

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Prime Therapeutics LLC Employee PAC

ADDRESS (number and street) 1305 Corporate Center Drive Eagan MN 55121

2. FEC IDENTIFICATION NUMBER C C00498105 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 Year-End 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) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) 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 (12S) Election on 11/06/2012 in the State of MN (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on 11/06/2012 in the State of MN

5. Covering Period 10/01/2012 through 11/26/2012

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 Aaron Rodriguez

Signature of Treasurer Aaron Rodriguez [Electronically Filed] Date 12/06/2012

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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Prime Therapeutics LLC Employee PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="23314.22"/>	<input type="text" value="2016.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="23314.22"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1600.00"/>	<input type="text" value="38583.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="24914.22"/>	<input type="text" value="40599.52"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="540.87"/>	<input type="text" value="16226.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="24373.35"/>	<input type="text" value="24373.35"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Prime Therapeutics LLC Employee PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2012 To: M M / D D / Y Y Y Y 11 / 26 / 2012

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		
(i) Itemized (use Schedule A).....	1600.00	38283.00
(ii) Unitemized	0.00	300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1600.00	38583.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1600.00	38583.00
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	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (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))..... ▶	1600.00	38583.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1600.00	38583.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	40.87	226.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	40.87	226.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	16000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	540.87	16226.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	540.87	16226.17

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	1600.00	38583.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1600.00	38583.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	40.87	226.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	40.87	226.17

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
<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)
Prime Therapeutics LLC Employee PAC

Full Name (Last, First, Middle Initial) A. Duane Barnes		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2012 Transaction ID : 2012101011734-2
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 100.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	
Name of Employer Prime Therapeutics Occupation Sr VP Consumer Delivery	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4101.00

Full Name (Last, First, Middle Initial) B. Duane Barnes		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012 Transaction ID : 2012102410737-2
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 100.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	
Name of Employer Prime Therapeutics Occupation Sr VP Consumer Delivery	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4101.00

Full Name (Last, First, Middle Initial) C. Duane Barnes		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2012 Transaction ID : 201211079735-2
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 100.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	
Name of Employer Prime Therapeutics Occupation Sr VP Consumer Delivery	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4101.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 7 OF 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
Prime Therapeutics LLC Employee PAC

Full Name (Last, First, Middle Initial) A. Duane Barnes		Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2012 Transaction ID : 2012111993751-2
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 100.00
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee.	C	
Name of Employer Prime Therapeutics	Occupation Sr VP Consumer Delivery	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4101.00	

Full Name (Last, First, Middle Initial) B. Stacey Fahrner		Date of Receipt M M / D D / Y Y Y Y Y 10 / 12 / 2012 Transaction ID : 2012101011734-1
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 150.00
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee.	C	
Name of Employer Prime Therapeutics	Occupation VP Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4550.00	

Full Name (Last, First, Middle Initial) C. Stacey Fahrner		Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2012 Transaction ID : 2012102410737-1
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 150.00
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee.	C	
Name of Employer Prime Therapeutics	Occupation VP Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4550.00	

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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: (check only one)	PAGE 8 OF 12
<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)
Prime Therapeutics LLC Employee PAC

Full Name (Last, First, Middle Initial) A. Stacey Fahrner		Date of Receipt 11 / 09 / 2012 Transaction ID : 201211079735-1
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 150.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	
Name of Employer Prime Therapeutics Occupation VP Government Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4550.00

Full Name (Last, First, Middle Initial) B. Stacey Fahrner		Date of Receipt 11 / 21 / 2012 Transaction ID : 2012111993751-1
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 150.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	
Name of Employer Prime Therapeutics Occupation VP Government Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4550.00

Full Name (Last, First, Middle Initial) C. David Root		Date of Receipt 10 / 12 / 2012 Transaction ID : 2012101011734-3
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 25.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	
Name of Employer Prime Therapeutics Occupation Senior Director State Government Affai	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

SUBTOTAL of Receipts This Page (optional).....▶	325.00
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 OF 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Prime Therapeutics LLC Employee PAC

A. David Root
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Senior Director State Government Affai
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : 2012102410737-3
 Amount of Each Receipt this Period
 25.00

B. David Root
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Senior Director State Government Affai
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 201211079735-3
 Amount of Each Receipt this Period
 25.00

C. David Root
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Senior Director State Government Affai
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2012
Transaction ID : 2012111993751-3
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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 10 OF 12
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 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)
Prime Therapeutics LLC Employee PAC

A. Michael Showalter
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City	State	Zip Code
Eagan	MN	55121

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

Name of Employer	Occupation
Prime Therapeutics	VP Chief Marketing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2012

Transaction ID : 799CAC1125EA314327D

Amount of Each Receipt this Period
500.00

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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	1600.00

**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

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)
Prime Therapeutics LLC Employee PAC

Full Name (Last, First, Middle Initial)

A. JP Morgan Chase

Mailing Address 225 South Sixth Street

City Minneapolis State MN Zip Code 55402

Purpose of Disbursement
Bank Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2012

Transaction ID : 8F4647D705F581EE5F8

Amount of Each Disbursement this Period

19.85

Full Name (Last, First, Middle Initial)

B. JP Morgan Chase

Mailing Address 225 South Sixth Street

City Minneapolis State MN Zip Code 55402

Purpose of Disbursement
Bank Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2012

Transaction ID : AABCA3C53F12C4D16A1

Amount of Each Disbursement this Period

21.02

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

40.87

40.87

**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

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)
Prime Therapeutics LLC Employee PAC

Full Name (Last, First, Middle Initial)

A. Friends of Erik Paulsen

Mailing Address PO Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement
2012 General

Category/
Type

Candidate Name
Erik Paulsen

Office Sought: House
 Senate
 President
State: MN District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 00C186DA06804DAEF44

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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