

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
FOLLOW THE NORTH STAR FUND

ADDRESS (number and street) 316 E Hennepin Ave  
Suite 201  
 Check if different than previously reported. (ACC)  
MINNEAPOLIS MN 55414

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 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 11 25 2008 through 12 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Mr. Gerald Patrick Halbach

Signature of Treasurer Electronically Filed by Mr. Gerald Patrick Halbach Date 01 26 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 **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
FOLLOW THE NORTH STAR FUND

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		68545.22
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	36678.10									
(c) Total Receipts (from Line 19) .....	27500.00	247937.09								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	64178.10	316482.31								
7. Total Disbursements (from Line 31) .....	18323.10	270627.31								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	45855.00	45855.00								
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: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	5000.00	166000.00
(i) Itemized (use Schedule A) .....	0.00	100.00
(ii) Unitemized .....	5000.00	166100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	22500.00	81500.00
(c) Other Political Committees (such as PACs) .....	27500.00	247600.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
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	337.09
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	27500.00	247937.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27500.00	247937.09

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	5823.10	91927.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	5823.10	91927.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	172700.00
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	1000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	1000.00
29. Other Disbursements.....	0.00	5000.00
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))..	18323.10	270627.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18323.10	270627.31

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	27500.00	247600.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27500.00	246600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5823.10	91927.31
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	337.09
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5823.10	91590.22

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 12	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Goldner		Date of Receipt	
	Mailing Address 117 Portland Ave Apt 702		M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5480
	Minneapolis	MN	55401	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		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 ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> 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: PAGE 7 / 12  
(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)  
**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 ▼ **5000.00**

Date of Receipt **12 / 29 / 2008**

**Transaction ID: SA11C.5476**

Amount of Each Receipt this Period **2500.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS**

Mailing Address **101 Constitution Ave NW  
Tenth Floor West**

City **Washington** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00001016**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **12 / 29 / 2008**

**Transaction ID: SA11C.5477**

Amount of Each Receipt this Period **5000.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**DRIVE - DEMOCRAT REPUBLICAN INDEPENDENT VOTER EDUCATION - PAC FOR INT'L BROTHERHOOD OF CARPENTERS**

Mailing Address **25 Louisiana Ave. NW**

City **Washington** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00032979**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt **12 / 29 / 2008**

**Transaction ID: SA11C.5478**

Amount of Each Receipt this Period **2500.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10000.00**

**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 8 / 12  
(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.** Full Name (Last, First, Middle Initial)  
IRONWORKERS POLITICAL ACTION LEAGUE  
Mailing Address 1750 New York Ave NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00027359

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  
 1 2 / 3 1 / 2 0 0 8  
**Transaction ID:** SA11C.5473  
 Amount of Each Receipt this Period  
 5000.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
IUPAT MEMBER AND FAMILY FUNDRAISING PC ACCOUNT  
Mailing Address 1750 New York Ave

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00349035

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  
 1 2 / 1 8 / 2 0 0 8  
**Transaction ID:** SA11C.5475  
 Amount of Each Receipt this Period  
 5000.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
NEWS AMERICA HOLDINGS INC-FOX POL ACTION COMMITTEE (AKA NEWS AMERICA-FOX POL ACTION COMMITTEE)  
Mailing Address 444 N CAPITOL STREET - SUITE 740  
0

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00330019

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  
 1 2 / 0 2 / 2 0 0 8  
**Transaction ID:** SA11C.5433  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 11000.00

**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: <span style="float: right;">PAGE 9 / 12</span>
	(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)  
FOLLOW THE NORTH STAR FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION (SEIU CORP)	Date of Receipt
	Mailing Address 1800 Massachusetts Ave NW	<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City State Zip Code Washington DC 20036	<b>Transaction ID:</b> SA11C.5474
	FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00004036"/>	Amount of Each Receipt this Period <input type="text" value="1500.00"/>
	Name of Employer Occupation	Contribution
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="22500.00"/>

# 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

A.

Full Name (Last, First, Middle Initial)  
Campaign Finance Consultants

Transaction ID: SB21B.5467  
Date of Disbursement

Mailing Address 10 G St NE, Suite 470

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

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

3042.10
---------

Purpose of Disbursement  
Fundraising consulting

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Melzer Investment Co

Transaction ID: SB21B.5453  
Date of Disbursement

Mailing Address 6205 Parkwood Rd

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	0	8

City Edina State MN Zip Code 55436

Amount of Each Disbursement this Period

150.00
--------

Purpose of Disbursement  
Rent

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Merchant Services

Transaction ID: SB21B.5454  
Date of Disbursement

Mailing Address 7300 Chapman Highway

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

City Knoxville State TN Zip Code 37920

Amount of Each Disbursement this Period

65.00
-------

Purpose of Disbursement  
Bank fees

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

3257.10
---------

**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 11 / 12

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

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

A.	Full Name (Last, First, Middle Initial) Perkins Coie	Transaction ID: SB21B.5455 Date of Disbursement
	Mailing Address 1201 Third Ave 40th Floor	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
	City Seattle State WA Zip Code 98101	Amount of Each Disbursement this Period
	Purpose of Disbursement Legal services	<input type="text" value="66.00"/>
	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) Mr. Thomas R Perron	Transaction ID: SB21B.5457 Date of Disbursement
	Mailing Address 3302 Belden Dr NE	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
	City St Anthony State MN Zip Code 55418	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising consulting	<input type="text" value="2500.00"/>
	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="2566.00"/>
TOTAL This Period (last page this line number only) .....	<input type="text" value="5823.10"/>

**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

A.	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID	Transaction ID: SB23.5462 Date of Disbursement 12 / 10 / 2008
	Mailing Address P.O. BOX 19163	
	City LAS VEGAS State NV Zip Code 89132	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name HARRY REID Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID	Transaction ID: SB23.5466 Date of Disbursement 12 / 15 / 2008
	Mailing Address P.O. BOX 19163	
	City LAS VEGAS State NV Zip Code 89132	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name HARRY REID Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER	Transaction ID: SB23.5461 Date of Disbursement 12 / 10 / 2008
	Mailing Address PO BOX 641751	
	City LOS ANGELES State CA Zip Code 90064	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name BARBARA BOXER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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