

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))....	100499.00	2307.00
(b) Total Contribution Refunds (from Line 20(d))	5600.00	5600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	94899.00	-3293.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	136817.41	96098.85
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	136817.41	96098.85
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1295610.00	
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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

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 Total as of <input type="text" value="MM 11"/> / <input type="text" value="DD 04"/> / <input type="text" value="YYYY 2014"/> (date of general election)	COLUMN C Total for <input type="text" value="MM 11"/> / <input type="text" value="DD 05"/> / <input type="text" value="YYYY 2014"/> (date after general election) through <input type="text" value="MM 11"/> / <input type="text" value="DD 24"/> / <input type="text" value="YYYY 2014"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="71105.00"/>	<input type="text" value="9350.00"/>	<input type="text" value="9350.00"/>
(ii) Unitemized		
<input type="text" value="2144.00"/>	<input type="text" value="-9293.00"/>	<input type="text" value="-9293.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="73249.00"/>	<input type="text" value="57.00"/>	<input type="text" value="57.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="27250.00"/>	<input type="text" value="2250.00"/>	<input type="text" value="2250.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
100499.00	2307.00	2307.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	
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	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
100499.00	2307.00	2307.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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Write or Type Committee Name

Friends of Erik Paulsen

Report Covering the Period: From: To:

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
136817.41	96098.85	96098.85
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	
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 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
5600.00	5600.00	5600.00
(b) Political Party Committees		
0.00	0.00	

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 77

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	
------	------	--

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

5600.00	5600.00	5600.00
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21. OTHER DISBURSEMENTS

0.00	0.00	
------	------	--

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

142417.41	101698.85	101698.85
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

94899.00	-3293.00	-3293.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

136817.41	96098.85	
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1337528.41
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	100499.00
25. SUBTOTAL (add Line 23 and Line 24).....	1438027.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	142417.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1295610.00

**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 77
	<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	

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)
Friends of Erik Paulsen

A. Full Name (Last, First, Middle Initial)
GERALD J. HOMMES

Mailing Address **6180 LANEWOOD LN N**

City **PLYMOUTH** State **MN** Zip Code **55446-4543**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11.32469

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GREG JOHNSON

Mailing Address **W10840 875TH AVE.**

City **RIVER FALLS** State **WI** Zip Code **54022-4730**

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

Name of Employer **WEBER JOHNSON PUBLIC AFFAIRS** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11.32473

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **13011 WOODBRIDGE TRAIL**

City **MINNETONKA** State **MN** Zip Code **55305-2329**

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

Name of Employer **EVOLUTION1** Occupation **INSTRUCTIONAL DESIGNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11.32474

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1100.00

**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 77
	<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)
JOSEPH WEBER

Mailing Address 1353 CHATTERTON CT.

City SAINT PAUL State MN Zip Code 55123-1482

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

Name of Employer WEBER & JOHNSON Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11.32472

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 1315 RED FOX RD

City ARDEN HILLS State MN Zip Code 55112-6976

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

Name of Employer HILL OFFICE LLC Occupation SELF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11.32477

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 11284 CREEKRIDGE DR.

City EDEN PRAIRIE State MN Zip Code 55347-4311

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11.32480

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1250.00

**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 77
	<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)
WILLIAM KROLL

Mailing Address 2382 PIONEER TRL

City HAMEL State MN Zip Code 55340-9386

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

Name of Employer INTERCOM Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11.32479

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 5420 LEXINGTON AVE N

City SHOREVIEW State MN Zip Code 55126-1387

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

Name of Employer TIMBERLAND TRANSPORTATION Occupation TRANSPORTATION COURIER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2014

Transaction ID : SA11.32482

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 6225 WOOD HILL LANE

City INDEPENDENCE State MN Zip Code 55359-8704

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

Name of Employer 3M Occupation DIRECTOR STRAT BUS DEV

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2014

Transaction ID : SA11.32503

Amount of Each Receipt this Period
 250.00
 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: (check only one)	PAGE 10 OF 77
	<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)
JEFFREY BARBER

Mailing Address 381 BEACON ST

City State Zip Code
BOSTON MA 02116-1003

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

Name of Employer Occupation
TA ASSOCIATES INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 26 / 2014

Transaction ID : SA11.32589

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

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

Mailing Address 87 HIGHLAND STREET

City State Zip Code
NEWTON MA 02465-2404

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

Name of Employer Occupation
TA ASSOCIATES INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 26 / 2014

Transaction ID : SA11.32549

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 334 W CEDAR ST.

City State Zip Code
NEW HOLLAND PA 17557-1202

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 26 / 2014

Transaction ID : SA11.32546

Amount of Each Receipt this Period
400.00
CONTRIBUTION

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

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

3400.00

**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 11 OF 77
	<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)
TERRY BRYCE

Mailing Address 16828 GRAYS BAY BLVD

City WAYZATA State MN Zip Code 55391-2921

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

Name of Employer T. BRYCE & ASSOCIATES Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 26 / 2014

Transaction ID : SA11.32559

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

Mailing Address 6301 TIMBER TRL

City EDINA State MN Zip Code 55439-1049

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 26 / 2014

Transaction ID : SA11.32486

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

Mailing Address 2590 CASCO POINT ROA

City WAYZATA State MN Zip Code 55391-9721

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

Name of Employer CH ROBINSON RETIRED Occupation CEO RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 26 / 2014

Transaction ID : SA11.32497

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1200.00

**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 12 OF 77
	<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)
DANIEL CAINE

Mailing Address 40 LITTLEFIELD RD.

City State Zip Code
NEWTON MA 02459-3011

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

Name of Employer Occupation
SELF SOFTWARE DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 26 / 2014

Transaction ID : SA11.32567

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 4601 BROWDALE AVE

City State Zip Code
EDINA MN 55424-1144

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

Name of Employer Occupation
OPHTHALMOLOGIST CHU VISION INSTITUTE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 26 / 2014

Transaction ID : SA11.32787

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

REFUNDED \$2,600.00 ON 11/05/2014

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

Mailing Address 2764 JACKSON ST

City State Zip Code
SAINT PAUL MN 55117-1301

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 26 / 2014

Transaction ID : SA11.32520

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

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

3700.00

**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 77
	<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

Full Name (Last, First, Middle Initial) WARD EINESS		Date of Receipt M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address 525 N 3RD ST #513		Transaction ID : SA11.32784A
City MINNEAPOLIS	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation ATTORNEY	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	CHARGED BACK \$250.00 ON 11/16/2014

Full Name (Last, First, Middle Initial) LEE ENGLER		Date of Receipt M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address 665 DECATUR AV		Transaction ID : SA11.32531
City MINNEAPOLIS	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer BORDER FOODS	Occupation OWNER	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4500.00	

Full Name (Last, First, Middle Initial) KEVIN HART		Date of Receipt M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address 53 PENINSULA RD		Transaction ID : SA11.32562
City DELLWOOD	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer VANCLEMENS & CO.	Occupation FINANCIAL SERVICES	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

SUBTOTAL of Receipts This Page (optional).....	3750.00
TOTAL This Period (last page this line number only).....	

**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 14 OF 77
	<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

Full Name (Last, First, Middle Initial) LARRY HINK		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2014
Mailing Address 6160 DALLAS LN N		Transaction ID : SA11.32547
City MINNEAPOLIS	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

Full Name (Last, First, Middle Initial) JAMES HOWARD		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2014
Mailing Address 318 WAYCLIFFE DR N		Transaction ID : SA11.32785
City WAYZATA	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	REFUNDED \$1,000.00 ON 11/05/2014

Full Name (Last, First, Middle Initial) DAVID IHLE		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2014
Mailing Address 512 FRANCES AVE		Transaction ID : SA11.32542
City HUDSON	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer NAT'L BUSINESS SYSTEMS	Occupation CEO	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	1175.00
TOTAL This Period (last page this line number only).....	

**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 15 OF 77
	<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)
TED KOENECKE

Mailing Address 5567 BRISTOL LN.

City HOPKINS State MN Zip Code 55343-4307

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

Name of Employer LIFETOUCH Occupation VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 26 / 2014

Transaction ID : SA11.32788

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

REFUNDED \$1,000.00 ON 11/05/2014

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

Mailing Address 15552 57TH PLACE N

City PLYMOUTH State MN Zip Code 55446-3737

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

Name of Employer UNITED HEALTHCARE SERVICES Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 26 / 2014

Transaction ID : SA11.32786

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

REFUNDED \$1,000.00 ON 11/05/2014

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

Mailing Address 2570 CEDAR RIDGE RD

City WAYZATA State MN Zip Code 55391-2621

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

Name of Employer ENGINEERED PRODUCTS Occupation CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 26 / 2014

Transaction ID : SA11.32508

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

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

2100.00

**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 16 OF 77
	<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)
MARY ANN MARTIN CHRISTENSEN

Mailing Address 23077 223RD AVE

City State Zip Code
SLEEPY EYE MN 56085-4133

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

Name of Employer Occupation
SELF FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 26 / 2014

Transaction ID : SA11.32582

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 4555 NE 66TH AVE APT 179

City State Zip Code
VANCOUVER WA 98661-3183

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
305.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 26 / 2014

Transaction ID : SA11.32519

Amount of Each Receipt this Period
60.00
CONTRIBUTION

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

Mailing Address 7611 36TH AVE N APT 106

City State Zip Code
MINNEAPOLIS MN 55427-2081

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

Name of Employer Occupation
INFO REQUESTED INFO REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 26 / 2014

Transaction ID : SA11.32570

Amount of Each Receipt this Period
25.00
CONTRIBUTION

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

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

585.00

**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 17 OF 77
	<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)
JONATHAN SANDLER

Mailing Address **5 BLACK OAK RD**

City **WAYLAND** State **MA** Zip Code **01778-3603**

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

Name of Employer **INDUSTRIAL GROWTH PARTNERS** Occupation **INVESTMENTS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 26 / 2014

Transaction ID : SA11.32588

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **151 TREMONT ST APT 26B**

City **BOSTON** State **MA** Zip Code **02111-1124**

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

Name of Employer **FIDELITY** Occupation **INVESTMENT MANAGEMENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 26 / 2014

Transaction ID : SA11.32568

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RITA J. WARLING

Mailing Address **7107 QUAIL CIR E**

City **BROOKLYN CENTER** State **MN** Zip Code **55429-1208**

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

Name of Employer **INFO REQUESTED** Occupation **INFO REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 26 / 2014

Transaction ID : SA11.32577

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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

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

2050.00

**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 77
(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)
JEAN WITTER
 Mailing Address 5501 VILLAGE DR
 City State Zip Code
 MINNEAPOLIS MN 55439-1947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 26 2014
Transaction ID : SA11.32511
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JEFFREY WOLK
 Mailing Address 45 WOODLAND ROAD
 City State Zip Code
 CHESTNUT HILL MA 02467-2318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CROSS COUNTRY GROUP CONSUMER SERVICES
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 26 2014
Transaction ID : SA11.32569
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PAUL YOCK
 Mailing Address 98 INGLEWOOD LANE
 City State Zip Code
 ATHERTON CA 94027-4030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 STANFORD UNIVERSITY PROFESSOR
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 26 2014
Transaction ID : SA11.32509
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

3100.00

**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 77
	<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)
WESTEN ANDERSON

Mailing Address **201 SPRING VALLEY DR.**

City **BLOOMINGTON** State **MN** Zip Code **55420-5539**

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

Name of Employer **INFO REQUESTED** Occupation **INFO REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11.32897

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LLOYD F. BERGQUIST

Mailing Address **5261 ASHLAR DR**

City **BLOOMINGTON** State **MN** Zip Code **55437-3362**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11.32882

Amount of Each Receipt this Period
40.00
 CONTRIBUTION

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

Mailing Address **13920 61ST AVE N.**

City **PLYMOUTH** State **MN** Zip Code **55446-3512**

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

Name of Employer **SELF** Occupation **INVESTMENT ADVISOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11.32817

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

590.00

**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 77
	<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)
RICHARD B. BURY

Mailing Address 1511 HERON DRIVE

City State Zip Code
CHANHASSEN MN 55317-8530

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.32925

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 12001 80TH AVE N #306

City State Zip Code
MAPLE GROVE MN 55369-4807

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.32863

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 4607 BROWDALE AVE

City State Zip Code
EDINA MN 55424-1144

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INCENTIVE SERVICES RECOGNITION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.32893

Amount of Each Receipt this Period

CONTRIBUTION

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

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

**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 77
	<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

Full Name (Last, First, Middle Initial) A. TIMOTHY DAHL		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 1181 EDGCUMBE RD APT 1108		Transaction ID : SA11.32896	
City SAINT PAUL	State MN	Zip Code 55105-2835	Amount of Each Receipt this Period _____ 75.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer WELLS FARGO	Occupation VP OPS		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 225.00		

Full Name (Last, First, Middle Initial) B. EDWARD DAYTON		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 686 FERNDAL RD W		Transaction ID : SA11.32867	
City WAYZATA	State MN	Zip Code 55391-9628	Amount of Each Receipt this Period _____ 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1250.00		

Full Name (Last, First, Middle Initial) C. MICHAEL GUYETTE		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 4612 EDGEBROOK PLACE		Transaction ID : SA11.32485	
City EDINA	State MN	Zip Code 55424-1152	Amount of Each Receipt this Period _____ 500.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer BCBS OF MINNESOTA	Occupation PRESIDENT AND CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 825.00
TOTAL This Period (last page this line number only).....	_____

**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 22 OF 77
	<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)
KENTON HANSON

Mailing Address 5528 MALIBU DR.

City State Zip Code
MINNEAPOLIS MN 55436-1036

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

Name of Employer Occupation
SELF GRAPHIC DESIGN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11.32840

Amount of Each Receipt this Period
150.00
CONTRIBUTION

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

Mailing Address 6100 CENTURY BLVD

City State Zip Code
BROOKLYN PARK MN 55429-1029

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

Name of Employer Occupation
INFO REQUESTED INFO REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11.32868

Amount of Each Receipt this Period
25.00
CONTRIBUTION

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

Mailing Address 6598 SMITHTOWN RD.

City State Zip Code
EXCELSIOR MN 55331-8210

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

Name of Employer Occupation
KLEIN BANK BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11.32848

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

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

275.00

**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 77
	<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)
DOUG LEATHERDALE

Mailing Address **2075 COTTONWOOD TRL**

City **LONG LAKE** State **MN** Zip Code **55356-9562**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11.32852

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SEYMOUR H. LEVITT

Mailing Address **7233 LEWIS RIDGE PKWY**

City **EDINA** State **MN** Zip Code **55439-1933**

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

Name of Employer **INFORMATION REQUESTED** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11.32846

Amount of Each Receipt this Period
25.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT D. LINDBERG

Mailing Address **8784 LIVINGSTON LANE**

City **EDEN PRAIRIE** State **MN** Zip Code **55347-2228**

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

Name of Employer **RBC** Occupation **HR PROFESSIONAL**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11.32886

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

625.00

**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 77
	<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)
MR. THOMAS F. MADISON

Mailing Address 990 NINE MILE CV E.

City HOPKINS State MN Zip Code 55343-7724

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

Name of Employer MLM PARTNERS Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11.32875

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

Mailing Address 1506 HOLDRIDGE LANE

City WAYZATA State MN Zip Code 55391-2030

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

Name of Employer SELF Occupation SELF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
285.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11.32860

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

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

Mailing Address 9224 16TH AVE S

City BLOOMINGTON State MN Zip Code 55425-2304

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

Name of Employer INFO REQUESTED Occupation INFO REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11.32931

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

250.00

**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 25 OF 77
	<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)
WILLIAM MUCHOW

Mailing Address 2908 W 93RD ST

City State Zip Code
MINNEAPOLIS MN 55431-2147

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

Name of Employer Occupation
MSPC CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11.32853

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

Mailing Address 4712 HIBISCUS AVE.

City State Zip Code
EDINA MN 55435-4002

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

Name of Employer Occupation
INFO REQUESTED INFO REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11.32864

Amount of Each Receipt this Period
50.00

CONTRIBUTION

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

Mailing Address 5604 W. 66TH ST

City State Zip Code
EDINA MN 55439-1356

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11.32823

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

650.00

**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 26 OF 77
	<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)
ALLEN OLSON

Mailing Address 631 BROKEN ARROW RD.

City CHANHASSEN State MN Zip Code 55317-9569

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11.32811

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

Mailing Address 6969 BLACK DUCK DR

City LINO LAKES State MN Zip Code 55014-1319

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

Name of Employer ADVANTAGE MANAGEMENT Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11.32484

Amount of Each Receipt this Period
 150.00
 CONTRIBUTION

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

Mailing Address 4385 TRENTON LN N APT 211

City PLYMOUTH State MN Zip Code 55442-2858

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11.32822

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

350.00

**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 27 OF 77
	<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)
MARK STESIN

Mailing Address 2000 NORWAY PINE CIR.

City State Zip Code
MINNETONKA MN 55305-2417

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.32828

Amount of Each Receipt this Period

 CONTRIBUTION

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

Mailing Address 3735 HUNTINGDON DR

City State Zip Code
MINNETONKA MN 55305-4227

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.32884

Amount of Each Receipt this Period

 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHRIS F. WOODS

Mailing Address 6085 LINCOLN DR APT 117

City State Zip Code
EDINA MN 55436-1631

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.32873

Amount of Each Receipt this Period

 CONTRIBUTION

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

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

**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 28 OF 77
	<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)
EATON

Mailing Address 1000 EATON BLVD

City State Zip Code
CLEVELAND OH 44122-6058

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11.32891

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 200 PARK AVENUE

City State Zip Code
MINNEAPOLIS MN 55415-1172

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

Name of Employer Occupation
GENERAL MILLS COMMUNICATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11.32591

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 3392 HAMEL ROAD

City State Zip Code
HAMEL MN 55340-9782

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11.32592

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

2000.00

**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 29 OF 77
	<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)
DOUG POLINSKY

Mailing Address 328 BARRY AVE S

City WAYZATA State MN Zip Code 55391-1662

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

Name of Employer SELF Occupation INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11.32596

Amount of Each Receipt this Period
 650.00
 CONTRIBUTION

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

Mailing Address 30057 ORCHIRD LAKE RD

City FARMINGTON HILLS State MI Zip Code 48334-2263

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11.32593

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 6414 VERNON AVE S

City EDINA State MN Zip Code 55436-1821

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11.32601

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

2150.00

**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 30 OF 77
	<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)
MARK BRUNNER

Mailing Address **187 BAKER ST E**

City **ST. PAUL** State **MN** Zip Code **55107-3048**

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

Name of Employer **MANUFACTURERS HOUSING ASSN** Occupation **GENERAL MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32636

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address **300 5TH AVE S STE 101**

City **NAPLES** State **FL** Zip Code **34102-6541**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5300.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32715

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

REFUND TO BE ISSUED

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

Mailing Address **6566 FRANCE AVE S.
APT. 1003**

City **EDINA** State **MN** Zip Code **55435-1740**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
675.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32684

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

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

1350.00

**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 31 OF 77
	<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)
JOHN DILL

Mailing Address 4610 EDINA BLVD

City EDINA State MN Zip Code 55424-1153

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

Name of Employer: INFO REQUESTED Occupation: INFO REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 10 / 31 / 2014

Transaction ID : SA11.32637

Amount of Each Receipt this Period: 200.00

CONTRIBUTION

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

Mailing Address 265 HOLLANDER ROAD

City WAYZATA State MN Zip Code 55391-9537

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

Name of Employer: SELF Occupation: SELF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 10 / 31 / 2014

Transaction ID : SA11.32608

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

Mailing Address 17 WASHINGTON AVE N

City MINNEAPOLIS State MN Zip Code 55401-2093

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

Name of Employer: DOLPHIN HOLDINGS Occupation: EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 31 / 2014

Transaction ID : SA11.32717

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

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

1450.00

**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 32 OF 77
	<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)
KATHLEEN ANN DOLPHIN

Mailing Address 17 WASHINGTON AVE N. #500

City State Zip Code
MINNEAPOLIS MN 55401-2093

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

Name of Employer Occupation
DOLPHIN STAFFING PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32718

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMAS P. DOLPHIN

Mailing Address 9380 CENTRAL AVE NE

City State Zip Code
BLAINE MN 55434-3423

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

Name of Employer Occupation
21ST CENTURY BANK OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32719

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 1201 YALE PLACE APT #1204

City State Zip Code
MINNEAPOLIS MN 55403-1958

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32698

Amount of Each Receipt this Period
50.00
CONTRIBUTION

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

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

3050.00

**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 33 OF 77
	<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)
MR. JOHN F. GIBBS

Mailing Address **9533 VIRGINIA AV S**

City **BLOOMINGTON** State **MN** Zip Code **55438-2903**

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

Name of Employer **COMCAST CORPORATION** Occupation **VICE PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32606

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JANE DAYTON HALL

Mailing Address **398 WAYCLIFFE DR. N.**

City **WAYZATA** State **MN** Zip Code **55391-1390**

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

Name of Employer **INFO REQUESTED** Occupation **INFO REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32695

Amount of Each Receipt this Period
150.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PETER L. HARRIS

Mailing Address **4907 COVENTRY ROAD W**

City **MINNETONKA** State **MN** Zip Code **55345-3916**

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

Name of Employer **DORSEY WHITNEY** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32610

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

900.00

**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 34 OF 77
	<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)
JOHN HEMAK

Mailing Address 2984 FAIRWAY DR.

City CHASKA State MN Zip Code 55318-3416

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11.32692

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

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

Mailing Address 13908 EMERALD RIDGE

City HOPKINS State MN Zip Code 55305-2267

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

Name of Employer HIMLE HORNER INC Occupation EXEC

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11.32605

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 2455 COUNTY ROAD 24

City LONG LAKE State MN Zip Code 55356-9633

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

Name of Employer ZIMMERMAN REED PLLP Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11.32607

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

950.00

**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 35 OF 77
	<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)
GARY HORNIG

Mailing Address 2494 COPELAND RD.

City MAPLE PLAIN State MN Zip Code 55359-9719

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

Name of Employer HORNIG INSURANCE AGENCY Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32602

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KRIS & ROB JOHNSON

Mailing Address 1280 BRACKETTS POINT RD

City WAYZATA State MN Zip Code 55391-9392

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32603

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

Mailing Address 4200 80 SOUTH 8TH ST

City MINNEAPOLIS State MN Zip Code 55402-

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32604

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

750.00

**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 36 OF 77
	<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)
CLAIR MURPHY

Mailing Address 1626 RUTH ST N

City ST. PAUL State MN Zip Code 55119-3064

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
295.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11.32632

Amount of Each Receipt this Period
 35.00
 CONTRIBUTION

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

Mailing Address 4555 NE 66TH AVE APT 179

City VANCOUVER State WA Zip Code 98661-3183

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
305.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11.32685

Amount of Each Receipt this Period
 35.00
 CONTRIBUTION

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

Mailing Address 7611 36TH AVE N APT 106

City MINNEAPOLIS State MN Zip Code 55427-2081

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

Name of Employer INFO REQUESTED Occupation INFO REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11.32661

Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

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

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

95.00

**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 37 OF 77
	<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)
GARY L. OIE

Mailing Address 1739 ROWE PL

City SAINT PAUL State MN Zip Code 55106-6830

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11.32634

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

Mailing Address 2485 EMERALD TR

City MINNETONKA State MN Zip Code 55305-1910

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

Name of Employer TRIA Occupation SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11.32600

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PAULA JEAN PRAHL

Mailing Address 2455 COUNTY ROAD 24

City LONG LAKE State MN Zip Code 55356-9633

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

Name of Employer SELF Occupation SELF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11.32609

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

850.00

**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 38 OF 77
	<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)
BRUCE RICHARD

Mailing Address **2458 FARRINGTON CIR**

City **ROSEVILLE** State **MN** Zip Code **55113-3608**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32611

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **8976 ENGLISH TURN**

City **EDEN PRAIRIE** State **MN** Zip Code **55347-3445**

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

Name of Employer **THOMSON REUTERS** Occupation **SR. VP**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32716

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PEGGY JO SAUER

Mailing Address **3100 EDWARD ST NE**

City **MINNEAPOLIS** State **MN** Zip Code **55418-2355**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **370.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32672

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

1600.00

**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 39 OF 77
	<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)
BEVERLY SHUPE

Mailing Address 5705 HYLAND COURTS DR #F
5705 HYLAND COURTS DR # D

City BLOOMINGTON State MN Zip Code 55437-1932

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32666

Amount of Each Receipt this Period
75.00
CONTRIBUTION

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

Mailing Address 2655 E LAKE OF THE ISLES PKWY

City MINNEAPOLIS State MN Zip Code 55408-1052

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

Name of Employer INFO REQUESTED Occupation INFO REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32711

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 5735 LONG BRAKE CR

City EDINA State MN Zip Code 55439-2619

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

Name of Employer SPELL CAPITAL Occupation ASSOCIATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32614

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

1325.00

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

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

FOR LINE NUMBER: PAGE 40 OF 77
(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)
WILLIAM SPELL

Mailing Address 4706 WHITE OAKS ROAD

City State Zip Code
MINNEAPOLIS MN 55424-1242

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

Name of Employer Occupation
SPELL CAPITAL PARTNERS, LLC PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 31 2014

Transaction ID : SA11.32712

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MICHAEL J. STEIN

Mailing Address 2461 EMERALD TRAIL

City State Zip Code
MINNETONKA MN 55305-1910

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

Name of Employer Occupation
ING FINANCIAL ADVISORS FINANCIAL ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 31 2014

Transaction ID : SA11.32710

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 1900 GARLAND LN N

City State Zip Code
PLYMOUTH MN 55447-2274

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 31 2014

Transaction ID : SA11.32654

Amount of Each Receipt this Period
 500.00

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 41 OF 77
	<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)
O. JAY TOMSON

Mailing Address **12 BRIARSTONE COURT**

City **MASON CITY** State **IA** Zip Code **50401-4647**

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

Name of Employer **FIRST CITIZENS NATIONAL BANK** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32630

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **10441 GREENBRIER RD APT 116**

City **MINNETONKA** State **MN** Zip Code **55305-3435**

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

Name of Employer **INFO REQUESTED** Occupation **INFO REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32660

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RITA J. WARLING

Mailing Address **7107 QUAIL CIR E**

City **BROOKLYN CENTER** State **MN** Zip Code **55429-1208**

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

Name of Employer **INFO REQUESTED** Occupation **INFO REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32676

Amount of Each Receipt this Period
35.00
 CONTRIBUTION

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

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

635.00

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

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

FOR LINE NUMBER: PAGE 42 OF 77
(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)
TEDDY WONG

Mailing Address 3063 LITTLE BAY RD.

City State Zip Code
ROSEVILLE MN 55113-2112

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

Name of Employer Occupation
SELF RESTAURANT OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
M M / D D / Y Y Y Y
10 31 2014

Transaction ID : SA11.32635

Amount of Each Receipt this Period
75.00
CONTRIBUTION

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

Mailing Address 5511 W 70TH ST.

City State Zip Code
EDINA MN 55439-1902

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
10 31 2014

Transaction ID : SA11.32674

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

Mailing Address 2020 LONNIE ABBOTT BLVD.

City State Zip Code
ADA OK 74820-9255

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
10 31 2014

Transaction ID : SA11.32709

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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

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

2775.00

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

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

FOR LINE NUMBER: PAGE 43 OF 77
(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)
SUSAN BRUNOFF
 Mailing Address **334 W CEDAR ST.**
 City State Zip Code
NEW HOLLAND PA 17557-1202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
RETIRED RETIRED
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
2250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 02 2014
Transaction ID : SA11.32752
 Amount of Each Receipt this Period
400.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVID CORKUM
 Mailing Address **194 NIAN TIC RIVER RD**
 City State Zip Code
WATERFORD CT 06385-1847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
BLUE CROSS BLUE SHIELD SENIOR VICE PRESIDENT
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 02 2014
Transaction ID : SA11.32734
 Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. WILLIAM GERARDI
 Mailing Address **3730 N LAKE SHORE DR**
 City State Zip Code
CHICAGO IL 60613-4236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
BLUE CROSS BLUE SHIELD SENIOR VP
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 02 2014
Transaction ID : SA11.32738
 Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

1400.00

**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 44 OF 77
	<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)
SCOTT KEEFER

Mailing Address 13704 DUNIBAR WAY

City State Zip Code
APPLE VALLEY MN 55124-5201

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

Name of Employer Occupation
EXECUTIVE BCBS MN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2014

Transaction ID : SA11.32735

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 22966 FOREST RIDGE DR

City State Zip Code
LAKEVILLE MN 55044-8006

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

Name of Employer Occupation
INFO REQUESTED INFO REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2014

Transaction ID : SA11.32732

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 2612 CROSBY RD.

City State Zip Code
WAYZATA MN 55391-2320

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

Name of Employer Occupation
CDI DOCTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2014

Transaction ID : SA11.32755

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

1250.00

**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 45 OF 77
	<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)
STEPHEN PFLAUM

Mailing Address **2725 DEERHILL RD**

City **ORONO** State **MN** Zip Code **55356-9536**

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

Name of Employer **LEONARD STREET** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
11 / 02 / 2014

Transaction ID : SA11.32730

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **3908 BASSWOOD RD**

City **ST. LOUIS PARK** State **MN** Zip Code **55416-3817**

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

Name of Employer **BLUE CROSS BLUE SHIELD** Occupation **CHIEF FINANCIAL OFFICER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
11 / 02 / 2014

Transaction ID : SA11.32733

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PATRICIA A. RILEY

Mailing Address **382 BOVEY RD**

City **WAYZATA** State **MN** Zip Code **55391-9607**

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

Name of Employer **BCBS MN** Occupation **SENIOR VICE PRESIDEN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
11 / 02 / 2014

Transaction ID : SA11.32731

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 46 OF 77
(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)
JOSEPH TEYNOR

Mailing Address **2789 PHEASANT RD**

City **EDEN PRAIRIE** State **MN** Zip Code **55331-9572**

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

Name of Employer **TWIN CITY ORTHOPEDICS** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
11 / 02 / 2014

Transaction ID : SA11.32721

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **30 HAYDEN RD**

City **BROOKLINE** State **MA** Zip Code **02445-5730**

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

Name of Employer **SLADE GORDON** Occupation **CHIEF OPERATING OFFICER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1800.00

Date of Receipt
11 / 02 / 2014

Transaction ID : SA11.32721

Amount of Each Receipt this Period
1800.00
 CONTRIBUTION

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

Mailing Address **3315 W 45TH ST**

City **MINNEAPOLIS** State **MN** Zip Code **55410-1416**

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

Name of Employer **BLUE CROSS BLUE SHIELD** Occupation **DIRECTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
11 / 02 / 2014

Transaction ID : SA11.32736

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

3050.00

**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 47 OF 77
	<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

Full Name (Last, First, Middle Initial) FRED L. WALL		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2014
Mailing Address 2600 SPIRIT KNOB RD		Transaction ID : SA11.32741
City WAYZATA	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF	Occupation BANKING AND COMMERCIAL RE	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) LEONARD WILF		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2014
Mailing Address 880 5TH AVE		Transaction ID : SA11.32726
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer GARDEN HOMES	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) DAVID KRISTOL		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 03 / 2014
Mailing Address 1664 UNIVERSITY AV W		Transaction ID : SA11.32723
City ST. PAUL	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer AUGEO INC	Occupation CEO	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

**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 48 OF 77
	<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)
WARD EINESS

Mailing Address 525 N 3RD ST #513

City MINNEAPOLIS State MN Zip Code 55401-1546

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 16 / 2014

Transaction ID : SA11.32784B

Amount of Each Receipt this Period
 -250.00

CONTRIBUTION

CHARGED BACK

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

Mailing Address 16540 GRAYS BAY BLVD

City WAYZATA State MN Zip Code 55391-2915

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

Name of Employer COLD SPRING GRANITE Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 24 / 2014

Transaction ID : SA11.32789

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 140 SOUTH BROWN RD

City LONG LAKE State MN Zip Code 55356-9134

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 24 / 2014

Transaction ID : SA11.32794

Amount of Each Receipt this Period
 250.00

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: (check only one)	PAGE 49 OF 77
	<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)
BILL MCLAUGHLIN

Mailing Address 2350 W LAKE OF THE ISLES PKWY

City State Zip Code
MINNEAPOLIS MN 55405-2302

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

Name of Employer Occupation
SELECT COMFORT 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
11 / 24 / 2014

Transaction ID : SA11.32791

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 1110 INNSBROOK LN

City State Zip Code
BUFFALO MN 55313-1295

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

Name of Employer Occupation
ACCE VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 24 / 2014

Transaction ID : SA11.32800

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

Mailing Address 350 PARK AVE

City State Zip Code
NEW YORK NY 10022-6022

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
2600.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 24 / 2014

Transaction ID : SA11.32801

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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

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

3350.00

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

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

FOR LINE NUMBER: PAGE 50 OF 77
(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)
GRAY, PLANT & MOOTY

Mailing Address 500 IDS CENTER
80 SOUTH EIGHTH ST.

City State Zip Code
MINNEAPOLIS MN 55402-2100

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014

Transaction ID : SA11.32795

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

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
 M M M / D 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)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

5000.00

71105.00

**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 51 OF 77
	<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)
AFLAC INC. PAC

Mailing Address 1932 WYNNNTON ROAD

City State Zip Code
COLUMBUS GA 31999-0001

FEC ID number of contributing federal political committee. **C C00034157**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2014

Transaction ID : SA11.32563

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION PAC

Mailing Address 25 MASSACHUSETTS AVE NW
SUITE 600

City State Zip Code
WASHINGTON DC 20001-7400

FEC ID number of contributing federal political committee. **C C00000422**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2014

Transaction ID : SA11.32566

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 450 N BRAND BLVD

City State Zip Code
GLENDALE CA 91203-2347

FEC ID number of contributing federal political committee. **C C00530691**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2014

Transaction ID : SA11.32587

Amount of Each Receipt this Period
 1000.00
 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: (check only one)	PAGE 52 OF 77
	<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)
HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENT

Mailing Address 2099 PENNSYLVANIA AVE N.W.
SUITE 100

City WASHINGTON State DC Zip Code 20006-6801

FEC ID number of contributing federal political committee. **C C00171330**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 26 / 2014

Transaction ID : SA11.32564

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MCKESSON CORP EMPLOYEES PAC

Mailing Address ONE POST STREET
34TH FLOOR

City SAN FRANCISCO State CA Zip Code 94104-5238

FEC ID number of contributing federal political committee. **C C00108035**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 26 / 2014

Transaction ID : SA11.32565

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

Mailing Address 1100 WILSON BLVD STE 1500

City ARLINGTON State VA Zip Code 22209-3900

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 26 / 2014

Transaction ID : SA11.32575

Amount of Each Receipt this Period
 3000.00
 CONTRIBUTION

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

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

6500.00

**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 53 OF 77
	<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)
JOHNSON & JOHNSON PAC

Mailing Address **ONE JOHNSON & JOHNSON PLAZA**

City **NEW BRUNSWICK** State **NJ** Zip Code **08933-0001**

FEC ID number of contributing federal political committee. **C C00010983**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11.32892

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BURGER KING FRANCHISEE PAC

Mailing Address **1701 BARRETT LAKES BLVD NW STE 180**

City **KENNESAW** State **GA** Zip Code **30144-4561**

FEC ID number of contributing federal political committee. **C C00329425**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32683

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CAPELLA EDUCATION PAC

Mailing Address **225 SOUTH 6TH STREET, 9TH FLOOR**

City **MINNEAPOLIS** State **MN** Zip Code **55402-4319**

FEC ID number of contributing federal political committee. **C C00486209**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32706

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 54 OF 77
(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)
CHICAGO BOARD OPTIONS EXCHANGE PAC (CBOE PAC)

Mailing Address 400 S. LASALLE ST.

City State Zip Code
CHICAGO IL 60605-1023

FEC ID number of contributing federal political committee. **C** C00100693

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32714

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MINNESOTA FARM BUREAU

Mailing Address 3080 EAGANDALE PL
P.O. BOX 64370

City State Zip Code
EAGAN MN 55121-2118

FEC ID number of contributing federal political committee. **C** C00417675

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32707

Amount of Each Receipt this Period
1250.00

CONTRIBUTION

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

Mailing Address 725 15TH ST. NW, SUITE 500

City State Zip Code
WASHINGTON DC 20005-2152

FEC ID number of contributing federal political committee. **C** C00413955

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.32708

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

3250.00

**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 55 OF 77
	<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)
PRECISION METALFORMING ASSOCIATION

Mailing Address 6363 OAK TREE BLVD

City INDEPENDENCE State OH Zip Code 44131-2556

FEC ID number of contributing federal political committee. **C C00082271**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11.32713

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF SLEEP MEDICINE

Mailing Address 2510 N FRONTAGE RD

City DARIEN State IL Zip Code 60561-1511

FEC ID number of contributing federal political committee. **C C00331462**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2014

Transaction ID : SA11.32728

Amount of Each Receipt this Period
 _____ 2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BLUEPAC - BLUE CROSS AND BLUE SHIELD ASSOC PAC

Mailing Address 1310 G ST. NW, 12TH FL

City WASHINGTON State DC Zip Code 20005-3007

FEC ID number of contributing federal political committee. **C C00194746**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2014

Transaction ID : SA11.32725

Amount of Each Receipt this Period
 _____ 2000.00

CONTRIBUTION

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

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

_____ 5500.00

**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 56 OF 77
	<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)
EMPLOYERS MUTUAL CASUALTY PAC

Mailing Address 717 MULBERRY ST

City DES MOINES State IA Zip Code 50309-3810

FEC ID number of contributing federal political committee. **C** C00163873

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2014

Transaction ID : SA11.32762

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MOTORCYCLE RIDERS FOUNDATION

Mailing Address 1325 G STREET NW, SUITE 500

City WASHINGTON State DC Zip Code 20005-3136

FEC ID number of contributing federal political committee. **C** C00298356

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2014

Transaction ID : SA11.32756

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF CONVENIENCE STORES

Mailing Address 1600 DUKE ST.

City ALEXANDRIA State VA Zip Code 22314-3466

FEC ID number of contributing federal political committee. **C** C00126763

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2014

Transaction ID : SA11.32729

Amount of Each Receipt this Period
2500.00

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 57 OF 77
(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)
OUTDOOR INDUSTRY ASSOCIATION PAC (OIAPAC)

Mailing Address 4909 PEARL EAST CIRCL STE 200

City State Zip Code
BOULDER CO 80301-2499

FEC ID number of contributing federal political committee. **C C00445593**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 2014 2016 2018 2020 2022 2024 2026 2028 2030

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2014

Transaction ID : SA11.32760

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MCDONALD'S PAC

Mailing Address 2111 MCDONALD'S DR.

City State Zip Code
OAK BROOK IL 60523-5500

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2014 2016 2018 2020 2022 2024 2026 2028 2030

Date of Receipt
M M / D D / Y Y Y Y
11 / 24 / 2014

Transaction ID : SA11.32796

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WINTHROP AND WEINSTINE FEDERAL POLITICAL FUND

Mailing Address 225 S 6TH STE 3500

City State Zip Code
MINNEAPOLIS MN 55402-4629

FEC ID number of contributing federal political committee. **C C00277988**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2014 2016 2018 2020 2022 2024 2026 2028 2030

Date of Receipt
M M / D D / Y Y Y Y
11 / 24 / 2014

Transaction ID : SA11.32798

Amount of Each Receipt this Period

CONTRIBUTION

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

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 58 OF 77	
	<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

A. CMDI--CRIMSON

Full Name (Last, First, Middle Initial)
Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement CREDIT CARD FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 16 / 2014

Amount of Each Disbursement this Period: 267.72

Transaction ID : SB17.I1926

B. CAPITOL HILL CLUB

Full Name (Last, First, Middle Initial)
Mailing Address 300 FIRST STREET, S. E.

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD & BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 20 / 2014

Amount of Each Disbursement this Period: 22.01

Transaction ID : SB17.I1925

C. CMDI--CRIMSON

Full Name (Last, First, Middle Initial)
Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement ADMINISTRATIVE AND FEC REPORTING SOFTWARE SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 21 / 2014

Amount of Each Disbursement this Period: 800.00

Transaction ID : SB17.I1927

SUBTOTAL of Disbursements This Page (optional) 1089.73

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 59 OF 77	
	<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 10 / 23 / 2014
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 11.05
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CREDIT CARD FEES	Transaction ID : SB17.I1928
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. EMBASSY SUITES		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 2800 AMERICAN BLVD W.		Amount of Each Disbursement this Period 333.98
City BLOOMINGTON	State MN	
Zip Code 55431	Purpose of Disbursement TRAVEL EXPENSES--LODGING	Transaction ID : SB17.I1934
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. TOTAL WINE & MORE		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 2401 FAIRVIEW AVENUE NORTH #105		Amount of Each Disbursement this Period 43.83
City ROSEVILLE	State MN	
Zip Code 55113	Purpose of Disbursement FOOD & BEVERAGES	Transaction ID : SB17.I1944
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).....	388.86
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 60 OF 77	
	<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 10 / 30 / 2014
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 188.59
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CREDIT CARD FEES	Transaction ID : SB17.I1929
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. VOYAGER BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 10635 WAYZATA BOULEVARD		Amount of Each Disbursement this Period 40.00
City MINNETONKA	State MN	
Zip Code 55305	Purpose of Disbursement BANK CHARGES	Transaction ID : SB17.I1945
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. LAURIE ESAU		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1230 ORONO OAKS DRIVE		Amount of Each Disbursement this Period 169.50
City ORONO	State MN	
Zip Code 55356	Purpose of Disbursement MILEAGE REIMBURSEMENT	Transaction ID : SB17.I1902
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).....	398.09
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 61 OF 77	
	<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. ANDREW HASEK		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1612 N. PARK STREET		Amount of Each Disbursement this Period 426.95 Transaction ID : SB17.I1909
City FAIRMONT State MN Zip Code 56031	Purpose of Disbursement REIMBURSEMENT FOR MILEAGE	
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. J.P. YATES		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 436 SARATOGA ST SOUTH		Amount of Each Disbursement this Period 737.35 Transaction ID : SB17.I1908
City ST. PAUL State MN Zip Code 55105	Purpose of Disbursement REIMBURSEMENT FOR STAMPS, OFFICE SUPPLIES, FUEL	
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. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address BOX 0001		Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.I1946
City LOS ANGELES State CA Zip Code 90096	Purpose of Disbursement CREDIT CARD FEE	
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).....	1172.25
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 62 OF 77	
	<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

Mailing Address **7704 LEESBURG PIKE**

City **FALLS CHURCH** State **VA** Zip Code **22043**

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 03 / 2014

Amount of Each Disbursement this Period
384.32

Transaction ID : **SB17.I1953**

Category/Type

Full Name (Last, First, Middle Initial)
B. LLE CAMPAIGN MANAGEMENT

Mailing Address **1230 ORONO OAKS DRIVE**

City **ORONO** State **MN** Zip Code **55356**

Purpose of Disbursement
FEC REPORTING AND ADMINISTRATIVE SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 03 / 2014

Amount of Each Disbursement this Period
2000.00

Transaction ID : **SB17.I1900**

Category/Type

Full Name (Last, First, Middle Initial)
C. OLYMPIC HILLS GOLF CLUB

Mailing Address **10625 MOUNT CURVE ROAD**

City **EDEN PRARIE** State **MN** Zip Code **55347**

Purpose of Disbursement
FOOD & BEVERAGES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 03 / 2014

Amount of Each Disbursement this Period
496.07

Transaction ID : **SB17.I1910**

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... **2880.39**

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 63 OF 77	
	<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. PINNACLE DIRECT		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 15260 113TH STREET NORTH		Amount of Each Disbursement this Period 7620.33 Transaction ID : SB17.I1912
City STILLWATER State MN Zip Code 55082	Purpose of Disbursement DIRECT MAIL	
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. STAR BANK		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 250 PRAIRIE CENTER DR		Amount of Each Disbursement this Period 1100.00 Transaction ID : SB17.I1901
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:		

Full Name (Last, First, Middle Initial) C. TOWNSEND GROUP		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1006 PENDLETON STREET		Amount of Each Disbursement this Period 25150.77 Transaction ID : SB17.I1903
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement PAC FUNDRAISING FEE AND CAMPAIGN EXPENSES	
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).....	33871.10
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 64 OF 77			
	<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. ACQUA AL 2

Mailing Address 212 7TH STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
FOOD & BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 03 / 2014

Amount of Each Disbursement this Period: 222.87

Transaction ID : SB17.I1906

[MEMO ITEM]

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

Mailing Address 101 CONSTITUTION AVENUE NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
FOOD & BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 03 / 2014

Amount of Each Disbursement this Period: 1835.93

Transaction ID : SB17.I1904

[MEMO ITEM]

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

Mailing Address 5724 LAFAYETTE PLACE

City HYATTSVILLE State MD Zip Code 20781

Purpose of Disbursement
FOOD & BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 03 / 2014

Amount of Each Disbursement this Period: 1537.97

Transaction ID : SB17.I1905

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

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 65 OF 77	
	<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. PUBLIC STORAGE

Mailing Address **6570 FLYING CLOUD DRIVE**

City **EDEN PRAIRIE** State **MN** Zip Code **55344**

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 04 / 2014

Amount of Each Disbursement this Period
200.00

Transaction ID : **SB17.I1961**

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

Mailing Address **8725 COLUMBINE ROAD**

City **EDEN PRAIRIE** State **MN** Zip Code **55344**

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 04 / 2014

Amount of Each Disbursement this Period
2.32

Transaction ID : **SB17.I1963**

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

Mailing Address **2413 DUPONT AVENUE SOUTH
APT. 3**

City **MINNEAPOLIS** State **MN** Zip Code **55405**

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 05 / 2014

Amount of Each Disbursement this Period
461.75

Transaction ID : **SB17.I1899**

SUBTOTAL of Disbursements This Page (optional)..... **664.07**

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 66 OF 77	
	<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. ANDREW HASEK			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014	
Mailing Address 1612 N. PARK STREET			Amount of Each Disbursement this Period 2223.44	
City FAIRMONT	State MN	Zip Code 56031	Transaction ID : SB17.I1898	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
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. JOSI HELLIER			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014	
Mailing Address 5941 WOODDALE AVENUE			Amount of Each Disbursement this Period 664.92	
City EDINA	State MN	Zip Code 55424	Transaction ID : SB17.I1897	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
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. J.P. YATES			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014	
Mailing Address 436 SARATOGA ST SOUTH			Amount of Each Disbursement this Period 5174.02	
City ST. PAUL	State MN	Zip Code 55105	Transaction ID : SB17.I1896	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
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).....	8062.38
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 67 OF 77			
	<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 11 / 05 / 2014
Mailing Address BOX 0001		Amount of Each Disbursement this Period 851.18 Transaction ID : SB17.I1947
City LOS ANGELES	State CA	
Zip Code 90096	Purpose of Disbursement CREDIT CARD FEE	Category/ Type
Candidate Name	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. CAMPAIGN FINANCIAL		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 7315 WISCONSIN AVE SUITE 315 EAST		Amount of Each Disbursement this Period 178.00 Transaction ID : SB17.I1952
City BETHESDA	State MD	
Zip Code 20814	Purpose of Disbursement DIRECT MAIL	Category/ Type
Candidate Name	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. CBIZ PAYROLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 6040 EARLE BROWN DRIVE SUITE 250		Amount of Each Disbursement this Period 94.47 Transaction ID : SB17.I1894
City BROOKLYN CENTER	State MN	
Zip Code 55430	Purpose of Disbursement PAYROLL SERVICE	Category/ Type
Candidate Name	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).....	1123.65
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 68 OF 77			
	<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. CBIZ PAYROLL

Mailing Address 6040 EARLE BROWN DRIVE SUITE 250	Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
City BROOKLYN CENTER	State MN
Zip Code 55430	Amount of Each Disbursement this Period 4483.79
Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.I1895
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. TOTAL WINE & MORE

Mailing Address 2401 FAIRVIEW AVENUE NORTH #105	Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
City ROSEVILLE	State MN
Zip Code 55113	Amount of Each Disbursement this Period 244.97
Purpose of Disbursement FOOD & BEVERAGES	Transaction ID : SB17.I1962
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. WILDFIRE RESTAURANT

Mailing Address 8251 FLYING CLOUD DRIVE	Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
City EDEN PRAIRIE	State MN
Zip Code 55344	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement FOOD & BEVERAGES	Transaction ID : SB17.I1964
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).....	4828.76
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 69 OF 77	
	<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

A. WILDFIRE RESTAURANT

Full Name (Last, First, Middle Initial)
Mailing Address 8251 FLYING CLOUD DRIVE

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement
FOOD & BEVERAGES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 05 / 2014

Amount of Each Disbursement this Period
508.67

Transaction ID : SB17.I1965

B. CMDI--CRIMSON

Full Name (Last, First, Middle Initial)
Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 06 / 2014

Amount of Each Disbursement this Period
179.20

Transaction ID : SB17.I1954

C. AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)
Mailing Address BOX 0001

City LOS ANGELES State CA Zip Code 90096

Purpose of Disbursement
CHARGEBACK OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 10 / 2014

Amount of Each Disbursement this Period
1250.00

Transaction ID : SB17.I1948

SUBTOTAL of Disbursements This Page (optional)..... 1937.87

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 70 OF 77			
	<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 11 / 10 / 2014
Mailing Address BOX 0001		Amount of Each Disbursement this Period 15163.13 Transaction ID : SB17.I1949
City LOS ANGELES	State CA Zip Code 90096	
Purpose of Disbursement ADVERTISING, FOOD & BEVERAGES, POSTAGE		Category/ Type
Candidate Name		
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. CLEAR CHANNEL OUTDOOR		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 3225 SPRING STREET NE		Amount of Each Disbursement this Period 13200.00 Transaction ID : SB17.I1950
City MINNEAPOLIS	State MN Zip Code 55413	
Purpose of Disbursement ADVERTISING		Category/ Type
Candidate Name		
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:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 8725 COLUMBINE ROAD		Amount of Each Disbursement this Period 490.00 Transaction ID : SB17.I1951
City EDEN PRAIRIE	State MN Zip Code 55344	
Purpose of Disbursement POSTAGE		Category/ Type
Candidate Name		
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:		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	15163.13
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 71 OF 77	
	<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. ARENA COMMUNICATIONS

Mailing Address 1780 W. SEQUOIA VISTA CIRCLE

City SALT LAKE CITY State UT Zip Code 84104

Purpose of Disbursement DIRECT MAIL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 10 / 2014

Amount of Each Disbursement this Period: 25404.00

Transaction ID : SB17.I1907

Full Name (Last, First, Middle Initial)
B. FREEDOM FOUNDATION OF MINNESOTA

Mailing Address 520 2ND AVENUE SOUTH SUITE 510

City MINNEAPOLIS State MN Zip Code 55402

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 10 / 2014

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB17.I1922

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

Mailing Address 7300 CHAPMAN HIGHWAY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement CHARGEBACK OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 10 / 2014

Amount of Each Disbursement this Period: 4850.00

Transaction ID : SB17.I1960

SUBTOTAL of Disbursements This Page (optional) 35254.00

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 72 OF 77			
	<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. ERIK PAULSEN		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 9158 E. STARING LANE		Amount of Each Disbursement this Period 380.16 Transaction ID : SB17.I1919
City EDEN PRAIRIE State MN Zip Code 55347	Purpose of Disbursement FOOD & BEVERAGES	
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. LAURIE ESAU		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 1230 ORONO OAKS DRIVE		Amount of Each Disbursement this Period 570.22 Transaction ID : SB17.I1915
City ORONO State MN Zip Code 55356	Purpose of Disbursement DATA SERVICES, MIELEAGE, LODGING	
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. CENTURYLINK		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address P.O. BOX 91154		Amount of Each Disbursement this Period 268.11 Transaction ID : SB17.I1918
City SEATTLE State WA Zip Code 98111	Purpose of Disbursement TELEPHONES	
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).....	1218.49
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 73 OF 77	
	<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. ORANGE HAT GROUP		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 632 N. WASHINGTON ST. SECOND FLOOR		Amount of Each Disbursement this Period 8550.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement CONSULTING FOR SOCIAL NETWORK ADVERTISING	
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)	Transaction ID : SB17.I1914
State: District:		

Full Name (Last, First, Middle Initial) B. SHANNA WOODBURY CONSULTING, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address P.O. BOX 120697		Amount of Each Disbursement this Period 16889.82
City ST. PAUL State MN Zip Code 55112	Purpose of Disbursement FUNDRAISING FUNDRAISER FEE AND EXPENSES	
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)	Transaction ID : SB17.I1916
State: District:		

Full Name (Last, First, Middle Initial) C. 6 SMITH		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address LAKE STREET		Amount of Each Disbursement this Period 6265.18
City WAYZATA State MN Zip Code 55391	Purpose of Disbursement EVENT FOOD & BEVERAGES	
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)	Transaction ID : SB17.I1917 [MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	25439.82
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 74 OF 77	
	<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. STAR BANK

Mailing Address 250 PRAIRIE CENTER DR

City EDEN PRAIRIE State MN Zip Code 55344-5370

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 18 / 2014

Amount of Each Disbursement this Period: 1100.00

Transaction ID : SB17.I1913

Full Name (Last, First, Middle Initial)
B. CMDI--CRIMSON

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement ADMINISTRATIVE AND FEC REPORTING SOFTWARE AND SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 19 / 2014

Amount of Each Disbursement this Period: 800.00

Transaction ID : SB17.I1955

Full Name (Last, First, Middle Initial)
C. CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET, S. E.

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD & BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 21 / 2014

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.I1970

SUBTOTAL of Disbursements This Page (optional) 1925.00

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 75 OF 77	
	<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. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014	
Mailing Address 300 FIRST STREET, S. E.			Amount of Each Disbursement this Period 50.00	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.I1971	
Purpose of Disbursement FOOD & BEVERAGES		Category/ Type		
Candidate Name				
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. SPRINT			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014	
Mailing Address P.O. BOX 4191			Amount of Each Disbursement this Period 317.56	
City CAROL STREAM	State IL	Zip Code 60197	Transaction ID : SB17.I1976	
Purpose of Disbursement TELEPHONES		Category/ Type		
Candidate Name				
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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
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).....	367.56
TOTAL This Period (last page this line number only).....	135785.15

**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 76 OF 77	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Erik Paulsen

Full Name (Last, First, Middle Initial) A. JODI CHU		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 4601 BROWDALE AVENUE		Amount of Each Disbursement this Period 2600.00
City EDINA	State MN Zip Code 55424	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Transaction ID : SB20A.I1968
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. JAMES HOWARD		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 318 WAYCLIFFE DRIVE NORTH		Amount of Each Disbursement this Period 1000.00
City WAYZATA	State MN Zip Code 55391	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Transaction ID : SB20A.I1966
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. TED KOENECKE		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 5567 BRISTOL LANE		Amount of Each Disbursement this Period 1000.00
City HOPKINS	State MN Zip Code 55343	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Transaction ID : SB20A.I1969
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	4600.00
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 77 OF 77	
	<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. DEMETRIOS KOUZOUKAS			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014	
Mailing Address 15552 57TH PLACE NORTH			Amount of Each Disbursement this Period 1000.00	
City PLYMOUTH	State MN	Zip Code 55446	Transaction ID : SB20A.I1967	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type		
Candidate Name				
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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
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).....	1000.00
TOTAL This Period (last page this line number only).....	5600.00