

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2006 through 09 30 2006

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

Type or Print Name of Treasurer Jeff Larson

Signature of Treasurer Electronically Filed by Jeff Larson Date 10 13 2006

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**

Write or Type Committee Name
NorthStar Leadership PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		177151.33
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	111498.52									
(c) Total Receipts (from Line 19)	86247.45	187393.87								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	197745.97	364545.20								
7. Total Disbursements (from Line 31)	150795.33	317594.56								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	46950.64	46950.64								
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
NorthStar Leadership PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	26000.00	38200.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	26000.00	38200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	58500.00	143750.00
(c) Other Political Committees (such as PACs)	84500.00	181950.00
(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)	1188.63	1248.63
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	558.82	2195.24
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))	86247.45	187393.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	86247.45	187393.87

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	86695.33	181694.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	86695.33	181694.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	63600.00	135400.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	500.00	500.00
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))..	150795.33	317594.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	150795.33	317594.56

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)	84500.00	181950.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	84500.00	181950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	86695.33	181694.56
37. Offsets to Operating Expenditures (from Line 15, page 3)	1188.63	1248.63
38. Net Operating Expenditures (subtract Line 37 from Line 36)	85506.70	180445.93

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 52		
	<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

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

NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. 3M PAC		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6	
Mailing Address 1425 K Street NW Suite 300		Transaction ID: 60818.C547	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C C00084475		Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 3000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Advanced Med Tech PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 1200 G Street NW Suite 400		Transaction ID: 60923.C559	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C C00340356		Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. American Bankers Assoc. PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 1120 Connecticut Ave NW		Transaction ID: 61003.C567	
City State Zip Code Washington DC 20036-3905	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C C00004275		Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 52
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. American Hospital Association PAC		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006	
Mailing Address 325 Seventh Street NW		Transaction ID: 60923.C553	
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C C00106146	Receipt		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 4000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. B&D Sagamore PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 300 N Meridian St Ste 2700		Transaction ID: 61003.C570	
City State Zip Code Indianapolis IN 46204-1750	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00386904	Receipt		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Bluegrass PAC		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 400 N Capitol St NW Ste 585		Transaction ID: 60818.C542	
City State Zip Code Washington DC 20001-1502	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00235655	Receipt		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 52
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. BNSF Rail PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 700 13th St NW Ste 220		Transaction ID: 60923.C557	
City State Zip Code Washington DC 20005-5915	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C C00235739		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Boston Scientific PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006	
Mailing Address One Boston Scientific Place		Transaction ID: 60818.C534	
City State Zip Code Natick MA 01760	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C C00357863		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) C. California Dairies PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address PO Box 2198		Transaction ID: 61003.C568	
City State Zip Code Los Banos CA 93635-2198	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00349746		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 52		
	<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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Council of Insurance Agents PAC		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006	
Mailing Address 701 Pennsylvania Ave NW Ste 750		Transaction ID: 60923.C554	
City State Zip Code Washington DC 20004-2661	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C C00039578		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. Emergent Biosolutions PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 300 Professional Dr		Transaction ID: 61003.C565	
City State Zip Code Gaithersburg MD 20879-3419	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C C00380303		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) C. GlaxoSmithKline PAC		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 1500 K St NW #650		Transaction ID: 60818.C541	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00199703		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 3000.00		

SUBTOTAL of Receipts This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	(Empty field)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 52						
	(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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Ice Cream Milk & Cheese PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address 1250 H St NW Ste 900		Transaction ID: 60923.C556	
City State Zip Code Washington DC 20005-3952	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C C00128231		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) B. Lockridge Grindal PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address 100 Washington Ave S Ste 2200		Transaction ID: 61003.C569	
City State Zip Code Minneapolis MN 55401	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00167916		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. National Roofing Contractors PAC		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2006	
Mailing Address 10225 W Higgins Rd, No. 600		Transaction ID: 60818.C548	
City State Zip Code Des Plaines IL 60018	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C C00244863		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 52
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Natl Assoc. of Broadcasters PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 1771 N Street NW		Transaction ID: 61003.C574
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C C00009985	Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Northern Lights PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 1537 Shipsview Rd		Transaction ID: 60923.C558
City State Zip Code Annapolis MD 21409-5726	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00331827	Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Novartis PAC		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006
Mailing Address 701 Pennsylvania Ave NW Ste 725		Transaction ID: 60818.C539
City State Zip Code Washington DC 20004-2608	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C C00033969	Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 52
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Powers Pyles Sutton & Verille PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address 1875 I St NW FI 12		Transaction ID: 61003.C571	
City State Zip Code Washington DC 20006-5409	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00302687	Receipt		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. REIT (Real Estate) PAC		Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2006	
Mailing Address 1875 I St NW Ste 600		Transaction ID: 60818.C544	
City State Zip Code Washington DC 20006-5413	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00182022	Receipt		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. UPS PAC		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2006	
Mailing Address 316 Penn Ave SE Suite 300		Transaction ID: 60818.C535	
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00064766	Receipt		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 52
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A. Full Name (Last, First, Middle Initial)
UPS PAC

Mailing Address 316 Penn Ave SE Suite 300

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 29 / 2006

Transaction ID: 61003.C573

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Winthrop & Weinstine PAC

Mailing Address 225 S 6th Street Suite 3500

City State Zip Code
Minneapolis MN 55402

FEC ID number of contributing federal political committee. **C** C00277988

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 04 / 2006

Transaction ID: 60818.C543

Amount of Each Receipt this Period
3000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	58500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Kraig Black		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 1806 Castle Green Cir		Transaction ID: 61003.C566	
City State Zip Code Mount Airy MD 21771-5892	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Medafor Occupation Director	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Matthew Dolan		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address Baker and Hostetler 1050 Connecticut Ave, NW #1100		Transaction ID: 60818.C551	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baker Hostetler Occupation Attorney	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. James Ervin		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 116 Queen St		Transaction ID: 61003.C564	
City State Zip Code Alexandria VA 22314-2611	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer ETA Occupation Consultant	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 / 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A. Full Name (Last, First, Middle Initial) George Flora Mailing Address 7309 W 112th St City State Zip Code Minneapolis MN 55438-2477 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006 Transaction ID: 60818.C545 Amount of Each Receipt this Period 2000.00 Receipt
Name of Employer Occupation MN Thermal Science Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		

B. Full Name (Last, First, Middle Initial) Hunton & Williams Mailing Address 1900 K St NW City State Zip Code Washington DC 20006-1110 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006 Transaction ID: 60923.C560 Amount of Each Receipt this Period 1500.00 Receipt
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		

C. Full Name (Last, First, Middle Initial) Joe Stanko Mailing Address c/o Hunton & Williams 1900 K St NW City State Zip Code Washington DC 20006 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006 Transaction ID: 61013.C576 Amount of Each Receipt this Period 1500.00 Memo
Name of Employer Occupation Hunton & Williams Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		[MEMO ITEM] Partnership->Hunton & Williams

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A. Full Name (Last, First, Middle Initial)
Robert McMahon

Mailing Address 1371 Medora Road

City State Zip Code
Mendota Heights MN 55118

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

Name of Employer Target Corp. Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2006

Transaction ID: 60818.C549

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Teresa McMahon

Mailing Address 1371 Medora Road

City State Zip Code
Mendota Heights MN 55118

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

Name of Employer Housewife Occupation Housewife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2006

Transaction ID: 60818.C550

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Daniel Meyer

Mailing Address 2506 Duxbury Place

City State Zip Code
Alexandria VA 22308

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

Name of Employer The Duberstein Group Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2006

Transaction ID: 60818.C540

Amount of Each Receipt this Period
2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	12000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Stephen Ubl		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 1900 Massachusetts Ave		Transaction ID: 60818.C546
City State Zip Code Mc Lean VA 22101	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Ubl Health Solutions LLC President	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert Ulrich		Date of Receipt M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 5400 Londonderry Road		Transaction ID: 60818.C538
City State Zip Code Edina MN 55436	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Target Corp. Executive	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	26000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 18 / 52	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A. Full Name (Last, First, Middle Initial)
Coleman for Sen. 08

Mailing Address 7200 Hudson Blvd N Ste 270A

City State Zip Code
Saint Paul MN 55128-7055

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1131.60

Date of Receipt

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

Transaction ID: 61003.C572

Amount of Each Receipt this Period
1131.60

Offsets to Operating Expenditure

NOTE: Airfare Reimb.

SUBTOTAL of Receipts This Page (optional)	▶	1131.60
TOTAL This Period (last page this line number only)	▶	1131.60

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 52
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Park Midway Bank		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 2265 Como Ave		Transaction ID: 60923.C561	
City State Zip Code Saint Paul MN 55108-	Amount of Each Receipt this Period 191.98		
FEC ID number of contributing federal political committee. C	Interest Received		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1828.40		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Park Midway Bank		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2006	
Mailing Address 2265 Como Ave		Transaction ID: 60923.C555	
City State Zip Code Saint Paul MN 55108-	Amount of Each Receipt this Period 210.20		
FEC ID number of contributing federal political committee. C	Interest Received		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2038.60		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Park Midway Bank		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address 2265 Como Ave		Transaction ID: 61007.C575	
City State Zip Code Saint Paul MN 55108-	Amount of Each Receipt this Period 156.64		
FEC ID number of contributing federal political committee. C	Interest Received		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2195.24		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	558.82
TOTAL This Period (last page this line number only) ▶	558.82

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. 3 Dog Consulting		Transaction ID: 60818.E1052 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 6
Mailing Address 104 E Hume Ave		Amount of Each Disbursement this Period 2200.80
City Alexandria State VA Zip Code 22301-	Category/ Type PAC FUNDRAISING CONSULTANT	
Purpose of Disbursement PAC FUNDRAISING CONSULTANT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. 3 Dog Consulting		Transaction ID: 60923.E1080 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 104 E Hume Ave		Amount of Each Disbursement this Period 1800.00
City Alexandria State VA Zip Code 22301-	Category/ Type PAC FUNDRAISING CONSULTANT	
Purpose of Disbursement PAC FUNDRAISING CONSULTANT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. 3 Dog Consulting		Transaction ID: 60923.E1127 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 104 E Hume Ave		Amount of Each Disbursement this Period 1800.00
City Alexandria State VA Zip Code 22301-	Category/ Type PAC FUNDRAISING CONSULTANT	
Purpose of Disbursement PAC FUNDRAISING CONSULTANT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5800.80
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Bellwether Consulting		Transaction ID: 60818.E1053 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 6
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 6000.00
City Alexandria State VA Zip Code 22314-	PAC FUNDRAISING CONSULTANT	
Purpose of Disbursement PAC FUNDRAISING CONSULTANT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Bellwether Consulting		Transaction ID: 60923.E1081 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 2824.74
City Alexandria State VA Zip Code 22314-	SEE BELOW	
Purpose of Disbursement SEE BELOW		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Bellwether Consulting		Transaction ID: 60923.E1082 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 1500.00
City Alexandria State VA Zip Code 22314-	[MEMO ITEM] MEMO: PAC FUNDRAISING CONSULTANT	
Purpose of Disbursement PAC FUNDRAISING CONSULTANT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	8824.74
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

PAGE 22 / 52

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Bellwether Consulting		Transaction ID: 60923.E1083 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 1324.74
City Alexandria State VA Zip Code 22314-	[MEMO ITEM] MEMO: PAC FUNDRAISING EXP-ENSES	
Purpose of Disbursement PAC FUNDRAISING EXPENSES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bellwether Consulting		Transaction ID: 60923.E1124 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 1773.55
City Alexandria State VA Zip Code 22314-	PAC FUNDRAISING EXPENSE	
Purpose of Disbursement PAC FUNDRAISING EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Norm Coleman		Transaction ID: 60923.E1088 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 2550 University Ave W Suite 100N		Amount of Each Disbursement this Period 43.10
City Saint Paul State MN Zip Code 55114-	REIMB. FOR CAB FARE	
Purpose of Disbursement REIMB. FOR CAB FARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1816.65
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 52

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Elan Services - VISA		Transaction ID: 60818.E1073 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 5.00
City Saint Louis State MO Zip Code 63179-	CREDIT CARD FEES	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Elan Services - VISA		Transaction ID: 60713.E1045 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 2284.42
City Saint Louis State MO Zip Code 63179-	CREDIT CARD PAYMENT: SEE BELOW	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Doubletree Hotel		Transaction ID: 60713.E1050 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 1568 Broadway		Amount of Each Disbursement this Period 682.62
City New York State NY Zip Code 10036-8201	[MEMO ITEM] MEMO: LODGING	
Purpose of Disbursement LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2289.42
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Elan Services - VISA		Transaction ID: 60713.E1047 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 55.00
City Saint Louis State MO Zip Code 63179-	Purpose of Disbursement ANNUAL TRAVEL FEE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: ANNUAL TRAVEL FEE

Full Name (Last, First, Middle Initial) B. Elan Services - VISA		Transaction ID: 60713.E1046 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 55.00
City Saint Louis State MO Zip Code 63179-	Purpose of Disbursement ANNUAL TRAVEL FEE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: ANNUAL TRAVEL FEE

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 60713.E1048 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 956.20
City Chaska State MN Zip Code 55318-	Purpose of Disbursement AIRFARE 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) ▼	[MEMO ITEM] MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Regal Carriage		Transaction ID: 60713.E1051 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 18 West 33rd Street Suite 205		Amount of Each Disbursement this Period 530.60
City New York State NY Zip Code 10001-	[MEMO ITEM] MEMO: GROUND TRANSPORTATION	
Purpose of Disbursement GROUND TRANSPORTATION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 60713.E1049 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 5.00
City Arlington State VA Zip Code 22227-	[MEMO ITEM] MEMO: CHANGE FEE	
Purpose of Disbursement CHANGE FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Elan Services - VISA		Transaction ID: 60923.E1095 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 6135.69
City Saint Louis State MO Zip Code 63179-	CREDIT CARD PAYMENT: SEE BELOW	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6135.69
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: 60923.E1097 Date of Disbursement MM / DD / YYYY 07 / 26 / 2006
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 507.30
City Dallas State TX Zip Code 75261-	Purpose of Disbursement AIRFARE 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) ▼	[MEMO ITEM] MEMO: AIRFARE

Full Name (Last, First, Middle Initial) B. Maison 140 Hotel		Transaction ID: 60923.E1106 Date of Disbursement MM / DD / YYYY 07 / 26 / 2006
Mailing Address 140 S Lasky Dr		Amount of Each Disbursement this Period 472.90
City Beverly Hills State CA Zip Code 90212-1704	Purpose of Disbursement LODGING 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) ▼	[MEMO ITEM] MEMO: LODGING

Full Name (Last, First, Middle Initial) C. Mansion at Judges Hill		Transaction ID: 60923.E1109 Date of Disbursement MM / DD / YYYY 07 / 26 / 2006
Mailing Address 1900 Rio Grande St		Amount of Each Disbursement this Period 319.70
City Austin State TX Zip Code 78705-5511	Purpose of Disbursement LODGING 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) ▼	[MEMO ITEM] MEMO: LODGING

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Northwest Airlines		Transaction ID: 60923.E1098 Date of Disbursement MM / DD / YYYY 07 / 26 / 2006
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 1230.21
City Chaska State MN Zip Code 55318-	Purpose of Disbursement AIRFARE 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) ▼	[MEMO ITEM] MEMO: AIRFARE

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: 60923.E1103 Date of Disbursement MM / DD / YYYY 07 / 26 / 2006
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 589.30
City Chaska State MN Zip Code 55318-	Purpose of Disbursement AIRFARE 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) ▼	[MEMO ITEM] MEMO: AIRFARE

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 60923.E1102 Date of Disbursement MM / DD / YYYY 07 / 26 / 2006
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 875.89
City Chaska State MN Zip Code 55318-	Purpose of Disbursement AIRFARE 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) ▼	[MEMO ITEM] MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Northwest Airlines		Transaction ID: 60923.E1100 Date of Disbursement MM / DD / YYYY 07 / 26 / 2006	
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 930.21	
City Chaska State MN Zip Code 55318-	Purpose of Disbursement AIRFARE	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: AIRFARE		

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: 60923.E1101 Date of Disbursement MM / DD / YYYY 07 / 26 / 2006	
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 595.11	
City Chaska State MN Zip Code 55318-	Purpose of Disbursement AIRFARE	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: AIRFARE		

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 60923.E1099 Date of Disbursement MM / DD / YYYY 07 / 26 / 2006	
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 10.00	
City Chaska State MN Zip Code 55318-	Purpose of Disbursement PROCESSING FEE	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: PROCESSING FEE		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Premiere One Executive		Transaction ID: 60923.E1110 Date of Disbursement MM / DD / YYYY 07 / 26 / 2006
Mailing Address 1346 S Mansfield Ave		Amount of Each Disbursement this Period 245.80
City Los Angeles State CA Zip Code 90019-	Purpose of Disbursement GROUND TRANSPORTATION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GROUND TRANSPORTATION

Full Name (Last, First, Middle Initial) B. Sage Travel		Transaction ID: 60923.E1096 Date of Disbursement MM / DD / YYYY 07 / 26 / 2006
Mailing Address 1107 Hazeltine Blvd		Amount of Each Disbursement this Period 35.00
City Chaska State MN Zip Code 55318-	Purpose of Disbursement AGENT FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AGENT FEES

Full Name (Last, First, Middle Initial) C. Elan Services - VISA		Transaction ID: 60923.E1077 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 5.00
City Saint Louis State MO Zip Code 63179-	Purpose of Disbursement CREDIT CARD FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD FEES

SUBTOTAL of Disbursements This Page (optional) ▶	5.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Elan Services - VISA		Transaction ID: 60923.E1129 Date of Disbursement 08 / 25 / 2006
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 338.13
City Saint Louis State MO Zip Code 63179-	Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD PAYMENT: SEE BELOW

Full Name (Last, First, Middle Initial) B. Regal Carriage		Transaction ID: 60923.E1131 Date of Disbursement 08 / 25 / 2006
Mailing Address 18 West 33rd Street Suite 205		Amount of Each Disbursement this Period 88.74
City New York State NY Zip Code 10001-	Purpose of Disbursement GROUND TRANSPORTATION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GROUND TRANSPORTATION

Full Name (Last, First, Middle Initial) C. Regal Carriage		Transaction ID: 60923.E1130 Date of Disbursement 08 / 25 / 2006
Mailing Address 18 West 33rd Street Suite 205		Amount of Each Disbursement this Period 249.39
City New York State NY Zip Code 10001-	Purpose of Disbursement GROUND TRANSPORTATION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GROUND TRANSPORTATION

SUBTOTAL of Disbursements This Page (optional) ▶	338.13
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Elan Services - VISA		Transaction ID: 60923.E1132 Date of Disbursement 08 / 25 / 2006
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 1612.48
City Saint Louis State MO Zip Code 63179-	Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD PAYMENT: SEE BELOW

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 60923.E1135 Date of Disbursement 08 / 25 / 2006
Mailing Address La Guardia Airport		Amount of Each Disbursement this Period 314.30
City Floral Park State NY Zip Code 11001-	Purpose of Disbursement AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIRFARE

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 60923.E1134 Date of Disbursement 08 / 25 / 2006
Mailing Address La Guardia Airport		Amount of Each Disbursement this Period 10.00
City Floral Park State NY Zip Code 11001-	Purpose of Disbursement PROCESSING FEE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PROCESSING FEE

SUBTOTAL of Disbursements This Page (optional) ▶	1612.48
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Northwest Airlines		Transaction ID: 60923.E1137 Date of Disbursement MM / DD / YYYY 08 / 25 / 2006	
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 100.00	
City Chaska State MN Zip Code 55318-	Purpose of Disbursement CHANGE FEE	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: CHANGE FEE		

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: 60923.E1133 Date of Disbursement MM / DD / YYYY 08 / 25 / 2006	
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 929.40	
City Chaska State MN Zip Code 55318-	Purpose of Disbursement AIRFARE	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: AIRFARE		

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 60923.E1138 Date of Disbursement MM / DD / YYYY 08 / 25 / 2006	
Mailing Address 70 E 6th Street		Amount of Each Disbursement this Period 100.00	
City Chaska State MN Zip Code 55318-	Purpose of Disbursement CHANGE FEE	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: CHANGE FEE		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. The Michaelangelo Hotel		Transaction ID: 60923.E1143	
Mailing Address 152 W 51st St		Date of Disbursement 08 / 25 / 2006	
City New York	State NY	Zip Code 10019-6813	Amount of Each Disbursement this Period 258.59
Purpose of Disbursement LODGING		Category/ Type	
Candidate Name		[MEMO ITEM] MEMO: LODGING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: 60923.E1136	
Mailing Address 1107 Hazeltine		Date of Disbursement 08 / 25 / 2006	
City Chaska	State MN	Zip Code 55318-	Amount of Each Disbursement this Period 15.00
Purpose of Disbursement PROCESSING FEE		Category/ Type	
Candidate Name		[MEMO ITEM] MEMO: PROCESSING FEE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Elan Services - VISA		Transaction ID: 60923.E1112	
Mailing Address PO Box 790408		Date of Disbursement 09 / 01 / 2006	
City Saint Louis	State MO	Zip Code 63179-	Amount of Each Disbursement this Period 5.00
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	
Candidate Name		CREDIT CARD PROCESSING FEE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	5.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. FedEx Kinkos		Transaction ID: 60818.E1054 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 6
Mailing Address 8300 City Centre Drive		Amount of Each Disbursement this Period 21.40
City Woodbury State MN Zip Code 55125-	DELIVERY	
Purpose of Disbursement DELIVERY 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) ▼

Full Name (Last, First, Middle Initial) B. FedEx Kinkos		Transaction ID: 60923.E1123 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 8300 City Centre Drive		Amount of Each Disbursement this Period 19.49
City Woodbury State MN Zip Code 55125-	DELIVERY	
Purpose of Disbursement DELIVERY 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) ▼

Full Name (Last, First, Middle Initial) C. FLS Connect		Transaction ID: 60923.E1085 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 7300 Hudson Blvd. Suite 270		Amount of Each Disbursement this Period 12298.83
City Saint Paul State MN Zip Code 55128-	SEE BELOW	
Purpose of Disbursement SEE BELOW 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) ▶	12339.72
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. FLS Connect		Transaction ID: 60923.E1087 Date of Disbursement MM / DD / YYYY 08 / 05 / 2006
Mailing Address 7300 Hudson Blvd. Suite 270		Amount of Each Disbursement this Period 12000.00
City Saint Paul State MN Zip Code 55128-	[MEMO ITEM] MEMO: PAC MGMT FEE: INC. RENT & SALARIES	
Purpose of Disbursement PAC MGMT FEE: INC. RENT & SALARIES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. FLS Connect		Transaction ID: 60923.E1086 Date of Disbursement MM / DD / YYYY 08 / 05 / 2006
Mailing Address 7300 Hudson Blvd. Suite 270		Amount of Each Disbursement this Period 298.83
City Saint Paul State MN Zip Code 55128-	[MEMO ITEM] MEMO: LODGING REIMB.	
Purpose of Disbursement LODGING REIMB.		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. FLS Connect		Transaction ID: 60923.E1122 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006
Mailing Address 7300 Hudson Blvd. Suite 270		Amount of Each Disbursement this Period 6000.00
City Saint Paul State MN Zip Code 55128-	PAC MGMT FEE: INC. RENT & SALARIES	
Purpose of Disbursement PAC MGMT FEE: INC. RENT & SALARIES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. FLS Connect		Transaction ID: 60923.E1126 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 7300 Hudson Blvd. Suite 270		Amount of Each Disbursement this Period 5375.00
City Saint Paul State MN Zip Code 55128-	PAC MGMT FEE: INC. RENT & SALARIES	
Purpose of Disbursement PAC MGMT FEE: INC. RENT & SALARIES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sarah Hazen		Transaction ID: 60713.E1042 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 1484 Canfield		Amount of Each Disbursement this Period 97.75
City Saint Paul State MN Zip Code 55108-	PAC ADMINISTRATIVE CONSULTANT	
Purpose of Disbursement PAC ADMINISTRATIVE CONSULTANT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sarah Hazen		Transaction ID: 60818.E1056 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 6
Mailing Address 1484 Canfield		Amount of Each Disbursement this Period 175.95
City Saint Paul State MN Zip Code 55108-	PAC ADMINISTRATIVE CONSULTANT	
Purpose of Disbursement PAC ADMINISTRATIVE CONSULTANT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5648.70
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Sarah Hazen		Transaction ID: 60818.E1076 Date of Disbursement MM / DD / YYYY 07 / 26 / 2006	
Mailing Address 1484 Canfield		Amount of Each Disbursement this Period 97.75	
City Saint Paul State MN Zip Code 55108-	Purpose of Disbursement PAC ADMINISTRATIVE CONSULTANT	Category/ Type PAC ADMINISTRATIVE CONSULTANT	
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) ▼		

Full Name (Last, First, Middle Initial) B. Sarah Hazen		Transaction ID: 60923.E1091 Date of Disbursement MM / DD / YYYY 08 / 05 / 2006	
Mailing Address 1484 Canfield		Amount of Each Disbursement this Period 195.50	
City Saint Paul State MN Zip Code 55108-	Purpose of Disbursement PAC ADMINISTRATIVE CONSULTANT	Category/ Type PAC ADMINISTRATIVE CONSULTANT	
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) ▼		

Full Name (Last, First, Middle Initial) C. Sarah Hazen		Transaction ID: 60923.E1118 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006	
Mailing Address 1484 Canfield		Amount of Each Disbursement this Period 138.00	
City Saint Paul State MN Zip Code 55108-	Purpose of Disbursement PAC ADMINISTRATIVE CONSULTANT	Category/ Type PAC ADMINISTRATIVE CONSULTANT	
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) ▶	431.25
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Sarah Hazen		Transaction ID: 60923.E1128 Date of Disbursement MM / DD / YYYY 09 / 13 / 2006	
Mailing Address 1484 Canfield		Amount of Each Disbursement this Period 78.20	
City Saint Paul State MN Zip Code 55108-	Purpose of Disbursement PAC ADMINISTRATIVE CONSULTANT	Category/ Type PAC ADMINISTRATIVE CONSUL- TANT	
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) ▼		

Full Name (Last, First, Middle Initial) B. Elizabeth Maruggi		Transaction ID: 60713.E1044 Date of Disbursement MM / DD / YYYY 07 / 01 / 2006	
Mailing Address 660 Howell Street S		Amount of Each Disbursement this Period 625.00	
City Saint Paul State MN Zip Code 55116-	Purpose of Disbursement PAC FUNDRAISING CONSULTANT	Category/ Type PAC FUNDRAISING CONSULTANT	
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) ▼		

Full Name (Last, First, Middle Initial) C. Elizabeth Maruggi		Transaction ID: 60818.E1074 Date of Disbursement MM / DD / YYYY 07 / 26 / 2006	
Mailing Address 660 Howell Street S		Amount of Each Disbursement this Period 625.00	
City Saint Paul State MN Zip Code 55116-	Purpose of Disbursement PAC FUNDRAISING CONSULTANT	Category/ Type PAC FUNDRAISING CONSULTANT	
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) ▶	1328.20
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Elizabeth Maruggi		Transaction ID: 60923.E1121 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 660 Howell Street S		Amount of Each Disbursement this Period 625.00
City Saint Paul State MN Zip Code 55116-	Category/ Type PAC FUNDRAISING CONSULTANT	
Purpose of Disbursement PAC FUNDRAISING CONSULTANT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Richard Nelson		Transaction ID: 60713.E1043 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 1975 Portland Ave		Amount of Each Disbursement this Period 2000.00
City Saint Paul State MN Zip Code 55104-	Category/ Type PAC FUNDRAISING CONSULTANT	
Purpose of Disbursement PAC FUNDRAISING CONSULTANT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Richard Nelson		Transaction ID: 60818.E1075 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address 1975 Portland Ave		Amount of Each Disbursement this Period 2000.00
City Saint Paul State MN Zip Code 55104-	Category/ Type PAC FUNDRAISING CONSULTANT	
Purpose of Disbursement PAC FUNDRAISING CONSULTANT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4625.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Richard Nelson		Transaction ID: 60923.E1119 Date of Disbursement 09 / 01 / 2006
Mailing Address 1975 Portland Ave		Amount of Each Disbursement this Period 2000.00
City Saint Paul State MN Zip Code 55104-	Purpose of Disbursement PAC FUNDRAISING CONSULTANT 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) ▼	PAC FUNDRAISING CONSULTANT

Full Name (Last, First, Middle Initial) B. Park Midway Bank		Transaction ID: 60923.E1147 Date of Disbursement 07 / 31 / 2006
Mailing Address 2265 Como Ave		Amount of Each Disbursement this Period 22.78
City Saint Paul State MN Zip Code 55108-	Purpose of Disbursement BANK CHARGES 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) ▼	BANK CHARGES

Full Name (Last, First, Middle Initial) C. Park Midway Bank		Transaction ID: 60923.E1111 Date of Disbursement 08 / 31 / 2006
Mailing Address 2265 Como Ave		Amount of Each Disbursement this Period 24.44
City Saint Paul State MN Zip Code 55108-	Purpose of Disbursement BANK CHARGES 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) ▼	BANK CHARGES

SUBTOTAL of Disbursements This Page (optional) ▶	2047.22
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Park Midway Bank		Transaction ID: 61007.E1156 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 2265 Como Ave		Amount of Each Disbursement this Period 24.09
City Saint Paul State MN Zip Code 55108-	BANK CHARGES	
Purpose of Disbursement BANK CHARGES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Patton Boggs, LLP		Transaction ID: 60818.E1055 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 6
Mailing Address 2550 M Street NW		Amount of Each Disbursement this Period 3.00
City Washington State DC Zip Code 20037-	LEGAL FEES	
Purpose of Disbursement LEGAL FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Patton Boggs, LLP		Transaction ID: 60923.E1089 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 2550 M Street NW		Amount of Each Disbursement this Period 94.64
City Washington State DC Zip Code 20037-	LEGAL FEES	
Purpose of Disbursement LEGAL FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	121.73
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Patton Boggs, LLP		Transaction ID: 60923.E1120 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006	
Mailing Address 2550 M Street NW		Amount of Each Disbursement this Period 284.76	
City Washington State DC Zip Code 20037-	Purpose of Disbursement LEGAL FEES	Category/ Type	
Candidate Name		LEGAL FEES	
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) ▼		

Full Name (Last, First, Middle Initial) B. Public Opinion Strategies		Transaction ID: 60923.E1090 Date of Disbursement MM / DD / YYYY 08 / 05 / 2006	
Mailing Address 214 North Fayette Street		Amount of Each Disbursement this Period 11625.00	
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement POLLING EXPENSE	Category/ Type	
Candidate Name		POLLING EXPENSE	
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) ▼		

Full Name (Last, First, Middle Initial) C. UniSource Direct		Transaction ID: 60923.E1145 Date of Disbursement MM / DD / YYYY 09 / 12 / 2006	
Mailing Address 7 N Pinckney St Ste 225D		Amount of Each Disbursement this Period 13777.50	
City Madison State WI Zip Code 53703-4260	Purpose of Disbursement DIRECT MAIL	Category/ Type	
Candidate Name		DIRECT MAIL	
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) ▶	25687.26
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. US Postmaster		Transaction ID: 60923.E1094 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 316 Robert Street North		Amount of Each Disbursement this Period 39.00
City Saint Paul State MN Zip Code 55101-	Purpose of Disbursement STAMPS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	STAMPS

Full Name (Last, First, Middle Initial) B. US Postmaster		Transaction ID: 60923.E1114 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 316 Robert Street North		Amount of Each Disbursement this Period 160.00
City Saint Paul State MN Zip Code 55101-	Purpose of Disbursement BRM PERMIT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BRM PERMIT

Full Name (Last, First, Middle Initial) C. US Postmaster		Transaction ID: 60923.E1113 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 316 Robert Street North		Amount of Each Disbursement this Period 400.00
City Saint Paul State MN Zip Code 55101-	Purpose of Disbursement POSTAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶	599.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. VISA Credit Card		Transaction ID: 60923.E1079 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 959.07
City Saint Louis State MO Zip Code 63179-	Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW	
Candidate Name	Category/Type	CREDIT CARD PAYMENT: SEE BELOW
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) ▼	

Full Name (Last, First, Middle Initial) B. 701 Restaurant		Transaction ID: 60818.E1063 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 701 Pennsylvania Ave NW		Amount of Each Disbursement this Period 154.25
City Washington State DC Zip Code 20004-	Purpose of Disbursement POLITICAL MEETING	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: POLITICAL MEETING
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) ▼	

Full Name (Last, First, Middle Initial) C. Safeway		Transaction ID: 60818.E1061 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 415 14th St SE		Amount of Each Disbursement this Period 201.74
City Washington State DC Zip Code 20003-3002	Purpose of Disbursement POLITICAL MEETING	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: POLITICAL MEETING
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) ▶	959.07
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. The Monocle Restaurant		Transaction ID: 60818.E1062	
Mailing Address 107 D Street NE		Date of Disbursement 07 / 17 / 2006	
City Washington	State DC	Zip Code 20002-	Amount of Each Disbursement this Period 29.70
Purpose of Disbursement POLITICAL MEETING		Category/ Type	
Candidate Name		[MEMO ITEM] MEMO: POLITICAL MEETING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Vance Hotel		Transaction ID: 60818.E1069	
Mailing Address 620 Stewart Street		Date of Disbursement 07 / 17 / 2006	
City Seattle	State WA	Zip Code 98101-	Amount of Each Disbursement this Period 2.18
Purpose of Disbursement FUNDRAISING MEETING		Category/ Type	
Candidate Name		[MEMO ITEM] MEMO: FUNDRAISING MEETING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Vance Hotel		Transaction ID: 60818.E1068	
Mailing Address 620 Stewart Street		Date of Disbursement 07 / 17 / 2006	
City Seattle	State WA	Zip Code 98101-	Amount of Each Disbursement this Period 89.09
Purpose of Disbursement FUNDRAISING MEETING		Category/ Type	
Candidate Name		[MEMO ITEM] MEMO: FUNDRAISING MEETING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Willard Interncontinental Hotel		Transaction ID: 60818.E1064	
Mailing Address 1401 Pennsylvania Ave NW		Date of Disbursement 07 / 17 / 2006	
City Washington	State DC	Zip Code 20004-	Amount of Each Disbursement this Period 57.20
Purpose of Disbursement POLITICAL MEETING		[MEMO ITEM] MEMO: POLITICAL MEETING	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	86615.06

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Bachmann for Congress		Transaction ID: 61003.E1151 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 49756		Amount of Each Disbursement this Period 5000.00
City Blaine State MN Zip Code 55449-0756	Purpose of Disbursement Category/Type	
Candidate Name MICHELE M BACHMANN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bob Corker for Senate		Transaction ID: 60923.E1093 Date of Disbursement 08 / 15 / 2006
Mailing Address PO Box 848		Amount of Each Disbursement this Period 4900.00
City Chattanooga State TN Zip Code 37401-0848	Purpose of Disbursement Category/Type	
Candidate Name ROBERT P CORKER JR Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bob Corker for Senate		Transaction ID: 60923.E1115 Date of Disbursement 09 / 12 / 2006
Mailing Address PO Box 848		Amount of Each Disbursement this Period 4900.00
City Chattanooga State TN Zip Code 37401-0848	Purpose of Disbursement Category/Type	
Candidate Name ROBERT P CORKER JR Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 00 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	14800.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Chafee for Senate		Transaction ID: 61003.E1149 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 7329		Amount of Each Disbursement this Period 4900.00
City Warwick	State RI	
Zip Code 02887-		
Purpose of Disbursement		
Candidate Name LINCOLN D CHAFEE		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: RI	District: 00	

Full Name (Last, First, Middle Initial) B. Nebraska Republican Party		Transaction ID: 60923.E1078 Date of Disbursement 08 / 15 / 2006
Mailing Address 1610 N St		Amount of Each Disbursement this Period 5000.00
City Lincoln	State NE	
Zip Code 68508-1817		
Purpose of Disbursement CAMPAIGN CONTRIBUTION		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPAIGN CONTRIBUTION
State:	District:	

Full Name (Last, First, Middle Initial) C. Fine For Congress		Transaction ID: 61003.E1152 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 24394		Amount of Each Disbursement this Period 2000.00
City Minneapolis	State MN	
Zip Code 55424-0394		
Purpose of Disbursement		
Candidate Name ALAN RAYMOND FINE		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 05	

SUBTOTAL of Disbursements This Page (optional) ▶	11900.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Friends of George Allen		Transaction ID: 60923.E1092 Date of Disbursement 08 / 14 / 2006
Mailing Address PO Box 6859		Amount of Each Disbursement this Period 4900.00
City Arlington	State VA	
Zip Code 22206-0859		
Purpose of Disbursement		Category/ Type
Candidate Name GEORGE ALLEN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 00		

Full Name (Last, First, Middle Initial) B. Friends of Mike McGavick		Transaction ID: 61003.E1154 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 9247		Amount of Each Disbursement this Period 5000.00
City Seattle	State WA	
Zip Code 98109-0247		
Purpose of Disbursement		Category/ Type
Candidate Name MICHAEL SEAN MCGAVICK		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA District: 00		

Full Name (Last, First, Middle Initial) C. Gutknecht For Congress		Transaction ID: 61003.E1155 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 6428		Amount of Each Disbursement this Period 5000.00
City Rochester	State MN	
Zip Code 55903-6428		
Purpose of Disbursement		Category/ Type
Candidate Name GILBERT W JR. GUTKNECHT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	14900.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Jon Kyl For Us Senate		Transaction ID: 61003.E1148 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address PO Box 10246		Amount of Each Disbursement this Period 5000.00	
City Phoenix	State AZ		Zip Code 85064-0246
Purpose of Disbursement			Category/ Type
Candidate Name JON L KYL			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: AZ District: 00	

Full Name (Last, First, Middle Initial) B. Kline for Congress		Transaction ID: 60923.E1117 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6	
Mailing Address 101 W Burnsville Parkway Suite 104		Amount of Each Disbursement this Period 5000.00	
City Burnsville	State MN		Zip Code 55337-
Purpose of Disbursement			Category/ Type
Candidate Name JOHN P KLINE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MN District: 02	

Full Name (Last, First, Middle Initial) C. Kline for Congress		Transaction ID: 61003.E1150 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 101 W Burnsville Parkway Suite 104		Amount of Each Disbursement this Period 5000.00	
City Burnsville	State MN		Zip Code 55337-
Purpose of Disbursement			Category/ Type
Candidate Name JOHN P KLINE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MN District: 02	

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Obi Sium For Congress		Transaction ID: 61003.E1153 Date of Disbursement 09 / 29 / 2006	
Mailing Address PO Box 9293		Amount of Each Disbursement this Period 2000.00	
City Saint Paul State MN Zip Code 55109-0293	Purpose of Disbursement []	Category/ Type	
Candidate Name OGBAZGHI OBI SIUM	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04			

Full Name (Last, First, Middle Initial) B. Republican Party of Minnesota		Transaction ID: 60923.E1144 Date of Disbursement 09 / 11 / 2006	
Mailing Address 525 Partk St, Suite 250		Amount of Each Disbursement this Period 5000.00	
City Saint Paul State MN Zip Code 55103-	Purpose of Disbursement CONTRIBUTION	Category/ Type	
Candidate Name		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	CONTRIBUTION		

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	63600.00

**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)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial) A. Asa For Governor		Transaction ID: 60818.E1072																					
Mailing Address 1501 N Pierce St		Date of Disbursement																					
City Little Rock State AR Zip Code 72207-5203		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	5		2	0	0	6														
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10" style="text-align: right;">500.00</td> </tr> </table>		500.00																			
500.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2006																					
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
		<table border="1"> <tr> <td colspan="2" style="text-align: center;">Category/ Type</td> </tr> </table>		Category/ Type																			
Category/ Type																							

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00