

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 06 30 2009

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

Type or Print Name of Treasurer Jeff Larson

Signature of Treasurer Electronically Filed by Jeff Larson Date 07 31 2009

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
NORTHSTAR LEADERSHIP PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		27781.51
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	27781.51									
(c) Total Receipts (from Line 19)	114114.51	114114.51								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	141896.02	141896.02								
7. Total Disbursements (from Line 31)	74617.14	74617.14								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	67278.88	67278.88								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	74363.75									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
NORTHSTAR LEADERSHIP PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	103000.00	103000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	103000.00	103000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	11000.00	11000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	114000.00	114000.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	114.51	114.51
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))	114114.51	114114.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	114114.51	114114.51

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	64617.14	64617.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	64617.14	64617.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	74617.14	74617.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	74617.14	74617.14

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	114000.00	114000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	114000.00	114000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	64617.14	64617.14
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	64617.14	64617.14

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 38
	<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)
NORTHSTAR LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) Tani D Austin		Date of Receipt
	Mailing Address		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Eden Prairie	MN	55344
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.4694
Name of Employer Starkey Laboratories, Inc.		Occupation Owner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00

B.	Full Name (Last, First, Middle Initial) William F Austin		Date of Receipt
	Mailing Address		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Dallas	TX	75287
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.4695
Name of Employer Starkey Laboratories, Inc.		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00

C.	Full Name (Last, First, Middle Initial) Elliott Broidy		Date of Receipt
	Mailing Address		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Los Angeles	CA	90024
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.4689
Name of Employer BROIDY CAPITAL MANAGEMENT		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 15000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input 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	PAGE 7 / 38
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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) Richard Burke		Date of Receipt
	Mailing Address		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 25 / 2009
	City	State	Zip Code
	Paradise Valley	AZ	85253
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4685
		Amount of Each Receipt this Period	<input type="text"/> 5000.00
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 ▼	<input type="text"/> 5000.00

B.	Full Name (Last, First, Middle Initial) Cleo Cafesjian		Date of Receipt
	Mailing Address		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 30 / 2009
	City	State	Zip Code
	Eagan	MN	56123
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4651
		Amount of Each Receipt this Period	<input type="text"/> 1000.00
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 ▼	<input type="text"/> 1000.00

C.	Full Name (Last, First, Middle Initial) Gerald L Cafesjian		Date of Receipt
	Mailing Address		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 30 / 2009
	City	State	Zip Code
	Eagan	MN	55123
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4650
		Amount of Each Receipt this Period	<input type="text"/> 1000.00
Name of Employer GLC Enterprises		Occupation President / CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 7000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 8 / 38
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)
F.W. Corrigan

Mailing Address

City State Zip Code
Carefree AZ 85377

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2009

Transaction ID: SA11AI.4686

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Glenda K Corrigan

Mailing Address

City State Zip Code
Carefree AZ 85377

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2009

Transaction ID: SA11AI.4687

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
John H and Mary Lou Dasburg

Mailing Address 2699 South Bayshore Dr

City State Zip Code
Miami FL 33133

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

Name of Employer Airstar Cargo Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2009

Transaction ID: SA11AI.4649

Amount of Each Receipt this Period
4000.00

SUBTOTAL of Receipts This Page (optional) ► **14000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) David Frauenshuh		Date of Receipt MM / DD / YYYY 03 / 24 / 2009	
	Mailing Address		Transaction ID: SA11AI.4684	
	City Mpls	State MN	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C			
	Name of Employer Frauenshuh	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

B.	Full Name (Last, First, Middle Initial) Eugene Frey		Date of Receipt MM / DD / YYYY 05 / 18 / 2009		
	Mailing Address		Transaction ID: SA11AI.4652		
	City Naples	State FL	Zip Code 34103	Amount of Each Receipt this Period 2000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Retired	Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

C.	Full Name (Last, First, Middle Initial) Lynn Johnson		Date of Receipt MM / DD / YYYY 05 / 01 / 2009		
	Mailing Address		Transaction ID: SA11AI.4693		
	City St Paul	State MN	Zip Code 55118	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Johnson Bros Liquor	Occupation Owner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial) Louise B Leatherdale		Date of Receipt MM / DD / YYYY 06 / 05 / 2009
Mailing Address		Transaction ID: SA11AI.4701
City Long Lake	State MN	Zip Code 55356
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
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	

B.

Full Name (Last, First, Middle Initial) Glenn D Nelson		Date of Receipt MM / DD / YYYY 04 / 03 / 2009
Mailing Address		Transaction ID: SA11AI.4691
City Minnetonka	State MN	Zip Code 55305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer GND Holdings, LLC	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.

Full Name (Last, First, Middle Initial) Marilyn Nelson		Date of Receipt MM / DD / YYYY 04 / 03 / 2009
Mailing Address		Transaction ID: SA11AI.4690
City Minnetonka	State MN	Zip Code 55305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Carlson Companies	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	▶	12500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) Stuart H Nolan		Date of Receipt
	Mailing Address		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 4 / 2 0 0 9
	City	State	Zip Code
	Bloomington	MN	55420
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4696
		Amount of Each Receipt this Period	<input type="text"/> 2500.00
Name of Employer Stuart Co		Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2500.00

B.	Full Name (Last, First, Middle Initial) Ronald Plotkin		Date of Receipt
	Mailing Address		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 2 2 / 2 0 0 9
	City	State	Zip Code
	Westlake	CA	91362
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4702
		Amount of Each Receipt this Period	<input type="text"/> 5000.00
Name of Employer Self employed		Occupation Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00

C.	Full Name (Last, First, Middle Initial) Robert C Pohlad		Date of Receipt
	Mailing Address 4801 Bywood St W		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 0 5 / 2 0 0 9
	City	State	Zip Code
	Edina	MN	55436-1306
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4653
		Amount of Each Receipt this Period	<input type="text"/> 5000.00
Name of Employer CEO		Occupation Pepsi Americas	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 12500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 38
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)
Lenny Sands

Mailing Address

City State Zip Code
Encino CA 91436

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

Name of Employer Occupation
Alchemy LLC President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2009

Transaction ID: SA11AI.4688

Amount of Each Receipt this Period
3000.00

B.

Full Name (Last, First, Middle Initial)
Stephen W Sanger

Mailing Address

City State Zip Code
Wayzata MN 55391

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: SA11AI.4700

Amount of Each Receipt this Period
5000.00

C.

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

Mailing Address

City State Zip Code
Minneapolis MN 55437

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

Name of Employer Occupation
Best Buy CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: SA11AI.4683

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **13000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 38
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)
J.M. Sweere

Mailing Address

City State Zip Code
Minneapolis MN 55417

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

Name of Employer
Ergotron, Inc

Occupation
Chairwoman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2009

Transaction ID: SA11AI.4697

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Paul D Tosetti

Mailing Address

City State Zip Code
San Marino CA 91108

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

Name of Employer
Latham & Watkins, LLP

Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: SA11AI.4699

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Robert J Ulrich

Mailing Address 5400 Londonberry Road

City State Zip Code
Edina MN 55436

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

Name of Employer
Target

Occupation
Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2009

Transaction ID: SA11AI.4648

Amount of Each Receipt this Period
5000.00

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

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

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

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

FOR LINE NUMBER: PAGE 14 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)
Dean V White

Mailing Address

City State Zip Code
Merrville IN 46410

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

Name of Employer
Whiteco Industries, Inc

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	9

Transaction ID: SA11AI.4692

Amount of Each Receipt this Period
5000.00

B.

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

Mailing Address

City State Zip Code
Beverly Hills CA 90210

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

Name of Employer
Proby International

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: SA11AI.4698

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	6000.00
TOTAL This Period (last page this line number only)	▶	103000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 38
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) ASTAR AIR CARGO INC POLITICAL ACTION COMMITTEE	Date of Receipt MM / DD / YYYY 03 / 25 / 2009
	Mailing Address 2 SOUTH BISCAYNE BOULEVARD SUITE 3663	Transaction ID: SA11C.4659
	City State Zip Code MIAMI FL 33131	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00388785	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

B.	Full Name (Last, First, Middle Initial) MURRAY ENERGY CORPORATION POLITICAL ACTION COMMITTEE	Date of Receipt MM / DD / YYYY 04 / 01 / 2009
	Mailing Address 29325 Chagrin Boulevard Suite 300	Transaction ID: SA11C.4660
	City State Zip Code Pepper Pike OH 44122	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C C00410985	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

C.	Full Name (Last, First, Middle Initial) TRAVELERS COMPANIES INC. POLITICAL ACTION COMMITTEE (TPAC), THE	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address One Tower Square	Transaction ID: SA11C.4661
	City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C C00376376	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

SUBTOTAL of Receipts This Page (optional)	▶	11000.00
TOTAL This Period (last page this line number only)	▶	11000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) American Express Mailing Address City: Fort Lauderdale State: FL Zip Code: 33336 Purpose of Disbursement: Hotel - PAC Meeting Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4758 Date of Disbursement: 05 / 22 / 2009 Amount of Each Disbursement this Period: 318.78 Category/Type: _____
B.	Full Name (Last, First, Middle Initial) Four Seasons Hotel Mailing Address City: Westlake Village State: CA Zip Code: 91361 Purpose of Disbursement: HOTEL - PAC Meeting Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4758.0 Date of Disbursement: 05 / 22 / 2009 Amount of Each Disbursement this Period: 318.78 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) American Express Mailing Address City: Fort Lauderdale State: FL Zip Code: 33336 Purpose of Disbursement: Hotel - PAC Meetings Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4754 Date of Disbursement: 06 / 17 / 2009 Amount of Each Disbursement this Period: 376.71 Category/Type: _____

SUBTOTAL of Disbursements This Page (optional) ▶	695.49
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) Capitol Hill Suites	Transaction ID: SB21B.4754.0
	Mailing Address	Date of Disbursement 06 / 17 / 2009
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 376.71
	Purpose of Disbursement HOTEL - PAC Meeting	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bellwether Consulting	Transaction ID: SB21B.4714
	Mailing Address 1775 I St NW Ste 700	Date of Disbursement 01 / 06 / 2009
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement PAC Fundraising Fee	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bellwether Consulting	Transaction ID: SB21B.4715
	Mailing Address 1775 I St NW Ste 700	Date of Disbursement 01 / 06 / 2009
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement PAC Fundraising Fee	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) Bellwether Consulting	Transaction ID: SB21B.4716 Date of Disbursement
	Mailing Address 1775 I St NW Ste 700	<input type="text" value="01"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Fundraising Fees	<input type="text" value="2750.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bellwether Consulting	Transaction ID: SB21B.4734 Date of Disbursement
	Mailing Address 1775 I St NW Ste 700	<input type="text" value="01"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Fundraising Fee	<input type="text" value="250.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Elizabeth Maruggi	Transaction ID: SB21B.4727 Date of Disbursement
	Mailing Address 660 Howell Street S	<input type="text" value="04"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City St Paul State MN Zip Code 55116	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting - PAC Administrative Fee	<input type="text" value="3125.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6125.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) Elizabeth Maruggi	Transaction ID: SB21B.4750 Date of Disbursement 04 / 09 / 2009
	Mailing Address 660 Howell Street S	Amount of Each Disbursement this Period -1250.00
	City St Paul State MN Zip Code 55116	
	Purpose of Disbursement VOIDED Lost Check from 4/17/2008 - Reissued on 4/9/2009	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Elizabeth Maruggi	Transaction ID: SB21B.4751 Date of Disbursement 04 / 09 / 2009
	Mailing Address 660 Howell Street S	Amount of Each Disbursement this Period 1250.00
	City St Paul State MN Zip Code 55116	
	Purpose of Disbursement Consulting - PAC Administrative Fee (replaces lost check from 4/17/2008)	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Elizabeth Maruggi	Transaction ID: SB21B.4728 Date of Disbursement 04 / 15 / 2009
	Mailing Address 660 Howell Street S	Amount of Each Disbursement this Period 3500.00
	City St Paul State MN Zip Code 55116	
	Purpose of Disbursement Consulting - PAC Administrative Fee	
	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)	3500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) Elizabeth Maruggi	Transaction ID: SB21B.4729 Date of Disbursement 05 / 01 / 2009
	Mailing Address 660 Howell Street S	Amount of Each Disbursement this Period 3500.00
	City St Paul State MN Zip Code 55116	
	Purpose of Disbursement Consulting - PAC Administrative Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Elizabeth Maruggi	Transaction ID: SB21B.4730 Date of Disbursement 05 / 15 / 2009
	Mailing Address 660 Howell Street S	Amount of Each Disbursement this Period 3500.00
	City St Paul State MN Zip Code 55116	
	Purpose of Disbursement Consulting - PAC Administrative Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Elizabeth Maruggi	Transaction ID: SB21B.4731 Date of Disbursement 06 / 01 / 2009
	Mailing Address 660 Howell Street S	Amount of Each Disbursement this Period 3500.00
	City St Paul State MN Zip Code 55116	
	Purpose of Disbursement Consulting - PAC Administrative Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) Elizabeth Maruggi	Transaction ID: SB21B.4732 Date of Disbursement 06 / 15 / 2009
	Mailing Address 660 Howell Street S	Amount of Each Disbursement this Period 3500.00
	City St Paul State MN Zip Code 55116	
	Purpose of Disbursement Consulting - PAC Administrative Fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Thomas McGill	Transaction ID: SB21B.4724 Date of Disbursement 03 / 17 / 2009
	Mailing Address 840 Linwood Ave	Amount of Each Disbursement this Period 5000.00
	City St Paul State MN Zip Code 55105	
	Purpose of Disbursement Consulting - PAC Fundraising Fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Thomas McGill	Transaction ID: SB21B.4726 Date of Disbursement 04 / 03 / 2009
	Mailing Address 840 Linwood Ave	Amount of Each Disbursement this Period 5000.00
	City St Paul State MN Zip Code 55105	
	Purpose of Disbursement Consulting - PAC Fundraising Fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	13500.00
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)

PAGE 22 / 38

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

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NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) Thomas McGill	Transaction ID: SB21B.4733 Date of Disbursement 05 / 22 / 2009
	Mailing Address 840 Linwood Ave	Amount of Each Disbursement this Period 3500.00
	City St Paul State MN Zip Code 55105	
	Purpose of Disbursement Consulting - PAC Fundraising Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Park Midway Bank NA	Transaction ID: SB21B.4735 Date of Disbursement 06 / 30 / 2009
	Mailing Address 2265 Como Avenue	Amount of Each Disbursement this Period 451.90
	City St Paul State MN Zip Code 55108	
	Purpose of Disbursement Bank and CC Service Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Patton Boggs LLP	Transaction ID: SB21B.4719 Date of Disbursement 03 / 27 / 2009
	Mailing Address 2550 M Street NW	Amount of Each Disbursement this Period 3957.50
	City Washington State DC Zip Code 20037	
	Purpose of Disbursement Legal Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7909.40
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) Patton Boggs LLP	Transaction ID: SB21B.4720 Date of Disbursement MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 2550 M Street NW	Amount of Each Disbursement this Period 5061.25
	City Washington State DC Zip Code 20037	
	Purpose of Disbursement Legal Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Richard Nelson	Transaction ID: SB21B.4717 Date of Disbursement MM / DD / YYYY 02 / 19 / 2009
	Mailing Address 1975 Portland Ave	Amount of Each Disbursement this Period 5000.00
	City St Paul State MN Zip Code 55104	
	Purpose of Disbursement Consulting - PAC Fundraising Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Richard Nelson	Transaction ID: SB21B.4718 Date of Disbursement MM / DD / YYYY 04 / 03 / 2009
	Mailing Address 1975 Portland Ave	Amount of Each Disbursement this Period 5000.00
	City St Paul State MN Zip Code 55104	
	Purpose of Disbursement Consulting - PAC Fundraising Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	15061.25
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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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)
NORTHSTAR LEADERSHIP PAC

A.

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

Transaction ID: SB21B.4721

Date of Disbursement

Mailing Address 1975 Portland Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	0	9

City State Zip Code
St Paul MN 55104

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Consulting - PAC Fundraising Fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

64291.14

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)
BACHMANN FOR CONGRESS

Transaction ID: SB23.4713

Date of Disbursement

Mailing Address PO Box 25950

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

City State Zip Code
Woodbury MN 55125

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MN District: 06

B.

Full Name (Last, First, Middle Initial)
MCCONNELL, MITCH

Transaction ID: SB23.4749

Date of Disbursement

Mailing Address 2318 DUNDEE ROAD

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

City State Zip Code
LOUISVILLE KY 40205

Amount of Each Disbursement this Period

-5000.00

Purpose of Disbursement
VOIDED Uncashed check dated 04/26/2007

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: KY District: 00

C.

Full Name (Last, First, Middle Initial)
PAULSEN FOR CONGRESS

Transaction ID: SB23.4712

Date of Disbursement

Mailing Address PO Box 44369

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

City State Zip Code
Eden Prairie MN 55344

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MN District: 03

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 38

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

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

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

**A. Full Name (Last, First, Middle Initial)
PORTMAN FOR SENATE COMMITTEE**

Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 00

Transaction ID: SB23.4710

Date of Disbursement

06 / 29 / 2009

Amount of Each Disbursement this Period

5000.00

**B. Full Name (Last, First, Middle Initial)
VITTER FOR US SENATE**

Mailing Address PO BOX 8175

City METAIRIE State LA Zip Code 70011

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: LA District: 00

Transaction ID: SB23.4711

Date of Disbursement

06 / 29 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

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

10000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bellwether Consulting	Nature of Debt (Purpose): PAC Fundraising Fee
Mailing Address 1775 I St NW Ste 700	
City Washington State DC ZIP Code 20006	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID: SD10.4642	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bellwether Consulting	Nature of Debt (Purpose): PAC Fundraising Fee
Mailing Address 1775 I St NW Ste 700	
City Washington State DC ZIP Code 20006	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID: SD10.4644	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bellwether Consulting	Nature of Debt (Purpose): PAC Fundraising Fees
Mailing Address 1775 I St NW Ste 700	
City Washington State DC ZIP Code 20006	

Outstanding Balance Beginning This Period <input type="text" value="2750.00"/>	Transaction ID: SD10.4645	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2750.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 28 / 38	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bellwether Consulting	Nature of Debt (Purpose): PAC Fundraising Fees
Mailing Address 1775 I St NW Ste 700	
City State ZIP Code Washington DC 20006	

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

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

Outstanding Balance Beginning This Period <input type="text" value="2500.00"/>	Transaction ID: SD10.4464	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2500.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="3500.00"/>	Transaction ID: SD10.4465	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3500.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="6750.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

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

Outstanding Balance Beginning This Period 2500.00	Transaction ID: SD10.4466	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect, LLC	Nature of Debt (Purpose): Consulting - PAC mgmt sal- aries, rent
Mailing Address 7300 Hudson Blvd Suite 270	
City State ZIP Code St Paul MN 55128	

Outstanding Balance Beginning This Period 3500.00	Transaction ID: SD10.4467	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

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

Outstanding Balance Beginning This Period 3500.00	Transaction ID: SD10.4587	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

1) SUBTOTALS This Period This Page (optional).....	▶	9500.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

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

Outstanding Balance Beginning This Period 2500.00	Transaction ID: SD10.4588	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

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

Outstanding Balance Beginning This Period 2500.00	Transaction ID: SD10.4630	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

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

Outstanding Balance Beginning This Period 3500.00	Transaction ID: SD10.4632	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

1) SUBTOTALS This Period This Page (optional).....	8500.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

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

Outstanding Balance Beginning This Period 2500.00	Transaction ID: SD10.4633	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect, LLC	Nature of Debt (Purpose): Consulting - PAC mgmt sal- aries, rent
Mailing Address 7300 Hudson Blvd Suite 270	
City State ZIP Code St Paul MN 55128	

Outstanding Balance Beginning This Period 3500.00	Transaction ID: SD10.4634	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

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

Outstanding Balance Beginning This Period 3500.00	Transaction ID: SD10.4640	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

1) SUBTOTALS This Period This Page (optional).....	▶	9500.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

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

Outstanding Balance Beginning This Period 2500.00	Transaction ID: SD10.4641	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.4767	
Amount Incurred This Period 2500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.4768	
Amount Incurred This Period 3500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

1) SUBTOTALS This Period This Page (optional).....	8500.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.4769	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2500.00	0.00	2500.00	

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.4770	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
3500.00	0.00	3500.00	

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.4771	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2500.00	0.00	2500.00	

1) SUBTOTALS This Period This Page (optional).....	8500.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

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

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.4772	
Amount Incurred This Period 3500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.4773	
Amount Incurred This Period 2500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.4774	
Amount Incurred This Period 3500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

1) SUBTOTALS This Period This Page (optional).....	9500.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 35 / 38
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: SD10.4775	
Amount Incurred This Period <input type="text" value="2500.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2500.00"/>

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

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

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

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

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="8500.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.4778	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
3500.00	0.00	3500.00	

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.4468	
3957.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	3957.50	0.00	

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.4589	
5061.25			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	5061.25	0.00	

1) SUBTOTALS This Period This Page (optional).....	3500.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

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

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

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

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.4765	
Amount Incurred This Period 1253.75	Payment This Period 0.00	Outstanding Balance at Close of This Period 1253.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Richard Nelson	Nature of Debt (Purpose): Consulting - PAC Fundraising Fee
Mailing Address 1975 Portland Ave	
City State ZIP Code St Paul MN 55104	

Outstanding Balance Beginning This Period 5000.00	Transaction ID: SD10.4643	
Amount Incurred This Period 0.00	Payment This Period 5000.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	1613.75
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 38 / 38
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NORTHSTAR LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Richard Nelson			Nature of Debt (Purpose): Consulting - PAC Fundrais- ing
Mailing Address 1975 Portland Ave			
City St Paul	State MN	ZIP Code 55104	

Outstanding Balance Beginning This Period		Transaction ID: SD10.4639	
5000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	5000.00	0.00	

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	74363.75
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	74363.75