

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. 12FE4M5

FOLLOW THE NORTH STAR FUND

ADDRESS (number and street) 316 E Hennepin Ave Suite 201 MINNEAPOLIS MN 55414

Check if different than previously reported. (ACC)

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

C C00431874

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

4. TYPE OF REPORT

- (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End 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)
 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 (12S)
Election on [MM] / [DD] / [YYYY] in the State of []

(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 08 / 01 / 2012 through [MM] / [DD] / [YYYY] 08 / 31 / 2012

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

Type or Print Name of Treasurer Mr. Gerald Patrick Halbach

Signature of Treasurer Mr. Gerald Patrick Halbach [Electronically Filed] Date 09 / 20 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2012"/>	<input type="text" value="167.67"/>	<input type="text" value="167.67"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="802.30"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="21000.00"/>	<input type="text" value="107750.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="21802.30"/>	<input type="text" value="107917.67"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14194.55"/>	<input type="text" value="100309.92"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7607.75"/>	<input type="text" value="7607.75"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

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).....	0.00	18750.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	18750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	21000.00	89000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	21000.00	107750.00
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))..... ▶	21000.00	107750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	21000.00	107750.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	3194.55	34309.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3194.55	34309.92
22. Transfers to Affiliated/Other Party Committees.....	2500.00	2500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	63500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) 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)) ..	14194.55	100309.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14194.55	100309.92

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	21000.00	107750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21000.00	107750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3194.55	34309.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3194.55	34309.92

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

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

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

Full Name (Last, First, Middle Initial) A. 3M COMPANY PAC		Date of Receipt
Mailing Address 3M CENTER BUILDING 224-6S-03		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
ST. PAUL	MN	55144
FEC ID number of contributing federal political committee.		Transaction ID : SA11C.6847
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="3000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ALLIANT ENERGY CORPORATION EMPLOYEE'S POLITICAL ACTION COMM		Date of Receipt
Mailing Address 801 PENNSYLVANIA AVE, NW SUITE 640		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code
WASHINGTON	DC	20004
FEC ID number of contributing federal political committee.		Transaction ID : SA11C.6856
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)		Date of Receipt
Mailing Address 222 South Prospect Ave c/o Finance Department		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code
Park Ridge	IL	60068
FEC ID number of contributing federal political committee.		Transaction ID : SA11C.6858
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="6500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

A. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

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
 08 / 14 / 2012

Transaction ID : SA11C.6852

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2012

Transaction ID : SA11C.6862

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
EXPRESS SCRIPTS INC. POLITICAL FUND (A/K/A EXPRESS SCRIPTS PAC)

Mailing Address ONE EXPRESS WAY

City ST. LOUIS State MO Zip Code 63121

FEC ID number of contributing federal political committee. **C** C00365072

Name of Employer Occupation

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
 08 / 29 / 2012

Transaction ID : SA11C.6848

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	8500.00
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 12
<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. MCGUIREWOODS LLP
 Full Name (Last, First, Middle Initial)
 Mailing Address ONE JAMES CENTER
 901 E. CARY STREET
 City RICHMOND State VA Zip Code 23219
 FEC ID number of contributing federal political committee. **C** C00225342
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2012
Transaction ID : SA11C.6854
 Amount of Each Receipt this Period
 1000.00

B. WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2012
Transaction ID : SA11C.6850
 Amount of Each Receipt this Period
 5000.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	21000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Campaign Finance Consultants

Mailing Address 10 G St NE, Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement
Fundraising consulting

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2012

Transaction ID : SB21B.6844

Amount of Each Disbursement this Period

3086.65

Full Name (Last, First, Middle Initial)

B. Merchant Services

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
Bank fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2012

Transaction ID : SB21B.6820

Amount of Each Disbursement this Period

99.95

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

3186.60

3186.60

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

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

Full Name (Last, First, Middle Initial)

A. MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY

Mailing Address 255 Plato Blvd E

City St Paul State MN Zip Code 55107

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	2

Transaction ID : SB22.6846

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

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

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

2	5	0	0	.	0	0
---	---	---	---	---	---	---

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BALDWIN WISCONSIN VICTORY FUND 2012

Mailing Address 110 KING #203

City MADISON State WI Zip Code 53703

Purpose of Disbursement Contribution

Candidate Name
TAMMY BALDWIN

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: WI District: 00

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2012

Transaction ID : **SB23.6831**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BARNES FOR CONGRESS

Mailing Address 5008 KELSEY TERRACE

City EDINA State MN Zip Code 55436

Purpose of Disbursement Contribution

Candidate Name
BRIAN PATRICK BARNES

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MN District: 03

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2012

Transaction ID : **SB23.6841**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MAZIE HIRONO

Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement Contribution

Candidate Name
MAZIE K HIRONO

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: HI District: 00

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2012

Transaction ID : **SB23.6827**

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

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

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

Full Name (Last, First, Middle Initial)

A. OBERMUELLER FOR CONGRESS

Mailing Address PO BOX 211682

City EAGAN State MN Zip Code 55121

Purpose of Disbursement
Contribution

Candidate Name

MICHAEL E OBERMUELLER

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 14 / 2012

Transaction ID : SB23.6834

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2500.00

8500.00