

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

Follow the North Star Fund

ADDRESS (number and street)
 #125
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

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

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

Election on / / in the State of

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

Election on / / in the State of

5. Covering Period / / through / /

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

Halbach, Gerald, , ,

Type or Print Name of Treasurer

Signature of Treasurer Halbach, Gerald, , , [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Follow the North Star Fund

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		67110.04
(b) Cash on Hand at Beginning of Reporting Period.....	37245.73	
(c) Total Receipts (from Line 19)	44500.00	323500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	81745.73	390610.04
7. Total Disbursements (from Line 31).....	22223.65	326087.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	59522.08	64522.08
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Follow the North Star Fund

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

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).....	5000.00	150300.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5000.00	150300.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	39500.00	173200.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	44500.00	323500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	44500.00	323500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	44500.00	323500.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	12223.65	116087.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	12223.65	116087.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	210000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22223.65	326087.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22223.65	326087.96

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	44500.00	323500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44500.00	323500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	12223.65	116087.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12223.65	116087.96

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

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

FOR LINE NUMBER: PAGE 6 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Follow the North Star Fund

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Cloobek, Stephen, J, ,

Mailing Address 3745 Las Vegas Blvd South

City Las Vegas State NV Zip Code 89109

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

Name of Employer (for Individual) Diamond Resorts International Occupation (for Individual) Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : C22050592

Amount of Each Receipt this Period
 5000.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
<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. AMERICAN HOTEL AND LODGING ASSOCIATION PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 NEW YORK AVENUE, NW
SIXTH FLOOR

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00001198

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : C22050581

Amount of Each Receipt this Period
5000.00

Memo Item

B. COVANTA ENERGY CORPORATION POLITICAL ACTION COMMIT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 LANE ROAD

City FAIRFIELD State NJ Zip Code 07007

FEC ID number of contributing federal political committee. **C** C00142158

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : C22050586

Amount of Each Receipt this Period
3000.00

Memo Item

C. DELOITTE FEDERAL POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 365

City WASHINGTON State DC Zip Code 20044

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : C22050585

Amount of Each Receipt this Period
1500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	9500.00
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 8 OF 13
<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. Delta Pac Multi-Canidate Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1212 New York Avenue NW
Suite 200

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00104802

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : C22050582

Amount of Each Receipt this Period
5000.00

Memo Item

B. Food Marketing Institute PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2345 CRYSTAL DRIVE
SUITE 800

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00014555

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : C22050589

Amount of Each Receipt this Period
2500.00

Memo Item

C. GOOGLE INC. NETPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1101 NEW YORK AVENUE, NW
SECOND FLOOR

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00428623

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : C22050588

Amount of Each Receipt this Period
5000.00

Memo Item

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: PAGE 9 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

A. INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1615 L Street NW
 Suite 900
 City Washington State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C** C00032698
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C22050587
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LI)
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 16th St., N.W.
 Second Floor
 City Washington State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C** C00007922
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C22050583
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. NATIONAL ASSOCIATION OF BROADCASTERS TELEVISION AN
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1771 N Street NW
 City Washington State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C** C00009985
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C22050590
 Amount of Each Receipt this Period 5000.00
 Memo Item

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 10 OF 13
<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. WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 702 S.W. 8TH STREET
 City BENTONVILLE State AR Zip Code 72716
 FEC ID number of contributing federal political committee. **C** C00093054
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C22050591
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLI
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 805 FIFTEENTH ST NW SUITE 430
 City WASHINGTON State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C00147173
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C22050584
 Amount of Each Receipt this Period 2500.00
 Memo Item

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

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	39500.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Follow the North Star Fund

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 14 Arrow Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2016

FEC Identification Number

C
Transaction ID : D652663
Amount of Each Disbursement this Period
197.50

Memo Item

Full Name (Last, First, Middle Initial)

B. Campaign Compliance Solutions

Mailing Address 1170 Cushing Circle #131

City Saint Paul State MN Zip Code 55108

Purpose of Disbursement
Compliance Consulting

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2016

FEC Identification Number

C
Transaction ID : D652662
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Campaign Finance Consultants

Mailing Address 10 G Street NE, Suite 570

City Washington State DC Zip Code 20002

Purpose of Disbursement
Fundraising Consulting

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2016

FEC Identification Number

C
Transaction ID : D652660
Amount of Each Disbursement this Period
4093.16

Memo Item

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

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

6790.66

**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"/> 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. Hubbard Broadcasting Inc

Full Name (Last, First, Middle Initial)

Mailing Address 3415 University Ave

City St Paul State MN Zip Code 55114

Purpose of Disbursement Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 01 / 2016

FEC Identification Number: C

Transaction ID : D652659

Amount of Each Disbursement this Period: 2100.00

Memo Item

B. Merchant Services

Full Name (Last, First, Middle Initial)

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 02 / 2016

FEC Identification Number: C

Transaction ID : D652656

Amount of Each Disbursement this Period: 132.99

Memo Item

C. New Partners Consulting

Full Name (Last, First, Middle Initial)

Mailing Address 1250 I St NW Suite 200

City Washington State DC Zip Code 20005

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 02 / 2016

FEC Identification Number: C

Transaction ID : D652661

Amount of Each Disbursement this Period: 3200.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5432.99
TOTAL This Period (last page this line number only).....▶	12223.65

**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"/> 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. ANGIE CRAIG FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 22116

M M M	/	D D D	/	Y Y Y Y Y
09		27		2016

City EAGAN State MN Zip Code 55122

FEC Identification Number

Purpose of Disbursement Contribution

C	C00575209
---	-----------

Candidate Name

CRAIG, ANGELA DAWN, , ,

Category/Type

Transaction ID : D652657

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: MN District: 02

5000.00

Memo Item

B. TERRI BONOFF FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 249

M M M	/	D D D	/	Y Y Y Y Y
09		27		2016

City Hopkins State MN Zip Code 55343

FEC Identification Number

Purpose of Disbursement Contribution

C	C00614982
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Candidate Name

BONOFF, TERRI, , ,

Category/Type

Transaction ID : D652658

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: MN District: 03

5000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City State Zip Code

FEC Identification Number

Purpose of Disbursement

C	
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Candidate Name

Category/Type

Amount of Each Disbursement this Period

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

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Memo Item

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

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

10000.00

10000.00
