

**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 139 OF 143	
	<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. LAURIE ESAU		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 1230 ORONO OAKS DRIVE		Amount of Each Disbursement this Period 470.45 Transaction ID : SB17.I2156
City ORONO State MN Zip Code 55356	Purpose of Disbursement FOOD & BEVERAGES, MILEAGE, DATA SERVICES	
Candidate Name	Category/Type	
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. PINNACLE DIRECT		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 15260 113TH STREET NORTH		Amount of Each Disbursement this Period 13709.75 Transaction ID : SB17.I2141
City STILLWATER State MN Zip Code 55082	Purpose of Disbursement DIRECT MAIL PROVIDER	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STAR BANK		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 250 PRAIRIE CENTER DR		Amount of Each Disbursement this Period 1100.00 Transaction ID : SB17.I2148
City EDEN PRAIRIE State MN Zip Code 55344-5370	Purpose of Disbursement RENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	15280.20
TOTAL This Period (last page this line number only).....	