 187.50
City Minneapolis State MN Zip Code 55413		
Purpose of Disbursement Telephone 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) ..... ▶	562.50
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Transcend Communications</b>		<b>Transaction ID:</b> SB21B.4375 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 2101 Kennedy St NE		Amount of Each Disbursement this Period 20.10
City Minneapolis State MN Zip Code 55413		
Purpose of Disbursement Telephone 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Transcend Communications</b>		<b>Transaction ID:</b> SB21B.4377 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 2101 Kennedy St NE		Amount of Each Disbursement this Period 187.50
City Minneapolis State MN Zip Code 55413		
Purpose of Disbursement Telephone 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID:</b> SB21B.4147 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 777 Big Timber Rd		Amount of Each Disbursement this Period 153.84
City Elgin State IL Zip Code 60123		
Purpose of Disbursement Cellular Telephone 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) ..... ▶	361.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID:</b> SB21B.4153 Date of Disbursement
Mailing Address 777 Big Timber Rd		<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="30"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/>
City Elgin	State IL	Zip Code 60123
Purpose of Disbursement Cellular	<input type="text" value=""/>	
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:		
		Amount of Each Disbursement this Period <input type="text" value="145.88"/>

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo Financial Leasing</b>		<b>Transaction ID:</b> SB21B.4132 Date of Disbursement
Mailing Address PO Box 6434		<input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="27"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/>
City Carol Stream	State IL	Zip Code 60197
Purpose of Disbursement Copier	<input type="text" value=""/>	
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:		
		Amount of Each Disbursement this Period <input type="text" value="132.24"/>

Full Name (Last, First, Middle Initial) <b>C. Wells Fargo Financial Leasing</b>		<b>Transaction ID:</b> SB21B.4145 Date of Disbursement
Mailing Address PO Box 6434		<input type="text" value="04"/> <input type="text" value="04"/> / <input type="text" value="30"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/>
City Carol Stream	State IL	Zip Code 60197
Purpose of Disbursement Copier	<input type="text" value=""/>	
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:		
		Amount of Each Disbursement this Period <input type="text" value="132.24"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="410.36"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="48339.08"/>

**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 48 / 49

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

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

Full Name (Last, First, Middle Initial) <b>A. CITIZENS FOR HARKIN</b>		<b>Transaction ID: SB23.4422</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 7
Mailing Address P O BOX 811		Amount of Each Disbursement this Period 2300.00
City DES MOINES State IA Zip Code 50304	011 Category/ Type	
Purpose of Disbursement Primary Election Contribution		
Candidate Name CITIZENS FOR HARKIN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CITIZENS FOR HARKIN</b>		<b>Transaction ID: SB23.4423</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 7
Mailing Address P O BOX 811		Amount of Each Disbursement this Period 2300.00
City DES MOINES State IA Zip Code 50304	011 Category/ Type	
Purpose of Disbursement General Election Contribution		
Candidate Name CITIZENS FOR HARKIN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE</b>		<b>Transaction ID: SB23.4386</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 120 MARYLAND AVENUE NE		Amount of Each Disbursement this Period 15000.00
City WASHINGTON State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	19600.00
<b>TOTAL</b> 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF MARY LANDRIEU INC</b>		<b>Transaction ID: SB23.4225</b> Date of Disbursement
Mailing Address 607 14TH STREET NW SUITE 800 SUITE 1434		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement Primary Election Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA	District: 00	
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

Full Name (Last, First, Middle Initial) <b>B. TIM JOHNSON FOR SOUTH DAKOTA INC</b>		<b>Transaction ID: SB23.4420</b> Date of Disbursement
Mailing Address PO BOX 1859		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
City SIOUX FALLS	State SD	Zip Code 57101
Purpose of Disbursement Primary Election Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name TIM JOHNSON FOR SOUTH DAKOTA INC		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD	District: 00	
		Amount of Each Disbursement this Period <input type="text" value="2300.00"/>

Full Name (Last, First, Middle Initial) <b>C. TIM JOHNSON FOR SOUTH DAKOTA INC</b>		<b>Transaction ID: SB23.4421</b> Date of Disbursement
Mailing Address PO BOX 1859		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
City SIOUX FALLS	State SD	Zip Code 57101
Purpose of Disbursement General Election Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name TIM JOHNSON FOR SOUTH DAKOTA INC		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD	District: 00	
		Amount of Each Disbursement this Period <input type="text" value="2300.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6600.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="26200.00"/>