

Image# 201809289124252010

# FEC FORM 2

## STATEMENT OF CANDIDACY

|   |                           |  |   |  |
|---|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full)<br>Paulsen, Erik, , Mr.,                   |                           |  | 2. Candidate's FEC Identification Number<br>H8MN03077 |  |
| (b) Address (number and street)<br>P.O. Box 44369<br>250 Prairie Center Drive |                           | <input type="checkbox"/> Check if address changed  |   |  |
| (c) City, State, and ZIP Code<br>Eden Prairie MN 55344                        |                           | 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) |   |  |
| 4. Party Affiliation<br>REPUBLICAN PARTY                                      | 5. Office Sought<br>House | 6. State & District of Candidate<br>MN 03  |   |  |

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

|   |  |  |  |
|---|--|--|--|
| (a) Name of Committee (in full)<br>Friends of Erik Paulsen                    |  |  |  |
| (b) Address (number and street)<br>P.O. Box 44369<br>250 Prairie Center Drive |  |  |  |
| (c) City, State, and ZIP Code<br>Edn Prairie MN 55344                         |  |  |  |

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

|                                 |  |  |  |
|---------------------------------|--|--|--|
| (a) Name of Committee (in full) |  |  |  |
| (b) Address (number and street) |  |  |  |
| (c) City, State, and ZIP Code   |  |  |  |

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

|   |                    |
|---|--------------------|
| Signature of Candidate<br>Paulsen, Erik, , ,<br><br><i>[Electronically Filed]</i> | Date<br>09/28/2018 |
|---|--------------------|

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

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|

Optional Supplemental Page for Designation  
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Paulsen Victory Fund (joint Fundraising Rep)

(b) Address (number and street)

228 S. Washington Street  
Suite 115

(c) City, State, and ZIP Code

Alexandria VA 22314

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code