

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
GEP ADMINISTRATIVE SERVICES, INC. EMPLOYEE PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. BOX 44369

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement

011

Category/
Type

Candidate Name

ERIK PAULSEN

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2014

Transaction ID : EXPB102

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement

011

Category/
Type

Candidate Name

CHARLES E. SCHUMER

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2014

Transaction ID : EXPB104

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement

011

Category/
Type

Candidate Name

CHARLES E. SCHUMER

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2014

Transaction ID : EXPB105

Amount of Each Disbursement this Period

400.00

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

2000.00

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