

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Friends of Erik Paulsen

ADDRESS (number and street) P.O. Box 44369 250 Prairie Center Drive Eden Prairie MN 55344

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00439661 3. IS THIS REPORT NEW (N) OR AMENDED (A) MN 03

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on 08 / 09 / 2016 in the State of MN (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on / / in the State of

5. Covering Period 07 / 01 / 2016 through 07 / 20 / 2016

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 Reid Lebeau

Signature of Treasurer Reid Lebeau [Electronically Filed] Date 07 / 27 / 2016

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
Friends of Erik Paulsen

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	57240.00	3101938.77
(b) Total Contribution Refunds (from Line 20(d))	4300.00	19850.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	52940.00	3082088.77
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	32184.95	1227007.03
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	442.51
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	32184.95	1226564.52
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3229914.89	
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	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Erik Paulsen

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	28250.00	1495532.21
(ii) Unitemized.....	1490.00	59018.24
(iii) TOTAL of contributions from individuals ▶	29740.00	1554550.45
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	27500.00	1547388.32
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	57240.00	3101938.77
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	6546.98
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	442.51
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	123.08	5941.81
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	57363.08	3114870.07

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	32184.95	1227007.03
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	33100.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	4300.00	18400.00
(b) Political Party Committees.....	0.00	800.00
(c) Other Political Committees (such as PACs).....	0.00	650.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	4300.00	19850.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	36484.95	1279957.03

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3209036.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	57363.08
25. SUBTOTAL (add Line 23 and Line 24).....	3266399.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	36484.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3229914.89

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

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

FOR LINE NUMBER: PAGE 5 OF 32
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

A. Full Name (Last, First, Middle Initial)
CINDY HENGEL

Mailing Address 3005 MAPLEWOOD RD

City WAYZATA State MN Zip Code 55391-2642

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : SA11A.37533

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION
SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
CINDY HENGEL

Mailing Address 3005 MAPLEWOOD RD

City WAYZATA State MN Zip Code 55391-2642

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : SA11A.37662

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
CINDY HENGEL

Mailing Address 3005 MAPLEWOOD RD

City WAYZATA State MN Zip Code 55391-2642

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : SA11A.37662B

Amount of Each Receipt this Period
-2700.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

A. Full Name (Last, First, Middle Initial)
JANIS CLAY

Mailing Address 2104 GIRARD AVE S

City: MINNEAPOLIS State: MN Zip Code: 55405-2546

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

Name of Employer: SELF Occupation: ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 3000.00

Date of Receipt: 07 / 01 / 2016

Transaction ID : SA11A.37262

Amount of Each Receipt this Period: 1000.00

Memo Item
CONTRIBUTION
SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
JANIS CLAY

Mailing Address 2104 GIRARD AVE S

City: MINNEAPOLIS State: MN Zip Code: 55405-2546

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

Name of Employer: SELF Occupation: ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 3000.00

Date of Receipt: 07 / 01 / 2016

Transaction ID : SA11A.37547

Amount of Each Receipt this Period: -300.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
JANIS CLAY

Mailing Address 2104 GIRARD AVE S

City: MINNEAPOLIS State: MN Zip Code: 55405-2546

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

Name of Employer: SELF Occupation: ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 3000.00

Date of Receipt: 07 / 01 / 2016

Transaction ID : SA11A.37548

Amount of Each Receipt this Period: 300.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

A. Full Name (Last, First, Middle Initial)
CARLETON OLMANSON

Mailing Address **360 RIDGE CIRCLE**

City **WAYZATA** State **MN** Zip Code **55391-9576**

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

Name of Employer **LAKESIDE CAPITAL MANAGEME** Occupation **INVESTMENT MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : SA11A.37261

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ALEJANDRO AGUIRRE

Mailing Address **12545 42ND PLACE NORTH**

City **PLYMOUTH** State **MN** Zip Code **55442-2348**

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

Name of Employer **ENDODONTIC ASSOCIATES LIMITED** Occupation **ENDODONTIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 04 / 2016

Transaction ID : SA11A.37264

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BROCK BAKEWELL

Mailing Address **6099 N PLACITA FRESNILLO**

City **TUCSON** State **AZ** Zip Code **85750-1257**

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

Name of Employer **FISHKIND-BAKEWELL-MALTZMAN EYECARE** Occupation **OPHTHALMOLOGIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 04 / 2016

Transaction ID : SA11A.37263

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

A. Full Name (Last, First, Middle Initial)
RALPH HELLMANN

Mailing Address 3310 OLD DOMINION BLVD

City State Zip Code
ALEXANDRIA VA 22305-1318

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

Name of Employer Occupation
LUGAR HELLMANN GROUP GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 05 / 2016

Transaction ID : SA11A.37448

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVID KVAMME

Mailing Address 3621 IRONWOOD ROAD

City State Zip Code
EXCELSIOR MN 55331-8890

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

Name of Employer Occupation
WELLS FARGO REGIONAL PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 11 / 2016

Transaction ID : SA11A.37571

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ANTHONY RODA

Mailing Address 3416 OLD DOMINION BLVD

City State Zip Code
ALEXANDRIA VA 22305-1320

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

Name of Employer Occupation
WILLIAMS & JENSEN, PLLC ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 11 / 2016

Transaction ID : SA11A.37570

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

A. Full Name (Last, First, Middle Initial)
ERIN POLAK

Mailing Address **7316 UNIVERSITY AVENUE**

City **GLEN ECHO** State **MD** Zip Code **20812-1107**

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

Name of Employer **MERCK** Occupation **EXECUTIVE DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11A.37574

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GERALD KNICKERBOCKER

Mailing Address **15606 HIGHLAND HEIGHTS DR**

City **MINNETONKA** State **MN** Zip Code **55345-5639**

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

Name of Employer **MN TELECOM ALLIANCE** Occupation **LOBBYIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11A.37579

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DIRK BAK

Mailing Address **P.O. BOX 535**

City **EXCELSIOR** State **MN** Zip Code **55331-0535**

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

Name of Employer **SDQ** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 18 / 2016

Transaction ID : SA11A.37654

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1000.00

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

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

FOR LINE NUMBER: PAGE 10 OF 32
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

A. Full Name (Last, First, Middle Initial)
MIKE MAHONEY

Mailing Address 324 RUMSTICK ROAD

City BARRINGTON State RI Zip Code 02806-4935

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

Name of Employer BOSTON SCIENTIFIC Occupation PREIDENT AND CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2016

Transaction ID : SA11A.37656

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JERRY O' BRIEN

Mailing Address 5333 MINNEHAHA BLVD

City EDINA State MN Zip Code 55424-1406

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

Name of Employer SELF Occupation MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2016

Transaction ID : SA11A.37655

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SCOTT WARD

Mailing Address 6410 BALLANTINE CT

City INVER GROVE HEIGHT State MN Zip Code 55077-2163

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

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 19 / 2016

Transaction ID : SA11A.37643

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

2500.00

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

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

FOR LINE NUMBER: PAGE 11 OF 32
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

A. Full Name (Last, First, Middle Initial)
DAVID AMERSON

Mailing Address **949 VIA BOLZANO**

City **GOLETA** State **CA** Zip Code **93117-1801**

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

Name of Employer **MEDICAL** Occupation **MEDICAL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : SA11A.37644

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN BAILEY

Mailing Address **2807 CASCO POINT RD**

City **WAYZATA** State **MN** Zip Code **55391-9799**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : SA11A.37593

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EARL BEEMAN

Mailing Address **8454 CLOVER LEAF DR**

City **MCLEAN** State **VA** Zip Code **22102-2227**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : SA11A.37627

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

3500.00

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

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

FOR LINE NUMBER: PAGE 12 OF 32
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

A. Full Name (Last, First, Middle Initial)
FRANK BRIXIUS

Mailing Address 21720 FAIRVIEW

City GREENWOOD State MN Zip Code 55331-8747

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

Name of Employer HVASS WEISMAN & KING Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : SA11A.37618

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TIMOTHY FLEMING

Mailing Address 1842 MORGAN RD.

City LONG LAKE State MN Zip Code 55356-9519

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

Name of Employer RJF AGENCIES Occupation INSURANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : SA11A.37592

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
 SEE REDESIGNATION

C. Full Name (Last, First, Middle Initial)
TIMOTHY FLEMING

Mailing Address 1842 MORGAN RD.

City LONG LAKE State MN Zip Code 55356-9519

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

Name of Employer RJF AGENCIES Occupation INSURANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : SA11A.37648

Amount of Each Receipt this Period
-300.00

Memo Item
CONTRIBUTION
 REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

A. Full Name (Last, First, Middle Initial)
TIMOTHY FLEMING

Mailing Address 1842 MORGAN RD.

City State Zip Code
LONG LAKE MN 55356-9519

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

Name of Employer Occupation
RJF AGENCIES INSURANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : SA11A.37649

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MARTHA M. HEAD

Mailing Address 1616 WEST 22ND ST

City State Zip Code
MINNEAPOLIS MN 55405-2401

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

Name of Employer Occupation
SELF BUSINESS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : SA11A.37591

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
SEE REATTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARTHA M. HEAD

Mailing Address 1616 WEST 22ND ST

City State Zip Code
MINNEAPOLIS MN 55405-2401

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

Name of Employer Occupation
SELF BUSINESS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : SA11A.37661

Amount of Each Receipt this Period
-600.00

Memo Item
CONTRIBUTION
REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional).....

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

1000.00

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

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

FOR LINE NUMBER: PAGE 14 OF 32
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

A. Full Name (Last, First, Middle Initial)
MARTHA M. HEAD

Mailing Address 1616 WEST 22ND ST

City State Zip Code
MINNEAPOLIS MN 55405-2401

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

Name of Employer Occupation
SELF BUSINESS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : SA11A.37663

Amount of Each Receipt this Period
600.00

Memo Item
CONTRIBUTION

REFUNDED \$600.00 ON 07/20/2016

B. Full Name (Last, First, Middle Initial)
GORDON JENSEN

Mailing Address 10689 SONOMA RDG

City State Zip Code
EDEN PRAIRIE MN 55347-1169

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

Name of Employer Occupation
NORMAN JENSEN, INC. EXEC

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : SA11A.37596

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JENNIFER KNUTH

Mailing Address 887 HIGHLANDER TRAIL

City State Zip Code
HUDSON WI 54016-7970

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

Name of Employer Occupation
JOHNSON AND JOHNSON ADMINISTRATIVE ASSISTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : SA11A.37587

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

3600.00

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

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

FOR LINE NUMBER: PAGE 15 OF 32
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

A. Full Name (Last, First, Middle Initial)
STEVEN KNUTH

Mailing Address **887 HIGHLANDER TRL.**

City **HUDSON** State **WI** Zip Code **54016-7970**

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

Name of Employer **PUBLIC AFFAIRS COMPA** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : SA11A.37605

Amount of Each Receipt this Period
600.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NANCY LEVENSON

Mailing Address **115 SAVANNAH RD**

City **LEWES** State **DE** Zip Code **19958-1445**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : SA11A.37626

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WHITNEY MACMILLAN

Mailing Address **1050 BEACH ROAD 1-H**

City **VERO BEACH** State **FL** Zip Code **32963-3454**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : SA11A.37588

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION
SEE REDESIGNATION

SUBTOTAL of Receipts This Page (optional).....

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

2850.00

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

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

FOR LINE NUMBER: PAGE 16 OF 32
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

A. Full Name (Last, First, Middle Initial)
WHITNEY MACMILLAN

Mailing Address 1050 BEACH ROAD 1-H

City State Zip Code
VERO BEACH FL 32963-3454

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : SA11A.37646

Amount of Each Receipt this Period
 -300.00

Memo Item
 CONTRIBUTION
 REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
WHITNEY MACMILLAN

Mailing Address 1050 BEACH ROAD 1-H

City State Zip Code
VERO BEACH FL 32963-3454

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : SA11A.37647

Amount of Each Receipt this Period
 300.00

Memo Item
 CONTRIBUTION
 REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
LORIE LONG MICHAELS

Mailing Address 2060 PINOT DR

City State Zip Code
WAYZATA MN 55391-9557

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

Name of Employer Occupation
SELF FARM MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : SA11A.37615

Amount of Each Receipt this Period
 500.00

Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

500.00

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

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

FOR LINE NUMBER: PAGE 17 OF 32
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

A. Full Name (Last, First, Middle Initial)
TIMOTHY O'CONNOR

Mailing Address 4602 LAKEVIEW DR

City State Zip Code
EDINA MN 55424-1518

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

Name of Employer Occupation
HAYS COMPANIES EXECUTIVE VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : SA11A.37614

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BEVERLY OREN

Mailing Address 3105 SANDY HOOK DR.

City State Zip Code
SAINT PAUL MN 55113-2128

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : SA11A.37598

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KAREN PARKHILL

Mailing Address 4406 LIVELY LN

City State Zip Code
DALLAS TX 75220-2006

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF(INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : SA11A.37623

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

3450.00

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

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

FOR LINE NUMBER: PAGE 18 OF 32
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

A. Full Name (Last, First, Middle Initial)
CHARLES REGENOLD

Mailing Address 4512 WILLISTON RD
4512 WILLISTON RD

City State Zip Code
MINNETONKA MN 55345-3724

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF(INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 20 2016

Transaction ID : SA11A.37589

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HOWARD ROOT

Mailing Address 25 FAIRHOPE AVENUE

City State Zip Code
TONKA BAY MN 55331-9514

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

Name of Employer Occupation
VASCULAR SOLUTIONS CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 20 2016

Transaction ID : SA11A.37600

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHN TRAUTZ

Mailing Address 4509 EDINA BLVD

City State Zip Code
MINNEAPOLIS MN 55424-1135

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

Name of Employer Occupation
RELiance DEVELOPMENT COMPANY CO-OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 20 2016

Transaction ID : SA11A.37603

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

3100.00

28250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 32
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

A. Full Name (Last, First, Middle Initial)
BOSTON SCIENTIFIC CORP

Mailing Address **ONE BOSTON SCIENTIFIC PL**

City **NATICK** State **MA** Zip Code **01760-1536**

FEC ID number of contributing federal political committee. **C C00439661**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11C.37582

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EMERSON ELECTRIC PAC

Mailing Address **529 14TH STREET, NW
SUITE 412**

City **WASHINGTON** State **DC** Zip Code **20045-1401**

FEC ID number of contributing federal political committee. **C C00080515**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11C.37584

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC PAC

Mailing Address **1299 PENNSYLVANIA AVE, NW**

City **WASHINGTON** State **DC** Zip Code **20004-2400**

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11C.37583

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 32
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

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

Mailing Address 1585 BROADWAY FL 9

City NEW YORK State NY Zip Code 10036-8200

FEC ID number of contributing federal political committee. **C C00337626**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **8500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2016

Transaction ID : SA11C.37581

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF CHAIN DRUG STORES (NACDS)

Mailing Address 1776 WILSON BLVD STE 200

City ARLINGTON State VA Zip Code 22209-2516

FEC ID number of contributing federal political committee. **C C00022368**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2016

Transaction ID : SA11C.37585

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
OB-GYN PAC

Mailing Address 409 12TH STREET, SW

City WASHINGTON State DC Zip Code 20024-2125

FEC ID number of contributing federal political committee. **C C00364158**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2016

Transaction ID : SA11C.37580

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 32
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

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

Mailing Address **30 WEST SUPERIOR STREET**

City **DULUTH** State **MN** Zip Code **55802-2191**

FEC ID number of contributing federal political committee. **C C00142489**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
07 / 20 / 2016

Transaction ID : SA11C.37611

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BLAINE PAC

Mailing Address **P. O. BOX 96**

City **ST. ELIZABETH** State **MO** Zip Code **65075-0096**

FEC ID number of contributing federal political committee. **C C00489427**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
07 / 20 / 2016

Transaction ID : SA11C.37630

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CONTINUING AMERICAS STRENGTH & SECURITY

Mailing Address **PO BOX 80505**

City **BATON ROUGE** State **LA** Zip Code **70898-0505**

FEC ID number of contributing federal political committee. **C C00480228**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
07 / 20 / 2016

Transaction ID : SA11C.37625

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

4500.00

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

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

FOR LINE NUMBER: PAGE 22 OF 32
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

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

Mailing Address **PO BOX 1437**

City **GALLATIN** State **TN** Zip Code **37066-1437**

FEC ID number of contributing federal political committee. **C C00499996**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : SA11C.37622

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EXCELSIOR PAC

Mailing Address **824 S MILLEDGE AVE STE 101**

City **ATHENS** State **GA** Zip Code **30605-1332**

FEC ID number of contributing federal political committee. **C C00541078**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : SA11C.37629

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MORE CONSERVATIVES PAC MCPAC

Mailing Address **228 S WASHINGTON ST STE 115**

City **ALEXANDRIA** State **VA** Zip Code **22314-5404**

FEC ID number of contributing federal political committee. **C C00540187**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : SA11C.37628

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 32
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC

Mailing Address 3601 VINCENNES ROAD

City State Zip Code
INDIANAPOLIS IN 46268-1154

FEC ID number of contributing federal political committee. **C C00170258**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : SA11C.37607

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC

Mailing Address 3601 VINCENNES ROAD

City State Zip Code
INDIANAPOLIS IN 46268-1154

FEC ID number of contributing federal political committee. **C C00170258**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : SA11C.37608

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NFIB SAFE TRUST

Mailing Address 1201 F STREET, NW
SUITE 200

City State Zip Code
WASHINGTON DC 20004-1221

FEC ID number of contributing federal political committee. **C C00101105**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : SA11C.37609

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 32
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

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

Mailing Address 430 N. MICHIGAN AVE

City CHICAGO State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : SA11C.37610

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC

Mailing Address 3930 PENDER DRIVE SUITE 340

City FAIRFAX State VA Zip Code 22030-0986

FEC ID number of contributing federal political committee. **C** C00120030

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : SA11C.37621

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....

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

3000.00

2750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 OF 32
(check only one)

11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

A. Full Name (Last, First, Middle Initial)
VOYAGER BANK

Mailing Address **10635 WAYZATA BOULEVARD**

City **MINNETONKA** State **MN** Zip Code **55305**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1236.43**

Date of Receipt
07 / 05 / 2016

Transaction ID : SA15.2848

Amount of Each Receipt this Period
123.08

Memo Item
INTEREST INCOME

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....

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

123.08

123.08

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address BOX 0001		Amount of Each Disbursement this Period 7.95
City LOS ANGELES	State CA Zip Code 90096	
Purpose of Disbursement CREDIT CARD FEE	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I2841
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. GGF ACCOUNTING		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 6570 FLYING CLOUD DRIVE SUITE 0621		Amount of Each Disbursement this Period 3000.00
City EDEN PRAIRIE	State MN Zip Code 55344	
Purpose of Disbursement ACCOUNTING SERVICES CONSULTING	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I2857
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. LLE CAMPAIGN MANAGEMENT		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 1230 ORONO OAKS DRIVE		Amount of Each Disbursement this Period 2250.00
City ORONO	State MN Zip Code 55356	
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I2859
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	5257.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address BOX 0001		Amount of Each Disbursement this Period 1112.70
City LOS ANGELES	State CA	
Zip Code 90096	Purpose of Disbursement CREDIT CARD FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2843
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. VOYAGER BANK		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 10635 WAYZATA BOULEVARD		Amount of Each Disbursement this Period 40.00
City MINNETONKA	State MN	
Zip Code 55305	Purpose of Disbursement BANK FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2844
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MARY FRASSETTO		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2016
Mailing Address 7407 BRISTOL VILLAGE DRIVE		Amount of Each Disbursement this Period 2298.90
City BLOOMINGTON	State MN	
Zip Code 55438	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2850
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3451.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

Full Name (Last, First, Middle Initial) A. DESIREE KOETZLE		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2016
Mailing Address 703 RIDGE DRIVE		Amount of Each Disbursement this Period 461.75
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I2851
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. J.P. YATES		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2016
Mailing Address 436 SARATOGA ST SOUTH		Amount of Each Disbursement this Period 6630.77
City ST. PAUL	State MN	
Zip Code 55105	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I2853
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CBIZ PAYROLL		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2016
Mailing Address 6040 EARLE BROWN DRIVE SUITE 250		Amount of Each Disbursement this Period 8453.46
City BROOKLYN CENTER	State MN	
Zip Code 55430	Purpose of Disbursement PAYROLL TAXES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I2854
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	15545.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

Full Name (Last, First, Middle Initial) A. CMDI--CRIMSON		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2016
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 1024.03
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CREDIT CARD FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I2845
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ERIK PAULSEN		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016
Mailing Address 9158 E. STARING LANE		Amount of Each Disbursement this Period 268.96
City EDEN PRAIRIE	State MN	
Zip Code 55347	Purpose of Disbursement TELEPHONES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I2856
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DMM MEDIA		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016
Mailing Address 1911 N. FT MYER DRIVE. SUITE 400		Amount of Each Disbursement this Period 2850.00
City ARLINGTON	State VA	
Zip Code 22209	Purpose of Disbursement SOCIAL MEDIA	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I2855
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4142.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

Full Name (Last, First, Middle Initial) A. JEWISH COMMUNITY RELATIONS COUNCIL			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016	
Mailing Address 12 NORTH 12TH STREET			Amount of Each Disbursement this Period 525.00	
City MINNEAPOLIS	State MN	Zip Code 55403	Memo Item <input type="checkbox"/>	
Purpose of Disbursement ADVERTISING		Category/ Type		
Candidate Name		Transaction ID : SB17.I2858		
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. P2B STRATEGIES			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016	
Mailing Address 4750 E 53RD STREET SUITE 206			Amount of Each Disbursement this Period 569.00	
City MINNEAPOLIS	State MN	Zip Code 55417	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PRINTING		Category/ Type		
Candidate Name		Transaction ID : SB17.I2860		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. PICCADILLY VALET INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016	
Mailing Address 701 NORTH 3RD STREET SUITE 106			Amount of Each Disbursement this Period 1110.30	
City MINNEAPOLIS	State MN	Zip Code 55401	Memo Item <input type="checkbox"/>	
Purpose of Disbursement FUNDRAISING EXPENSE		Category/ Type		
Candidate Name		Transaction ID : SB17.I2861		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	2204.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

Full Name (Last, First, Middle Initial) A. TOWNSEND GROUP		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016
Mailing Address 1006 PENDLETON STREET		Amount of Each Disbursement this Period 1246.24
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement FINANCE CONSULTING	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I2862
State: District:		

Full Name (Last, First, Middle Initial) B. CENTURYLINK		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2016
Mailing Address P.O. BOX 91154		Amount of Each Disbursement this Period 282.34
City SEATTLE State WA Zip Code 98111	Purpose of Disbursement TELEPHONES	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I2847
State: District:		

Full Name (Last, First, Middle Initial) C. CMDI--CRIMSON		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2016
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 53.55
City FALLS CHURCH State VA Zip Code 22043	Purpose of Disbursement CREDIT CARD FEE	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I2846
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1582.13
TOTAL This Period (last page this line number only).....	32184.95

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 32	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

Full Name (Last, First, Middle Initial) A. BILL COOK		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016
Mailing Address 3748 LANDING DRIVE		Amount of Each Disbursement this Period 600.00
City EXCELSIOR	State MN Zip Code 55331	
Purpose of Disbursement REFUND	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB20A.I2865

Full Name (Last, First, Middle Initial) B. BRIAN MARK		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016
Mailing Address 1820 BERKSHIRE LANE		Amount of Each Disbursement this Period 1000.00
City PLYMOUTH	State MN Zip Code 55441	
Purpose of Disbursement REFUND	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB20A.I2864

Full Name (Last, First, Middle Initial) C. ERIC TOSTRUD		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016
Mailing Address 1490 SOMERSET COURT		Amount of Each Disbursement this Period 2700.00
City ST. PAUL	State MN Zip Code 55118	
Purpose of Disbursement REFUND OF EXCESS CONTRIBUTION	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB20A.I2849

SUBTOTAL of Disbursements This Page (optional).....	4300.00
TOTAL This Period (last page this line number only).....	4300.00