

# 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 11 04 2008 in the State of \_\_\_\_\_

5. Covering Period 10 01 2008 through 11 24 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Jeff Larson  
Signature of Treasurer Electronically Filed by Jeff Larson Date 12 04 2008

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

Office Use Only

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
NORTHSTAR LEADERSHIP PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		37539.39
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	22811.88									
(c) Total Receipts (from Line 19) .....	28129.67	278210.81								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	50941.55	315750.20								
7. Total Disbursements (from Line 31) .....	23152.29	287960.94								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	27789.26	27789.26								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	39378.75									

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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4600.00	128100.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	4600.00	128100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	23500.00	149500.00
(c) Other Political Committees (such as PACs) .....	28100.00	277600.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	337.75
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	29.67	273.06
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)) .....	28129.67	278210.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	28129.67	278210.81

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	10652.29	185460.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	10652.29	185460.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	12500.00	102500.00
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.....	0.00	0.00
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))..	23152.29	287960.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23152.29	287960.94

**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) .....	28100.00	277600.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28100.00	277600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10652.29	185460.94
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	337.75
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10652.29	185123.19

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 16
	(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

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

**A.**

Full Name (Last, First, Middle Initial) Leonard Wilf		Date of Receipt
Mailing Address 820 Morris Turnpike Suite 301		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
City	State	Zip Code
Short Hills	NJ	07078
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4601
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2300.00"/>
Name of Employer Minnesota Vikings	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2300.00"/>	

**B.**

Full Name (Last, First, Middle Initial) Mark & Jane Wilf		Date of Receipt
Mailing Address 6 Lockhern Court		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
City	State	Zip Code
Livingston	NJ	07039
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4604
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2300.00"/>
Name of Employer Minnesota Vikings	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="4600.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="4600.00"/>

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

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

FOR LINE NUMBER: PAGE 7 / 16  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
NORTHSTAR LEADERSHIP PAC

**A.** Full Name (Last, First, Middle Initial)  
ACTION COMMITTEE. FOR RURAL ELECTRIFICATION. (ACRE) NATIONAL RURAL ELECTRIC COOPERATIVE

Mailing Address 4301 Wilson Boulevard

City State Zip Code  
Arlington VA 22203

FEC ID number of contributing federal political committee. **C** C00002972

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  
 1 0 / 2 1 / 2 0 0 8

**Transaction ID:** SA11C.4613

Amount of Each Receipt this Period  
3000.00

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN DENTAL POLITICAL ACTION CMTE.

Mailing Address 1111 14th Street NW  
Suite 1100

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 4 / 2 0 0 8

**Transaction ID:** SA11C.4615

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN SENIORS HOUSING ASSOCIATION (SENIORS HOUSING PAC)

Mailing Address 5100 Wisconsin Ave. NW  
Suite 307

City State Zip Code  
Washington DC 20016

FEC ID number of contributing federal political committee. **C** C00325332

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 0 / 2 0 0 8

**Transaction ID:** SA11C.4608

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **13000.00**

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

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

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

FOR LINE NUMBER: PAGE 8 / 16  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
NORTHSTAR LEADERSHIP PAC

**A.** Full Name (Last, First, Middle Initial)  
COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE; THE

Mailing Address 701 Pennsylvania Avenue NW  
Suite 750

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 1 / 2 0 0 8

**Transaction ID:** SA11C.4611

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
LOCKRIDGE GRINDAL NAUEN POLITICAL FUND

Mailing Address 100 WASHINGTON AVE SO SUITE 2200

City State Zip Code  
MINNEAPOLIS MN 55401

FEC ID number of contributing federal political committee. **C** C00167916

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  
 1 0 / 0 2 / 2 0 0 8

**Transaction ID:** SA11C.4605

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
LOCKRIDGE GRINDAL NAUEN POLITICAL FUND

Mailing Address 100 WASHINGTON AVE SO SUITE 2200

City State Zip Code  
MINNEAPOLIS MN 55401

FEC ID number of contributing federal political committee. **C** C00167916

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 1 / 2 0 0 8

**Transaction ID:** SA11C.4609

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 16  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
NORTHSTAR LEADERSHIP PAC

**A.**

Full Name (Last, First, Middle Initial)  
LOCKRIDGE GRINDAL NAUEN POLITICAL FUND

Mailing Address 100 WASHINGTON AVE SO SUITE 2200

City State Zip Code  
MINNEAPOLIS MN 55401

FEC ID number of contributing federal political committee. **C** C00167916

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11C.4610

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
MGM MIRAGE PAC

Mailing Address 2350 KERNER BLVD., SUITE 250

City State Zip Code  
SAN RAFAEL CA 94901

FEC ID number of contributing federal political committee. **C** C00299321

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11C.4616

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	23500.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NORTHSTAR LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) Boys and Girls Club of the Twin Cities	Transaction ID: SB21B.4620 Date of Disbursement
	Mailing Address 6500 Nicollet Ave So Suite 201	<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Minneapolis State MN Zip Code 55423-1674	Amount of Each Disbursement this Period
	Purpose of Disbursement Charitable Donation	<input type="text" value="10000.00"/>
	Candidate Name	<input type="text" value="012"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Elizabeth Maruggi	Transaction ID: SB21B.4627 Date of Disbursement
	Mailing Address 660 Howell Street S	<input type="text" value="11"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City St Paul State MN Zip Code 55116	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting - PAC Administrative Fee	<input type="text" value="625.00"/>
	Candidate Name	<input type="text" value=""/> 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) ▼

C.	Full Name (Last, First, Middle Initial) Park Midway Bank NA	Transaction ID: SB21B.4628 Date of Disbursement
	Mailing Address 2265 Como Avenue	<input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City St Paul State MN Zip Code 55108	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Credit Card Fees	<input type="text" value="27.29"/>
	Candidate Name	<input type="text" value=""/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10652.29"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="10652.29"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NORTHSTAR LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) CHAMBLISS FOR SENATE	Transaction ID: SB23.4626 Date of Disbursement																			
	Mailing Address POST OFFICE BOX 12469	<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>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	4	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	4	/	2	0	0	8												
	City ATLANTA State GA Zip Code 30355	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) DARREN WHITE FOR CONGRESS	Transaction ID: SB23.4624 Date of Disbursement																			
	Mailing Address P.O. Box 16601	<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>1</td><td>0</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	1	/	2	0	0	8												
	City Albuquerque State NM Zip Code 87191	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) JIM RISCH FOR U S SENATE COMMITTEE	Transaction ID: SB23.4625 Date of Disbursement																			
	Mailing Address 407 W JEFFERSON STREET	<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>1</td><td>0</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	8	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	8	/	2	0	0	8												
	City BOISE State ID Zip Code 83702	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>12500.00</td></tr></table>	12500.00
12500.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td>12500.00</td></tr></table>	12500.00
12500.00		

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
NORTHSTAR LEADERSHIP PAC

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> FLS Connect, LLC			Nature of Debt (Purpose): Consulting - PAC Fundrais- ing
Mailing Address 7300 Hudson Blvd Suite 270			
City	State	ZIP Code	
St Paul	MN	55128	

Outstanding Balance Beginning This Period <input type="text" value="2500.00"/>		<b>Transaction ID: SD10.4464</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2500.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> FLS Connect, LLC			Nature of Debt (Purpose): Consulting - PAC mgmt sal- aries, rent
Mailing Address 7300 Hudson Blvd Suite 270			
City	State	ZIP Code	
St Paul	MN	55128	

Outstanding Balance Beginning This Period <input type="text" value="3500.00"/>		<b>Transaction ID: SD10.4465</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3500.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> FLS Connect, LLC			Nature of Debt (Purpose): Consulting - PAC Fundrais- ing
Mailing Address 7300 Hudson Blvd Suite 270			
City	State	ZIP Code	
St Paul	MN	55128	

Outstanding Balance Beginning This Period <input type="text" value="2500.00"/>		<b>Transaction ID: SD10.4466</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2500.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="8500.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
NORTHSTAR LEADERSHIP PAC

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect, LLC	Nature of Debt (Purpose): Consulting - PAC mgmt salaries, rent
Mailing Address 7300 Hudson Blvd Suite 270	
City State ZIP Code St Paul MN 55128	

Outstanding Balance Beginning This Period 3500.00	<b>Transaction ID: SD10.4467</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect, LLC	Nature of Debt (Purpose): Consulting - PAC mgmt salaries, rent
Mailing Address 7300 Hudson Blvd Suite 270	
City State ZIP Code St Paul MN 55128	

Outstanding Balance Beginning This Period 3500.00	<b>Transaction ID: SD10.4587</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect, LLC	Nature of Debt (Purpose): Consulting - PAC Fundraising Fees
Mailing Address 7300 Hudson Blvd Suite 270	
City State ZIP Code St Paul MN 55128	

Outstanding Balance Beginning This Period 2500.00	<b>Transaction ID: SD10.4588</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>9500.00</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
NORTHSTAR LEADERSHIP PAC

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> FLS Connect, LLC			Nature of Debt (Purpose): Consulting - PAC Fundrais- ing
Mailing Address 7300 Hudson Blvd Suite 270			
City	State	ZIP Code	
St Paul	MN	55128	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.4630</b>	
Amount Incurred This Period <input type="text" value="2500.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2500.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> FLS Connect, LLC			Nature of Debt (Purpose): Consulting - PAC mgmt sal- aries, rent
Mailing Address 7300 Hudson Blvd Suite 270			
City	State	ZIP Code	
St Paul	MN	55128	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.4632</b>	
Amount Incurred This Period <input type="text" value="3500.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3500.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> FLS Connect, LLC			Nature of Debt (Purpose): Consulting - PAC Fundrais- ing
Mailing Address 7300 Hudson Blvd Suite 270			
City	State	ZIP Code	
St Paul	MN	55128	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.4633</b>	
Amount Incurred This Period <input type="text" value="2500.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2500.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="8500.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
NORTHSTAR LEADERSHIP PAC

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> FLS Connect, LLC			Nature of Debt (Purpose): Consulting - PAC mgmt salaries, rent
Mailing Address 7300 Hudson Blvd Suite 270			
City	State	ZIP Code	
St Paul	MN	55128	

Outstanding Balance Beginning This Period		<b>Transaction ID: SD10.4634</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
3500.00	0.00	3500.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Patton Boggs LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 2550 M Street NW			
City	State	ZIP Code	
Washington	DC	20037	

Outstanding Balance Beginning This Period		<b>Transaction ID: SD10.4468</b>	
3957.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	3957.50	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Patton Boggs LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 2550 M Street NW			
City	State	ZIP Code	
Washington	DC	20037	

Outstanding Balance Beginning This Period		<b>Transaction ID: SD10.4589</b>	
5061.25			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	5061.25	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>12518.75</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 16 / 16	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
NORTHSTAR LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 2550 M Street NW			
City Washington	State DC	ZIP Code 20037	

Outstanding Balance Beginning This Period		Transaction ID: SD10.4635	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
360.00	0.00	360.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	360.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	39378.75
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	39378.75