

# 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) 807 Broadway Street NE #125 Minneapolis MN 55413

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

**C** C00431874 3. IS THIS REPORT NEW (N) OR AMENDED (A)  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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9) [checked], Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), 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 08/01/2016 through 08/31/2016

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 12/29/2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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.....	47884.13	
(c) Total Receipts (from Line 19) .....	24500.00	279000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	72384.13	346110.04
7. Total Disbursements (from Line 31).....	35138.40	308864.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	37245.73	37245.73
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Follow the North Star Fund**

Report Covering the Period: From:  /  /  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).....	12500.00	145300.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12500.00	145300.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	12000.00	133700.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	24500.00	279000.00
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)).....▶	24500.00	279000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	24500.00	279000.00

**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 .....	15138.40	103864.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	15138.40	103864.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	205000.00
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)) ..	35138.40	308864.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35138.40	308864.31

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	24500.00	279000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24500.00	279000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	15138.40	103864.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15138.40	103864.31

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

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

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

**A. Bergh, Kjell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4950 Neal Ave N  
 City Stillwater State MN Zip Code 55082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Bergh Int. Holdings Business Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : C21930523**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**B. Pohlad, Michelle, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2520 W Lake of the Isles Pkwy  
 City Minneapolis State MN Zip Code 55405-2332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Self-Employed Philanthropist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : C21930521**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**C. Pohlad, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2520 W Lake of the Isles Pkwy  
 City Minneapolis State MN Zip Code 55405-2332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 River Road Productions Owner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : C21930522**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

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

**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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS POLITICAL ACTION COMMITTEE

Mailing Address PALLADIAN 1  
220 LEIGH FARM RD

City DURHAM State NC Zip Code 27707

FEC ID number of contributing federal political committee. **C** C00077321

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2016

**Transaction ID : C21903970**

Amount of Each Receipt this Period  
1500.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Express Scripts Inc 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 (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2016

**Transaction ID : C21903967**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE (MORPAC)

Mailing Address 1919 M STREET, NW  
5TH FLOOR

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004812

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2016

**Transaction ID : C21903969**

Amount of Each Receipt this Period  
3000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9500.00
<b>TOTAL</b> 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 8 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. NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION CO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1850 M Street NW Suite 540  
 City Washington State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C** C00130773  
 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 / D D / Y Y Y Y Y Y  
 08 / 15 / 2016  
**Transaction ID : C21913615**  
 Amount of Each Receipt this Period  
 2500.00  
 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	12000.00



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

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

FOR LINE NUMBER:  
(check only one)

<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. 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  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2016

FEC Identification Number

C  
**Transaction ID : D649927**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 09 / 2016

FEC Identification Number

C  
**Transaction ID : D649931**  
Amount of Each Disbursement this Period  
4131.06

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cardmember Service**

Mailing Address PO Box 6353

City Fargo State ND Zip Code 58125

Purpose of Disbursement  
Credit Card Payment - Below if Itemized

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2016

FEC Identification Number

C  
**Transaction ID : D649929**  
Amount of Each Disbursement this Period  
127.94

Memo Item

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

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

6759.00

**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**

**A. Melzer Investments, Inc**

Full Name (Last, First, Middle Initial)

Mailing Address 328 E Hennepin Ave

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement Rent

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 01 / 2016

FEC Identification Number: C

Transaction ID : D649923

Amount of Each Disbursement this Period: 400.00

Memo Item

**B. Melzer Investments, Inc**

Full Name (Last, First, Middle Initial)

Mailing Address 328 E Hennepin Ave

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement Rent

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2016

FEC Identification Number: C

Transaction ID : D649956

Amount of Each Disbursement this Period: 400.00

Memo Item

**C. 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: 08 / 02 / 2016

FEC Identification Number: C

Transaction ID : D649921

Amount of Each Disbursement this Period: 132.99

Memo Item

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

932.99

**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"/> 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. 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: 08 / 10 / 2016

FEC Identification Number: C

Transaction ID : D649925

Amount of Each Disbursement this Period: 3200.00

Memo Item

**B. American Express**

Full Name (Last, First, Middle Initial)

Mailing Address 18850 N 56th St

City Phoenix State AZ Zip Code 85054-4500

Purpose of Disbursement Credit Card Payment - See Below

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 23 / 2016

FEC Identification Number: C

Transaction ID : D649954

Amount of Each Disbursement this Period: 4244.91

Memo Item

**C. Palomar Hotel**

Full Name (Last, First, Middle Initial)

Mailing Address 117 South 17th Street

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement Room Rental & Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 24 / 2016

FEC Identification Number: C

Transaction ID : D649955

Amount of Each Disbursement this Period: 4244.91

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7444.91
<b>TOTAL</b> This Period (last page this line number only).....▶	15136.90

**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**

Full Name (Last, First, Middle Initial)  
**A. EVAN BAYH COMMITTEE**

Mailing Address 850 FORT WAYNE AVENUE

City INDIANAPOLIS State IN Zip Code 46220

Purpose of Disbursement Contribution

Candidate Name  
**BAYH, EVAN, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IN District: 00

Date of Disbursement  
MM / DD / YYYY  
08 / 23 / 2016

FEC Identification Number

**C** C00306860

**Transaction ID : D649935**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. MAGGIE FOR NH**

Mailing Address PO BOX 298

City CONCORD State NH Zip Code 03302

Purpose of Disbursement Contribution

Candidate Name  
**HASSAN, MARGARET WOOD, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NH District: 00

Date of Disbursement  
MM / DD / YYYY  
08 / 23 / 2016

FEC Identification Number

**C** C00588772

**Transaction ID : D649937**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. KATIE MCGINTY FOR SENATE**

Mailing Address PO BOX 22447

City PHILADELPHIA State PA Zip Code 19110

Purpose of Disbursement Contribution

Candidate Name  
**MCGINTY, KATHLEEN ALANA, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: PA District: 00

Date of Disbursement  
MM / DD / YYYY  
08 / 23 / 2016

FEC Identification Number

**C** C00582809

**Transaction ID : D658605**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

15000.00

**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"/> 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. WOMENWINNING FEDERAL PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 2610 UNIVERSITY AVE W  
STE 325

City SAINT PAUL State MN Zip Code 55114

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 26 / 2016

FEC Identification Number: C C00282327  
Transaction ID : D649953  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

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: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

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: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	20000.00