

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Friends of Erik Paulsen

ADDRESS (number and street)

P.O. Box 44369

250 Prairie Center Drive

Check if different than previously reported. (ACC)

Eden Prairie

MN

55344

2. FEC IDENTIFICATION NUMBER ▼

C C00439661

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MN

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer Reid Lebeau

Signature of Treasurer Reid Lebeau

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**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))....	402070.76	408337.76
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	5700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	402070.76	402637.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	153186.04	353901.30
(b) Total Offsets to Operating Expenditures (from Line 14).....	76.00	76.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	153110.04	353825.30
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1451956.46	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Friends of Erik Paulsen**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	206175.00	226325.00
(ii) Unitemized.....	5544.00	-13339.00
(iii) TOTAL of contributions from individuals ▶	211719.00	212986.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	190351.76	195351.76
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	402070.76	408337.76
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	6046.98	6046.98
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	76.00	76.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	1987.88	2095.17
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	410181.62	416555.91

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	153186.04	353901.30
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 (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	5700.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5700.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	153186.04	359601.30

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1194960.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	410181.62
25. SUBTOTAL (add Line 23 and Line 24).....	1605142.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	153186.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1451956.46

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

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

FOR LINE NUMBER: PAGE 5 OF 143  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**SUSAN HIRSCHMANN**

Mailing Address 4052 SEMINARY ROAD

City State Zip Code  
ALEXANDRIA VA 22304-1646

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

Name of Employer Occupation  
WILLIAMS AND JENSEN PLLC PRINCIPAL

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2015

**Transaction ID : SA11.32951**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JEFFREY PIERCE**

Mailing Address 1332 WEST BELMONT AVE #3W

City State Zip Code  
CHICAGO IL 60657-3209

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

Name of Employer Occupation  
NAM SVP

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2015

**Transaction ID : SA11.32952**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 400 NORTH CAPITOL STREET, NW

City State Zip Code  
WASHINGTON DC 20001-1511

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

Name of Employer Occupation  
CAPITOL ADVOCATES CONSULTANT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2015

**Transaction ID : SA11.32953**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 6 OF 143  
(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)  
**BOB SCHNELL**

Mailing Address 19210 HACKAMORE ROAD

City HAMEL State MN Zip Code 55340-9629

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

Name of Employer: CENTER INSURANCE AGENCY, INC. Occupation: PRINCIPAL

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 02 / 09 / 2015

**Transaction ID : SA11.32955**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

Mailing Address 3446 BINKLEY AVE

City DALLAS State TX Zip Code 75205-2230

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

Name of Employer: COMPASS PROFESSIONAL HEALTH SERVIC Occupation: HEALTHCARE CONSULTANT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 02 / 16 / 2015

**Transaction ID : SA11.32960**

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JERRY HEMMER**

Mailing Address 12899 STONE TOWER

City FORT MYERS State FL Zip Code 33913-6770

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

Name of Employer: ALLIANCE FINANCIAL GROUP Occupation: FINANCIAL ADVISOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 02 / 18 / 2015

**Transaction ID : SA11.32961**

Amount of Each Receipt this Period: 1000.00

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 7 OF 143
	<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)  
**ROBERT EIDSVOLD**

Mailing Address **7709 PONDWOOD DRIVE**

City **EDINA** State **MN** Zip Code **55439-2764**

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 **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 19 / 2015**

**Transaction ID : SA11.32982**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LORI FRITTS**

Mailing Address **2153 KNAPP STREET**

City **ST PAUL** State **MN** Zip Code **55108-1815**

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

Name of Employer **DRC** Occupation **EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 19 / 2015**

**Transaction ID : SA11.32981**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CLAYTON HALL**

Mailing Address **1362 E CAPITOL ST NE**

City **WASHINGTON** State **DC** Zip Code **20003-1533**

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

Name of Employer **MDMA** Occupation **VICE PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 19 / 2015**

**Transaction ID : SA11.32970**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**1750.00**

**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 143
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

**A.** Full Name (Last, First, Middle Initial)  
**LAURA HEMLER**

Mailing Address 5601 PARK PL

City Edina State MN Zip Code 55424-1647

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.32965**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**STEVEN KNUTH**

Mailing Address 887 HIGHLANDER TRL.

City HUDSON State WI Zip Code 54016-7970

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

Name of Employer **PUBLIC AFFAIRS COMPA** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.32967**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN O'BRIEN**

Mailing Address 3400 BUNKER HILL RD

City MT RAINIER State MD Zip Code 20712-1923

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.32964**

Amount of Each Receipt this Period  
**500.00**  
 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 9 OF 143
	<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)  
**DONALD OREN**

Mailing Address 3105 SANDY HOOK DRIVE

City State Zip Code  
ROSEVILLE MN 55113-2128

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

Name of Employer Occupation  
DART CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 19 / 2015

**Transaction ID : SA11.32994**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DON WALKER**

Mailing Address 1731 VENEZIA WAY

City State Zip Code  
NAPLES FL 34105-3058

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 19 / 2015

**Transaction ID : SA11.32983**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SANDRA WIESE**

Mailing Address 1452 KINGS WOOD LN

City State Zip Code  
SAINT PAUL MN 55122-3813

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

Name of Employer Occupation  
DATA RECOGNITION CORP ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 19 / 2015

**Transaction ID : SA11.32980**

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 10 OF 143
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

**A.** Full Name (Last, First, Middle Initial)  
**SHANNON ZERZAN**

Mailing Address 6907 ANDOVER DR

City State Zip Code  
ALEXANDRIA VA 22307-1702

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.32966**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1024 NORTH UTAH STREET

City State Zip Code  
ARLINGTON VA 22201-5733

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

Name of Employer Occupation  
PHRMA PUBLIC AFFAIRS AND ADVOCACY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2015

**Transaction ID : SA11.32962**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JEFFREY KIMBELL**

Mailing Address 601 13TH STREET NW

City State Zip Code  
WASHINGTON DC 20005-3807

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

Name of Employer Occupation  
JEFFREY J. KIMBELL AND ASSOCIATES SMALL BUSINESS OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2015

**Transaction ID : SA11.32963**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 11 OF 143  
(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)  
**LELAND FRANKMAN**

Mailing Address 555 OAK RIDGE PLACE

City State Zip Code  
HOPKINS MN 55305-4817

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

Name of Employer Occupation  
SELF ATTY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2015

**Transaction ID : SA11.32996**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. LISA S. ANDERSON**

Mailing Address 8989 PRESERVE BLVD

City State Zip Code  
EDEN PRAIRIE MN 55347-2010

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : SA11.33003**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RICHARD E. ANDERSON**

Mailing Address 8989 PRESERVE BLVD

City State Zip Code  
EDEN PRAIRIE MN 55347-2010

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

Name of Employer Occupation  
SELF FINANCE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : SA11.32999**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1500.00

**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 143
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS COSSACK**

Mailing Address 2100 IMPERIAL CIR

City State Zip Code  
NAPLES FL 34110-1037

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 27 / 2015

**Transaction ID : SA11.33023**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GORDON JENSEN**

Mailing Address 10689 SONOMA RDG

City State Zip Code  
EDEN PRAIRIE MN 55347-1169

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

Name of Employer Occupation  
NORMAN JENSEN, INC. EXEC

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 27 / 2015

**Transaction ID : SA11.33004**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 693 MONTCALM PL

City State Zip Code  
SAINT PAUL MN 55116-1745

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 27 / 2015

**Transaction ID : SA11.33006**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 13 OF 143  
(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)  
**SAMUEL MARFIELD**

Mailing Address 152 NORTH SHORE DR.

City WAYZATA State MN Zip Code 55391-

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : SA11.32997**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HUGH METHENY**

Mailing Address 1601 RABBIT FOOT CLOVER CT

City ANNAPOLIS State MD Zip Code 21401-6488

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

Name of Employer GOOD & ASSOC. Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : SA11.33005**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ELLIS NAEGELE**

Mailing Address 1104 COUNTY ROAD 112

City CARBONDALE State CO Zip Code 81623-9642

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : SA11.33002**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

4750.00

**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 14 OF 143
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT NAEGELE**

Mailing Address 7993 VIA VECCHIA

City State Zip Code  
CARBONDALE CO 81623-

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

Name of Employer Occupation  
RETIRED 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 Y Y  
02 / 27 / 2015

**Transaction ID : SA11.33015**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. DOUGLAS P. SEATON**

Mailing Address 4306 SUNNYSIDE RD

City State Zip Code  
EDINA MN 55424-1101

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

Name of Employer Occupation  
INFORMATION REQUESTED ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 27 / 2015

**Transaction ID : SA11.33007**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

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

Mailing Address 414 RIVER ST

City State Zip Code  
MINNEAPOLIS MN 55401-2530

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

Name of Employer Occupation  
RBC DAIN RAUSCHER PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 27 / 2015

**Transaction ID : SA11.32998**

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 15 OF 143
	<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)  
**JERRY TEESON**

Mailing Address 2970 122ND AVENUE NW

City COON RAPIDS State MN Zip Code 55433-1725

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

Name of Employer RIVERDALE REALTY Occupation REALTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
475.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : SA11.33008**

Amount of Each Receipt this Period  
 475.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD TELESMANICH**

Mailing Address 81 BAYLOR AVE

City HILLSDALE State NJ Zip Code 07642-1740

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

Name of Employer INFO REQUESTED Occupation INFO REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : SA11.33022**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JERROL TOSTRUD**

Mailing Address 8171 BAY COLONY DR PH S

City NAPLES State FL Zip Code 34108-7567

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : SA11.33001**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

1725.00

**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 143
	<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)  
**KEVIN L. WALKER**

Mailing Address **6533 JAY MILLER DR**

City **FALLS CHURCH** State **VA** Zip Code **22041-1115**

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

Name of Employer **PENN QUARTERS** Occupation **PARTNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 27 / 2015**

**Transaction ID : SA11.33016**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

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

Mailing Address **124 E EVERGREEN ST**

City **BOERNE** State **TX** Zip Code **78006-2604**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 27 / 2015**

**Transaction ID : SA11.33021**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RANDI HELGESON**

Mailing Address **16485 ELLERDALE LANE**

City **EDEN PRAIRIE** State **MN** Zip Code **55346-1431**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 28 / 2015**

**Transaction ID : SA11.33024**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**4000.00**



**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 143
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

**A.** Full Name (Last, First, Middle Initial)  
**TIMOTHY TRYSLA**

Mailing Address **208 W WALNUT STREET**

City **ALEXANDRIA** State **VA** Zip Code **22301-2534**

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

Name of Employer **ALSTON & BIRD** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2015**

**Transaction ID : SA11.33026**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

Mailing Address **2402 HAMEL RD.**

City **HAMEL** State **MN** Zip Code **55340-9511**

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

Name of Employer **PIPER JAFFRAY** Occupation **INVESTMENT BANKER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 08 / 2015**

**Transaction ID : SA11.33032**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DAN ELLING**

Mailing Address **8412 RIVERSIDE ROAD**

City **ALEXANDRIA** State **VA** Zip Code **22308-1545**

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

Name of Employer **ALSTON & BIRD** Occupation **GOVERNMENT AFFAIRS**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 08 / 2015**

**Transaction ID : SA11.33027**

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 18 OF 143
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>LORINDA FRABONI</b>		Date of Receipt MM / DD / YYYY 03 / 08 / 2015
Mailing Address 16812 WESTON BAY RD		<b>Transaction ID : SA11.33106</b>
City EDEN PRAIRIE	State MN	
Zip Code 55347-1146		Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer INFO REQUESTED	Occupation INFO REQUESTED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>JOHN HEMAK</b>		Date of Receipt MM / DD / YYYY 03 / 08 / 2015
Mailing Address 2984 FAIRWAY DR.		<b>Transaction ID : SA11.33037</b>
City CHASKA	State MN	
Zip Code 55318-3416		Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00	

Full Name (Last, First, Middle Initial) <b>RAYMOND AMES</b>		Date of Receipt MM / DD / YYYY 03 / 11 / 2015
Mailing Address 2321 WILDWOOD CT		<b>Transaction ID : SA11.33181</b>
City BURNSVILLE	State MN	
Zip Code 55306-5393		Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF	Occupation CONTRACTOR	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3200.00
<b>TOTAL</b> 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 19 OF 143
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

**A.** Full Name (Last, First, Middle Initial)  
**ED ANDERSON**

Mailing Address 2284 TROON CT

City SANIBEL State FL Zip Code 33957-2218

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : SA11.33108**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD B. BURY**

Mailing Address 1511 HERON DRIVE

City CHANHASSEN State MN Zip Code 55317-8530

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : SA11.33173**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PAUL FISCHER**

Mailing Address 10945 57TH AVE N

City PLYMOUTH State MN Zip Code 55442-1621

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : SA11.33170**

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 20 OF 143
	<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)  
**BEHREND FOSTER**

Mailing Address 1722 N NELSON ST

City ARLINGTON State VA Zip Code 22207-3643

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

Name of Employer AHIP Occupation GOVERNMENT AFFAIRS REP

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : SA11.33189**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DENNIS HEDTKE**

Mailing Address 7616 ERICK STREET

City GREENFIELD State MN Zip Code 55357-8724

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

Name of Employer REQUESTED Occupation REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : SA11.33127**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 3054 RIVIERA RD

City SARTELL State MN Zip Code 56377-9756

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

Name of Employer GOLD AND PLUMP Occupation MGMT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : SA11.33142**

Amount of Each Receipt this Period  
 400.00  
 CONTRIBUTION

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

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

1650.00

**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 21 OF 143
	<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)  
**MICHAEL HOFFMAN**

Mailing Address 13822 GROTHE CR

City State Zip Code  
APPLE VALLEY MN 55124-7615

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

Name of Employer Occupation  
INFO REQUESTED INFO REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 11 / 2015

**Transaction ID : SA11.33120**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 18537 ST. MELLION PL

City State Zip Code  
EDEN PRAIRIE MN 55347-3487

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 11 / 2015

**Transaction ID : SA11.33150**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS H. JOHNSON**

Mailing Address 17798 BEARPATH TRAIL

City State Zip Code  
EDEN PRAIRIE MN 55347-3447

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

Name of Employer Occupation  
JOHNSON PLASTICS BUSINESS OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 11 / 2015

**Transaction ID : SA11.33172**

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: (check only one)	PAGE 22 OF 143
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL N. PATTERSON**

Mailing Address 10547 ESTATE DR

City: EDEN PRAIRIE State: MN Zip Code: 55347-4862

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED Occupation: BUSINESS OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 11 / 2015

**Transaction ID : SA11.33166**

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. A. CRAIG SPROWLS**

Mailing Address 5225 82ND AVE.

City: BROOKLYN PARK State: MN Zip Code: 55443-2201

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: 03 / 11 / 2015

**Transaction ID : SA11.33125**

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MARGARET TRAISER**

Mailing Address 8805 TAMIAMI TRL N #145

City: NAPLES State: FL Zip Code: 34108-2525

FEC ID number of contributing federal political committee: C

Name of Employer: SELF Occupation: SELF

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 03 / 11 / 2015

**Transaction ID : SA11.33129**

Amount of Each Receipt this Period: 2000.00

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 23 OF 143
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM YOST**

Mailing Address **9463 OLYMPIA DRIVE**

City **EDEN PRAIRIE** State **MN** Zip Code **55347-2845**

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 **2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 11 / 2015**

**Transaction ID : SA11.33109**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DIRK BAK**

Mailing Address **P.O. BOX 535**

City **EXCELSIOR** State **MN** Zip Code **55331-0535**

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

Name of Employer **SDQ** Occupation **EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : SA11.33110**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**E. TED YOCH**

Mailing Address **6224 BRAEBURN CIRCLE**

City **EDINA** State **MN** Zip Code **55439-2548**

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

Name of Employer **ENVIRONMENTAL GRAPHICS** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : SA11.33111**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

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

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

**4250.00**

**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 143
	<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)  
**MICHAEL BARRY**

Mailing Address 2020 DWIGHT LANE

City State Zip Code  
MINNETONKA MN 55305-2518

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

Name of Employer Occupation  
TWIN CITY FAN COMPANIES PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2015

**Transaction ID : SA11.33115**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

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

Mailing Address 1820 BERKSHIRE LANE

City State Zip Code  
PLYMOUTH MN 55441-3723

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

Name of Employer Occupation  
RBC TILE AND STONE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2015

**Transaction ID : SA11.33112**

Amount of Each Receipt this Period  
5200.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BRIAN MARK**

Mailing Address 1820 BERKSHIRE LANE

City State Zip Code  
PLYMOUTH MN 55441-3723

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

Name of Employer Occupation  
RBC TILE AND STONE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.33112B**

Amount of Each Receipt this Period  
-2700.00  
CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

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

7800.00



**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 143
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>BRIAN MARK</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015
Mailing Address 1820 BERKSHIRE LANE		<b>Transaction ID : SA11.33481</b>
City PLYMOUTH	State MN	Zip Code 55441-3723
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2700.00	
Name of Employer RBC TILE AND STONE	Occupation PRESIDENT	CONTRIBUTION
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	<b>[MEMO ITEM] REDESIGNATION FROM PRIMARY</b>

Full Name (Last, First, Middle Initial) <b>BRIAN MARK</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 13 / 2015
Mailing Address 1820 BERKSHIRE LANE		<b>Transaction ID : SA11.33113</b>
City PLYMOUTH	State MN	Zip Code 55441-3723
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer RBC TILE AND STONE	Occupation PRESIDENT	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) <b>LAWRENCE POBUDA</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 13 / 2015
Mailing Address 8149 E WINGSPAN WAY		<b>Transaction ID : SA11.33114</b>
City SCOTTSDALE	State AZ	Zip Code 85255-6451
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer THE OPUS GROUP	Occupation COMMERCIAL REAL ESTATE	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> 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 26 OF 143
	<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)  
**MS. JEANNINE M. RIVET**

Mailing Address 4305 TRILLIUM WAY

City State Zip Code  
MINNETRISTA MN 55364-7708

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

Name of Employer Occupation  
UHG EXEC

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2015

**Transaction ID : SA11.33191**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

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

Mailing Address 4528 MACOMB ST., NW

City State Zip Code  
WASHINGTON DC 20016-

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

Name of Employer Occupation  
CAPITOL HILL CONSULTING GROUP PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 18 / 2015

**Transaction ID : SA11.33192**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. HAROLD D SAUNDERS**

Mailing Address 9901 RIVERVIEW ROAD

City State Zip Code  
EDEN PRAIRIE MN 55347-5207

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 18 / 2015

**Transaction ID : SA11.33193**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

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

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

4500.00

**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 143
	<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)  
**ROBERT CRAWFORD**

Mailing Address 7201 SHANNON DRIVE

City State Zip Code  
EDINA MN 55439-2632

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

Name of Employer Occupation  
DELOITTE & TOUCHE LLP CPA

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 19 / 2015

**Transaction ID : SA11.33194**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EDGAR O' BRIEN**

Mailing Address 5333 MINNEHAHA BLVD

City State Zip Code  
EDINA MN 55424-1406

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

Name of Employer Occupation  
SELF MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 20 / 2015

**Transaction ID : SA11.33195**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 2082 GRACE MANOR CT.

City State Zip Code  
MCLEAN VA 22101-4900

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

Name of Employer Occupation  
THE MCMANUS GROUP CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 24 / 2015

**Transaction ID : SA11.33197**

Amount of Each Receipt this Period  
1000.00  
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 28 OF 143
	<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)  
**ERIC AXEL**

Mailing Address 12404 PARK CENTRAL, SUITE 400

City DALLAS State TX Zip Code 75251-1803

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

Name of Employer ECA STRATEGIES Occupation FOUNDER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : SA11.33257**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

Mailing Address 3405 ANNAPOLIS LANE NORTH, #100

City PLYMOUTH State MN Zip Code 55447-5343

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

Name of Employer NEW HORIZON ENTERPRISES Occupation PRESIDENT OF NEW HORIZON ENTERPRIS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : SA11.33199**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM DUNKLEY**

Mailing Address 3405 ANNAPOLIS LANE NORTH, #100

City PLYMOUTH State MN Zip Code 55447-5343

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

Name of Employer NEW HORIZON ENTERPRISES Occupation ATTORNEY/CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : SA11.33198**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

2250.00

**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 143
	<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)  
**ROBIN KELLEHER**

Mailing Address 800 BLUEBILL BAY RD

City State Zip Code  
BURNSVILLE MN 55306-5150

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

Name of Employer Occupation  
SEATON BECK ATTY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 25 / 2015

**Transaction ID : SA11.33247**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JAMES LOIZEAUX**

Mailing Address 285 LINDAWOOD LANE

City State Zip Code  
WAYZATA MN 55391-9667

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

Name of Employer Occupation  
GRANT THORNTON ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 25 / 2015

**Transaction ID : SA11.33244**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM PRUETT**

Mailing Address 6503 WUTHERING HEIGHTS LN

City State Zip Code  
TEXARKANA AR 71854-8231

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

Name of Employer Occupation  
REQUESTED REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 25 / 2015

**Transaction ID : SA11.33258**

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 30 OF 143
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD ROGERS**

Mailing Address 16251 DALLAS PKWY

City ADDISON State TX Zip Code 75001-6801

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

Name of Employer MARY KAY, INC. Occupation CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : SA11.33254**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD ROGERS**

Mailing Address 16251 DALLAS PKWY

City ADDISON State TX Zip Code 75001-6801

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

Name of Employer MARY KAY, INC. Occupation CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : SA11.33255**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FRANK W. SPAHN**

Mailing Address 17083 TERREY PINE DRIVE

City EDEN PRAIRIE State MN Zip Code 55347-1165

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

Name of Employer SIGNUS MEDICAL Occupation CFO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : SA11.33243**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

1750.00

**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 143
	<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)  
**HAROLD WAHLQUIST**

Mailing Address 6612 PARKWOOD RD

City Edina State MN Zip Code 55436-1042

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

Name of Employer MIDWEST BANCORP Occupation MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : SA11.33231**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. DAVID WHITING**

Mailing Address 1800 CROSBY RD

City Wayzata State MN Zip Code 55391-2109

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 Y Y  
 03 / 25 / 2015

**Transaction ID : SA11.33237**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ARLIN ALBRECHT**

Mailing Address 30567 LAKEVIEW AVENUE

City Red Wing State MN Zip Code 55066-5655

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

Name of Employer RED WING PUBLISHING CO Occupation PUBLISHERS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : SA11.33290**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

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

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

3950.00

**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 143
	<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)  
**ARLIN ALBRECHT**

Mailing Address 30567 LAKEVIEW AVENUE

City RED WING State MN Zip Code 55066-5655

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

Name of Employer RED WING PUBLISHING CO Occupation PUBLISHERS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : SA11.33291**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARILYN ALBRECHT**

Mailing Address 30567 LAKEVIEW AVE

City RED WING State MN Zip Code 55066-5655

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

Name of Employer RED WING PUBLISHING CO Occupation PULISHERS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : SA11.33288**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MARILYN ALBRECHT**

Mailing Address 30567 LAKEVIEW AVE

City RED WING State MN Zip Code 55066-5655

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

Name of Employer RED WING PUBLISHING CO Occupation PULISHERS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : SA11.33289**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

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

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

8100.00



**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 143
	<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)  
**RAYMOND AMES**

Mailing Address **2321 WILDWOOD CT**

City **BURNSVILLE** State **MN** Zip Code **55306-5393**

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

Name of Employer **SELF** Occupation **CONTRACTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 26 / 2015**

**Transaction ID : SA11.33308**

Amount of Each Receipt this Period  
**1200.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RAYMOND AMES**

Mailing Address **2321 WILDWOOD CT**

City **BURNSVILLE** State **MN** Zip Code **55306-5393**

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

Name of Employer **SELF** Occupation **CONTRACTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 26 / 2015**

**Transaction ID : SA11.33309**

Amount of Each Receipt this Period  
**2700.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GREGORY A. BEAM**

Mailing Address **6976 W 84TH STREET CIR**

City **MINNEAPOLIS** State **MN** Zip Code **55438-1173**

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

Name of Employer **BEAM SYSTEMS AND CONSULTING INC** Occupation **CONSULTANT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 26 / 2015**

**Transaction ID : SA11.33314**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

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

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

**5900.00**

**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 143
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN M. BEAN**

Mailing Address 5000 HALIFAX AVE S APT 207

City State Zip Code  
MINNEAPOLIS MN 55424-1456

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

Name of Employer Occupation  
INFO REQUESTED INFO REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : SA11.33378**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DAVID L. BOEHNEN**

Mailing Address 71 OTIS LN

City State Zip Code  
SAINT PAUL MN 55104-5645

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

Name of Employer Occupation  
DORSEY ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : SA11.33320**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ARMAND BRACHMAN**

Mailing Address 6924 JUBERT LN

City State Zip Code  
CORCORAN MN 55340-3700

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

Name of Employer Occupation  
DOMINIUM MANAGING PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : SA11.33312**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

2250.00

**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 143
	<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) <b>TOM BRADLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 26 / 2015
Mailing Address 13 CROCUS HILL		<b>Transaction ID : SA11.33200</b>
City ST PAUL	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5400.00
Name of Employer ALLIED WORLD ASSURANCE CO	Occupation CFO	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	SEE REATTRIBUTION

Full Name (Last, First, Middle Initial) <b>MICHELLE BRADLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015
Mailing Address 13 CROCUS HILL		<b>Transaction ID : SA11.33474</b>
City SAINT PAUL	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	<b>[MEMO ITEM]</b> REATTRIBUTION FROM SPOUSE

Full Name (Last, First, Middle Initial) <b>TOM BRADLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015
Mailing Address 13 CROCUS HILL		<b>Transaction ID : SA11.33200B</b>
City ST PAUL	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2700.00
Name of Employer ALLIED WORLD ASSURANCE CO	Occupation CFO	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	<b>[MEMO ITEM]</b> REATTRIBUTION TO SPOUSE

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5400.00
<b>TOTAL</b> 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: PAGE 36 OF 143  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
**WARD BREHM**

Mailing Address **430 S BROWN ROAD**

City **WAYZATA** State **MN** Zip Code **55391-9314**

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  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 26 / 2015**

**Transaction ID : SA11.33202**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD B. BURY**

Mailing Address **1511 HERON DRIVE**

City **CHANHASSEN** State **MN** Zip Code **55317-8530**

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  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 26 / 2015**

**Transaction ID : SA11.33319**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. MARK COPMAN**

Mailing Address **4408 SUNNYSIDE RD**

City **EDINA** State **MN** Zip Code **55424-1102**

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

Name of Employer **3M** Occupation **VICE PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 26 / 2015**

**Transaction ID : SA11.33376**

Amount of Each Receipt this Period  
**5400.00**  
 CONTRIBUTION

SEE REATTRIBUTION

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

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

**6600.00**

**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 143
	<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)  
**KARRI COPMAN**

Mailing Address 4408 SUNNYSIDE RD

City State Zip Code  
EDINA MN 55424-1102

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

Name of Employer Occupation  
3M MANAGEMENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.33472**

Amount of Each Receipt this Period  
2700.00

CONTRIBUTION

**[MEMO ITEM]  
REATTRIBUTION FROM SPOUSE**

**B.** Full Name (Last, First, Middle Initial)  
**MR. MARK COPMAN**

Mailing Address 4408 SUNNYSIDE RD

City State Zip Code  
EDINA MN 55424-1102

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

Name of Employer Occupation  
3M VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.33376B**

Amount of Each Receipt this Period  
-2700.00

CONTRIBUTION

**[MEMO ITEM]  
REATTRIBUTION TO SPOUSE**

**C.** Full Name (Last, First, Middle Initial)  
**FRANK FISCHER**

Mailing Address 86 FAXON RD

City State Zip Code  
ATHERTON CA 94027-4046

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

Name of Employer Occupation  
NEUROPACE EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

**Transaction ID : SA11.33315**

Amount of Each Receipt this Period  
2700.00

CONTRIBUTION

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

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

2700.00

**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 143
	<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)  
**FRANK FISCHER**

Mailing Address 86 FAXON RD

City: ATHERTON State: CA Zip Code: 94027-4046

FEC ID number of contributing federal political committee: C

Name of Employer: NEUROPACE Occupation: EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5400.00

Date of Receipt: 03 / 26 / 2015

**Transaction ID : SA11.33316**

Amount of Each Receipt this Period: 2700.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JEANNE FISCHER**

Mailing Address 86 FAXON RD

City: ATHERTON State: CA Zip Code: 94027-4046

FEC ID number of contributing federal political committee: C

Name of Employer: N/A Occupation: HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5400.00

Date of Receipt: 03 / 26 / 2015

**Transaction ID : SA11.33317**

Amount of Each Receipt this Period: 2700.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JEANNE FISCHER**

Mailing Address 86 FAXON RD

City: ATHERTON State: CA Zip Code: 94027-4046

FEC ID number of contributing federal political committee: C

Name of Employer: N/A Occupation: HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5400.00

Date of Receipt: 03 / 26 / 2015

**Transaction ID : SA11.33318**

Amount of Each Receipt this Period: 2700.00

CONTRIBUTION

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

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

8100.00

**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 143
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

**A.** Full Name (Last, First, Middle Initial)  
**EDWARD HAMM**

Mailing Address **243 S BEACH RD**

City **HOBE SOUND** State **FL** Zip Code **33455-2512**

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

Name of Employer **ACOMA OIL** Occupation **PARTNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 26 / 2015**

**Transaction ID : SA11.33311**

Amount of Each Receipt this Period  
**800.00**  
 CONTRIBUTION

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

Mailing Address **18537 ST. MELLION PL**

City **EDEN PRAIRIE** State **MN** Zip Code **55347-3487**

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  
**1350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 26 / 2015**

**Transaction ID : SA11.33306**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

Mailing Address **4889 E LAKE HARRIET PKWY**

City **MINNEAPOLIS** State **MN** Zip Code **55419-5222**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 26 / 2015**

**Transaction ID : SA11.33203**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**2800.00**

**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 40 OF 143
	<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)  
**DONALD MCCARTHY**

Mailing Address **7746 LOCHMERE TER**

City **MINNEAPOLIS** State **MN** Zip Code **55439-2618**

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 **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 26 / 2015**

**Transaction ID : SA11.33307**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM OGDEN**

Mailing Address **1505 XANTHUS LN**

City **PLYMOUTH** State **MN** Zip Code **55447-2515**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 26 / 2015**

**Transaction ID : SA11.33265**

Amount of Each Receipt this Period  
**300.00**  
 CONTRIBUTION

**C.** 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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 26 / 2015**

**Transaction ID : SA11.33270**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**1050.00**



**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 143
	<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)  
**MICHAEL N. PATTERSON**

Mailing Address 10547 ESTATE DR

City: EDEN PRAIRIE State: MN Zip Code: 55347-4862

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

Name of Employer: INFORMATION REQUESTED Occupation: BUSINESS OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 26 / 2015

**Transaction ID : SA11.33304**

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL N. ROSEN**

Mailing Address 123 N 3RD ST STE 888

City: MINNEAPOLIS State: MN Zip Code: 55401-1668

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

Name of Employer: ROSEN PARKER Occupation: ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 26 / 2015

**Transaction ID : SA11.33201**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FRANK W. SPAHN**

Mailing Address 17083 TERREY PINE DRIVE

City: EDEN PRAIRIE State: MN Zip Code: 55347-1165

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

Name of Employer: SIGNUS MEDICAL Occupation: CFO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 26 / 2015

**Transaction ID : SA11.33310**

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

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

1500.00

**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 42 OF 143
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

**A.** Full Name (Last, First, Middle Initial)  
**WALTER WHITE**

Mailing Address 4833 MCDONALD DR CR N

City State Zip Code  
STILLWATER MN 55082-2150

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

Name of Employer Occupation  
INFO REQUESTED INFO REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

**Transaction ID : SA11.33305**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ELAINE YOST**

Mailing Address 9463 OLYMPIA DR

City State Zip Code  
EDEN PRAIRIE MN 55347-2845

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

**Transaction ID : SA11.33323**

Amount of Each Receipt this Period  
300.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM YOST**

Mailing Address 9463 OLYMPIA DRIVE

City State Zip Code  
EDEN PRAIRIE MN 55347-2845

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

**Transaction ID : SA11.33322**

Amount of Each Receipt this Period  
700.00  
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 43 OF 143  
(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)  
**JENNIFER YOUNG**

Mailing Address 4042 SEMINARY RD

City State Zip Code  
ALEXANDRIA VA 22304-1646

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

Name of Employer Occupation  
KELLER WILLIAMS REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : SA11.33336**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

**B.** 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  
INFO REQUESTED INFO REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : SA11.33330**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DAVID KVAMME**

Mailing Address 3621 IRONWOOD ROAD

City State Zip Code  
EXCELSIOR MN 55331-8890

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

Name of Employer Occupation  
WELLS FARGO REGIONAL PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : SA11.33206**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

4700.00

**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 143
	<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)  
**DANIELLE MAURER**

Mailing Address 5040 36TH ST N

City ARLINGTON State VA Zip Code 22207-2947

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

Name of Employer FIERCE GOVERNMENT RELATIONS Occupation GOVERNMENT RELATIONS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : SA11.33205**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ADDISON PIPER**

Mailing Address 2905 WILLOWOOD FARM

City HAMEL State MN Zip Code 55340-9518

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

Name of Employer PIPER JAFFRAY Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : SA11.33204**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**STEVE BALDINGER**

Mailing Address 1147 ORCHARD CIR

City MENDOTA HEIGHTS State MN Zip Code 55118-4146

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

Name of Employer BALDINGER BAKERY Occupation BAKERY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2015

**Transaction ID : SA11.33208**

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 45 OF 143
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

**A.** Full Name (Last, First, Middle Initial)  
**NEEL JOHNSON**

Mailing Address 349 SALEM CHURCH RD

City State Zip Code  
SUNFISH LAKE MN 55118-4720

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

Name of Employer Occupation  
WELLS FARGO BANKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 29 / 2015

**Transaction ID : SA11.33207**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JIM BUTTS**

Mailing Address 2590 CASCO POINT ROAD

City State Zip Code  
WAYZATA MN 55391-9721

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : SA11.33211**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KIRSTEN CHADWICK**

Mailing Address 601 PRESIDENT FORD LANE

City State Zip Code  
ALEXANDRIA VA 22302-3033

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

Name of Employer Occupation  
FIERCE, ISAKOWITZ & BLALOCK CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : SA11.33214**

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 46 OF 143
	<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)  
**CHAD DUNKLEY**

Mailing Address 3240 GRAHAM HILL RD

City: **ORONO** State: **MN** Zip Code: **55356-5500**

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

Name of Employer: **NEW HORIZON ACADEMY** Occupation: **COO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **1000.00**

Date of Receipt: **03 / 30 / 2015**

**Transaction ID : SA11.33212**

Amount of Each Receipt this Period: **1000.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JILL DUNKLEY**

Mailing Address 3240 GRAHAM HILL RD

City: **ORONO** State: **MN** Zip Code: **55356-5500**

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

Name of Employer: **NEW HORIZON ACADEMY** Occupation: **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **1000.00**

Date of Receipt: **03 / 30 / 2015**

**Transaction ID : SA11.33213**

Amount of Each Receipt this Period: **1000.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHUCK M. HENGEL**

Mailing Address 3005 MAPLEWOOD RD  
3005 MAPLEWOOD RD

City: **WOODLAND** State: **MN** Zip Code: **55391-2642**

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

Name of Employer: **MARKETING ARCHITECTS** Occupation: **ADVERTISING**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **2700.00**

Date of Receipt: **03 / 30 / 2015**

**Transaction ID : SA11.33209**

Amount of Each Receipt this Period: **2700.00**

CONTRIBUTION

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

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

**4700.00**

**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 143
	<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)  
**TIFFANY MOORE**

Mailing Address 417 QUACKENBOS STREET, NW

City WASHINGTON State DC Zip Code 20011-1307

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

Name of Employer SELF Occupation CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : SA11.33210**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 2152 MEDINA RD

City MEDINA State MN Zip Code 55340-9795

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

Name of Employer CC MANAGEMENT LLC Occupation INVESTMENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33382**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JANE BARRY**

Mailing Address 2960 GALE RD

City WAYZATA State MN Zip Code 55391-2626

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33399**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

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

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

3950.00

**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 48 OF 143
	<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)  
**JANE BARRY**

Mailing Address 2960 GALE RD

City WAYZATA State MN Zip Code 55391-2626

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11.33400**

Amount of Each Receipt this Period  
**2700.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WALTER BARRY**

Mailing Address 2960 GALE RD

City WAYZATA State MN Zip Code 55391-2626

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 **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11.33394**

Amount of Each Receipt this Period  
**2700.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WALTER BARRY**

Mailing Address 2960 GALE RD

City WAYZATA State MN Zip Code 55391-2626

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 **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11.33395**

Amount of Each Receipt this Period  
**2700.00**  
 CONTRIBUTION

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

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

**8100.00**



**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 143
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

**A.** Full Name (Last, First, Middle Initial)  
**STEPHEN BENNETT**

Mailing Address 90 CLAY CLIFFE DR

City State Zip Code  
TONKA BAY MN 55331-9509

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

Name of Employer Occupation  
VILLAGE AUTOMOTIVE GROUP AUTOMOTIVE DEALER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.33364**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BRENT BLACKKEY**

Mailing Address 28020 WOODSIDE ROAD

City State Zip Code  
EXCELSIOR MN 55331-7952

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

Name of Employer Occupation  
HOLIDAY COMPANIES PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.33456**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM BLOOMER**

Mailing Address 630 INDIAN MOUND ST

City State Zip Code  
WAYZATA MN 55391-1759

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

Name of Employer Occupation  
LEXUS OF WAYZATA BUSINESS OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.33362**

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 50 OF 143
	<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) <b>MITCHEL CHARGO</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015
Mailing Address 6550 OLSTAD DR		<b>Transaction ID : SA11.33353</b>
City MAPLE PLAIN	State MN	Zip Code 55359-6500
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer GURSTEL, STALOCH & CHARGO, PA	Occupation ATTORNEY	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>JANIS CLAY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015
Mailing Address 2104 GIRARD AVE S		<b>Transaction ID : SA11.33355</b>
City MINNEAPOLIS	State MN	Zip Code 55405-2546
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00 CONTRIBUTION	
Name of Employer SELF	Occupation ATTORNEY	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>ELLIOT COBB</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015
Mailing Address 10578 E CINDER CONE TRL		<b>Transaction ID : SA11.33409</b>
City SCOTTSDALE	State AZ	Zip Code 85262-4501
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer ECA MARKETING	Occupation CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> 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 51 OF 143
	<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 COOK**

Mailing Address 3748 LANDINGS DR

City State Zip Code  
EXCELSIOR MN 55331-9711

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

Name of Employer Occupation  
DONALDSON COMPANY CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.33407**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD EMMERICH**

Mailing Address 7700 OLD HIGHWAY 169 BLVD

City State Zip Code  
JORDAN MN 55352-3500

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.33442**

Amount of Each Receipt this Period  
750.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT W. FAYFIELD**

Mailing Address PO BOX 34

City State Zip Code  
MINNEAPOLIS MN 55440-0034

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

Name of Employer Occupation  
BANNER ENGINEERING CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.33401**

Amount of Each Receipt this Period  
2700.00

CONTRIBUTION

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

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

5450.00

**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 143
	<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)  
**ROBERT W. FAYFIELD**

Mailing Address **PO BOX 34**

City **MINNEAPOLIS** State **MN** Zip Code **55440-0034**

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

Name of Employer **BANNER ENGINEERING** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11.33402**

Amount of Each Receipt this Period  
**2700.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PAUL FISCHER**

Mailing Address **10945 57TH AVE N**

City **PLYMOUTH** State **MN** Zip Code **55442-1621**

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  
**450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11.33403**

Amount of Each Receipt this Period  
**200.00**

CONTRIBUTION

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

Mailing Address **200 PARK AVENUE**

City **MINNEAPOLIS** State **MN** Zip Code **55415-1172**

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

Name of Employer **GENERAL MILLS** Occupation **COMMUNICATIONS**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11.33457**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

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

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

**3900.00**

**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 143
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>JENIFER GARVEY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015
Mailing Address 4721 ANNAWAY DR.		<b>Transaction ID : SA11.33383</b>
City MINNEAPOLIS	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) <b>TIMOTHY GARVEY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015
Mailing Address 4721 ANNAWAY DR.		<b>Transaction ID : SA11.33381</b>
City MINNEAPOLIS	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer TCSL	Occupation DOCTOR	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) <b>MR. JOHN F. GIBBS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015
Mailing Address 9533 VIRGINIA AV S		<b>Transaction ID : SA11.33361</b>
City BLOOMINGTON	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer COMCAST CORPORATION	Occupation VICE PRESIDENT	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6400.00
<b>TOTAL</b> 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 54 OF 143
	<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)  
**PAUL GRANGAARD**

Mailing Address **6927 MARK TERRACE CIRCLE**

City **MINNEAPOLIS** State **MN** Zip Code **55439-1622**

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

Name of Employer **GOLDNER HAWN PRIVATE EQUIT** Occupation **INVESTMENTS**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11.33392**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PAUL HARMEL**

Mailing Address **2820 WILLOW DR.**

City **HAMEL** State **MN** Zip Code **55340-9788**

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

Name of Employer **LIFETOUCH, INC** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11.33398**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

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

Mailing Address **6408 INTERLACHEN BLVD**

City **EDINA** State **MN** Zip Code **55436-1002**

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

Name of Employer **MNPA** Occupation **PHYSICIAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11.33356**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**5000.00**

**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 143
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11.33387**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JULIE HERSHEY CARR**

Mailing Address 1735 FAIRVIEW AVE

City MCLEAN State VA Zip Code 22101-4709

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

Name of Employer KOUNTOUPES | DENHAM Occupation ADVISER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11.33460**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CHRISTOPHER HILGER**

Mailing Address 260 S MISSISSIPPI RIVER BLVD

City ST. PAUL State MN Zip Code 55105-1209

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

Name of Employer SECURIAN Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11.33453**

Amount of Each Receipt this Period  
**2000.00**  
 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 56 OF 143
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

**A.** Full Name (Last, First, Middle Initial)  
**JAY HINIKER**

Mailing Address 5015 ARDEN AVE

City EDINA State MN Zip Code 55424-1315

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

Name of Employer CRONIN & CO Occupation BUSINESS MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33358**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RUSSELL HUFFER**

Mailing Address 18299 BEARPATH TRL

City EDEN PRAIRIE State MN Zip Code 55347-3470

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

Name of Employer APOGEE Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33410**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**STEPHEN IMHOLTE**

Mailing Address 200 PARK AVE. #402

City MINNEAPOLIS State MN Zip Code 55415-1176

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

Name of Employer BUILD PERKS, LLC Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33369**

Amount of Each Receipt this Period  
 500.00

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 57 OF 143
	<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)  
**THOMAS KEANE**

Mailing Address 18860 PHEASANT CIRCL

City State Zip Code  
EDEN PRAIRIE MN 55346-3924

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

Name of Employer Occupation  
ESTHESIA ORAL SURGERY CAR ORAL MAXILLOFACIAL SURGEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.33359**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**STEVEN KENNEDY**

Mailing Address 3435 LEAWOOD DRIVE

City State Zip Code  
MEDINA MN 55340-9336

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

Name of Employer Occupation  
FAEGRE BAKER DANIELS LLP ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.33357**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL LONDON**

Mailing Address 18601 VERONA LAGO DR

City State Zip Code  
MIROMAR LAKES FL 33913-8907

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

Name of Employer Occupation  
SELF CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.33408**

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 58 OF 143
	<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) <b>JOHN MACLENNAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015
Mailing Address 7651 WASHINGTON		<b>Transaction ID : SA11.33405</b>
City EDINA	State MN	Zip Code 55439-2417
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer PRODUCTION TECHNOLOGIES	Occupation CHAIRMAN AND CFO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>WHITNEY MACMILLAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015
Mailing Address 1050 BEACH ROAD #1-H		<b>Transaction ID : SA11.33390</b>
City VERO BEACH	State FL	Zip Code 32963-3413
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>CLIFF OFTEN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015
Mailing Address 2236 SOUTH LAKESHORE DR		<b>Transaction ID : SA11.33367</b>
City MAPLE PLAIN	State MN	Zip Code 55359-9343
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer OTTEN BROS	Occupation NURSERY & LANDSCAPING	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> 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 59 OF 143
	<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) <b>GREGORY R. PAGE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015
Mailing Address 512 HARRINGTON RD		<b>Transaction ID : SA11.33388</b>
City WAYZATA	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CARGILL INC	Occupation CEO	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>ANTHONY J. PARR</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015
Mailing Address 18122 BEARPATH TRAIL		<b>Transaction ID : SA11.33365</b>
City EDEN PRAIRIE	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer WELLS FARGO	Occupation MANAGING DIRECTOR	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>MS. GINA J. PAULUCCI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015
Mailing Address 320 WOODHILL RD		<b>Transaction ID : SA11.33446</b>
City WAYZATA	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer NORTHLAND INVESTMENTS	Occupation DIRECTOR	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4200.00
<b>TOTAL</b> 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 60 OF 143
	<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)  
**MS. GINA J. PAULUCCI**

Mailing Address 320 WOODHILL RD

City WAYZATA State MN Zip Code 55391-9389

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

Name of Employer NORTHLAND INVESTMENTS Occupation DIRECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33447**

Amount of Each Receipt this Period  
 2700.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GREGG C. PETERSON**

Mailing Address 250 PEAVEY LANE

City WAYZATA State MN Zip Code 55391-1523

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

Name of Employer NASCENT CAPITAL Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33366**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ANNE POLICINSKI**

Mailing Address 450 OLD LONG LAKE ROAD

City WAYZATA State MN Zip Code 55391-9681

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33478**

Amount of Each Receipt this Period  
 2300.00

CONTRIBUTION

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

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

5250.00

**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 61 OF 143
	<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)  
**CHRIS POLICINSKI**

Mailing Address 450 OLD LONG LAKE RD

City WAYZATA State MN Zip Code 55391-9681

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

Name of Employer LANDOLAKES Occupation MANAGEMENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33479**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CATHERINE SCHROCK**

Mailing Address 2004 SUGARWOODS DR

City ORONO State MN Zip Code 55356-9339

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

Name of Employer INFO REQUESTED Occupation INFO REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33476**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

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

Mailing Address 2004 SUGARWOODS DR

City ORONO State MN Zip Code 55356-9339

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

Name of Employer PENTAIR Occupation PENTAIR.COM

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33477**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

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

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

8100.00

**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 62 OF 143
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES SPEVACEK**

Mailing Address 33 SOUTH 6TH ST, STE 4400

City: MINNEAPOLIS State: MN Zip Code: 55402-3710

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

Name of Employer: MEAGHER Occupation: ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 31 / 2015

**Transaction ID : SA11.33368**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOSEPH M. STOEBNER**

Mailing Address 18803 BEARPATH TRAIL

City: EDEN PRAIRIE State: MN Zip Code: 55347-3460

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

Name of Employer: AVI SYSTEMS Occupation: CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 31 / 2015

**Transaction ID : SA11.33391**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JIM VILLAS**

Mailing Address 5416 CREEK VIEW LANE

City: EDINA State: MN Zip Code: 55439-1310

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: 300.00

Date of Receipt: 03 / 31 / 2015

**Transaction ID : SA11.33363**

Amount of Each Receipt this Period: 300.00

CONTRIBUTION

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

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

2300.00

**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 63 OF 143
	<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)  
**BENSON WHITNEY**

Mailing Address **2767 ITASCA AVE S**

City **LAKELAND** State **MN** Zip Code **55043-9740**

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

Name of Employer **SELF** Occupation **CONSULTANT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**03 / 31 / 2015**

**Transaction ID : SA11.33386**

Amount of Each Receipt this Period  
**1000.00**  
 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

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

Amount of Each Receipt this Period

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

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

**1000.00**

**206175.00**

**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 64 OF 143
	<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)  
**ESOP PAC**

Mailing Address 1726 M. STREET, N.W.  
SUITE 501

City WASHINGTON State DC Zip Code 20036-4522

FEC ID number of contributing federal political committee. **C** C00196089

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2015

**Transaction ID : SA11.32958**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** 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: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2015

**Transaction ID : SA11.32957**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL PAC**

Mailing Address 1111 14TH STREET NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20005-5627

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.32972**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

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

6000.00



**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 65 OF 143
	<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)  
**ASSOCIATION FOR ADVANCED LIFE UNDERWRITING PAC**

Mailing Address 11921 FREEDOM DR  
SUITE 1100

City RESTON State VA Zip Code 20190-5634

FEC ID number of contributing federal political committee. **C** C00447565

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.32984**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ASSURANT INC PAC**

Mailing Address 501 W MICHIGAN STREET

City MILWAUKEE State WI Zip Code 53203-2706

FEC ID number of contributing federal political committee. **C** C00185694

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.32985**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**COVANTA ENERGY PAC**

Mailing Address 445 SOUTH STREET

City MORRISTOWN State NJ Zip Code 07960-6475

FEC ID number of contributing federal political committee. **C** C00142158

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.32973**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

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

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

10000.00

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

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

FOR LINE NUMBER: PAGE 66 OF 143  
(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)  
**DAVITA INC. PAC**

Mailing Address 32275 32ND AVE S

City State Zip Code  
FEDERAL WAY WA 98001-9616

FEC ID number of contributing federal political committee. **C C00340943**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.32986**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EISAI INC PAC**

Mailing Address 100 TICE BLVD

City State Zip Code  
WOODCLIFF LAKE NJ 07677-8404

FEC ID number of contributing federal political committee. **C C00429886**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.32991**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address 100 ENDO BLVD

City State Zip Code  
CHADDS FORD PA 19317-9666

FEC ID number of contributing federal political committee. **C C00452052**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.32979**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

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

4500.00

**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 67 OF 143
	<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	

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)**  
**FAEGREBD CONSULTING PAC**

Mailing Address 1050 K STREET NW STE 400

City WASHINGTON State DC Zip Code 20001-4448

FEC ID number of contributing federal political committee. **C C00386904**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.32971**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B. Full Name (Last, First, Middle Initial)**  
**IKARIA PAC**

Mailing Address 444 N CAPITOL STREET NW STE 830

City WASHINGTON State DC Zip Code 20001-1569

FEC ID number of contributing federal political committee. **C C00463539**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.32992**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C. Full Name (Last, First, Middle Initial)**  
**INVESTMENT COMPANY INSTITUTE ICI PAC**

Mailing Address 1401 H STREET NW #1200

City WASHINGTON State DC Zip Code 20005-2110

FEC ID number of contributing federal political committee. **C C00105981**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.32977**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

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

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

4000.00

**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 68 OF 143
	<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. MEDTRONIC MEDICAL TECHNOLOGY FUND**

Full Name (Last, First, Middle Initial)  
Mailing Address THE ATLANTIC BUILDING  
950 F STREET, NW, SUITE 500

City WASHINGTON State DC Zip Code 20004-1478

FEC ID number of contributing federal political committee. **C C00311878**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.32987**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**B. MESSER CONSTRUCTION CO PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 5158 FISHWICK DR

City CINCINNATI State OH Zip Code 45216-2216

FEC ID number of contributing federal political committee. **C C00435990**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.32995**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C. MMC CORP PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 10955 LOWELL STE 350

City OVERLAND PARK State KS Zip Code 66210-2408

FEC ID number of contributing federal political committee. **C C00509356**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.32993**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

4000.00

**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 69 OF 143
	<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)  
**MORPHOTRUST USA INC PAC**

Mailing Address 1235 SOUTH CLARK STREET

City ARLINGTON State VA Zip Code 22202-3296

FEC ID number of contributing federal political committee. **C C00437491**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.32968**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NAFCU NATIONAL FEDERAL CREDIT UNION PAC**

Mailing Address 3138 10TH ST. N

City ARLINGTON State VA Zip Code 22201-2160

FEC ID number of contributing federal political committee. **C C00040659**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.32975**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NEXTERA ENERGY PAC**

Mailing Address P.O. BOX 14000

City JUNO BEACH State FL Zip Code 33408-0420

FEC ID number of contributing federal political committee. **C C00064774**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.32978**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

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

6000.00

**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 70 OF 143
	<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)  
**NOSSAMAN PAC**

Mailing Address 1666 NW K STREET

City State Zip Code  
WASHINGTON DC 20006-2801

FEC ID number of contributing federal political committee. **C C00473652**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.32989**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PNC FINANCIAL SERVICES PAC**

Mailing Address 249 5TH AVE

City State Zip Code  
PITTSBURGH PA 15222-2707

FEC ID number of contributing federal political committee. **C C00186064**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.32990**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address 1101 NEW YORK AVE, NW  
SUITE 800

City State Zip Code  
WASHINGTON DC 20005-4279

FEC ID number of contributing federal political committee. **C C00431312**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.32974**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

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

6000.00

**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 71 OF 143
	<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. TAXPAYERS INCENSED BY GOVERNMENT**

Full Name (Last, First, Middle Initial)  
**TAXPAYERS INCENSED BY GOVERNMENT**

Mailing Address **133 HARBOR DR. S**

City **VENICE** State **FL** Zip Code **34285-2214**

FEC ID number of contributing federal political committee. **C C00493239**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 19 / 2015**

**Transaction ID : SA11.32988**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**B. US ONCOLOGY, INC. PAC**

Full Name (Last, First, Middle Initial)  
**US ONCOLOGY, INC. PAC**

Mailing Address **10101 WOODLOCH FOREST DRIVE**

City **THE WOODLANDS** State **TX** Zip Code **77380-1975**

FEC ID number of contributing federal political committee. **C C00339655**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 19 / 2015**

**Transaction ID : SA11.32976**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

**C. ZIMMER INC BETTER GOVERNMENT COMMITTEE**

Full Name (Last, First, Middle Initial)  
**ZIMMER INC BETTER GOVERNMENT COMMITTEE**

Mailing Address **P.O. BOX 708**

City **WARSAW** State **IN** Zip Code **46581-0708**

FEC ID number of contributing federal political committee. **C C00399386**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 19 / 2015**

**Transaction ID : SA11.32969**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

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

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

**4500.00**

**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 72 OF 143
	<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)  
**AUSTIN INDUSTRIES COMPANIES PAC**

Mailing Address **PO BOX 1590**

City **DALLAS** State **TX** Zip Code **75221-1590**

FEC ID number of contributing federal political committee. **C C00093179**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 27 / 2015**

**Transaction ID : SA11.33017**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BEST BUY EMPLOYEE POLITICAL FORUM**

Mailing Address **7601 PENN AVENUE SOUTH**

City **RICHFIELD** State **MN** Zip Code **55423-8500**

FEC ID number of contributing federal political committee. **C C00405076**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 27 / 2015**

**Transaction ID : SA11.33012**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BURNS & MCDONNELL, INC. PAC**

Mailing Address **9400 WARK PARKWAY**

City **KANSAS CITY** State **MO** Zip Code **64114-3319**

FEC ID number of contributing federal political committee. **C C00442913**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 27 / 2015**

**Transaction ID : SA11.33014**

Amount of Each Receipt this Period  
 3000.00

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 73 OF 143
	<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. DEXTER APACHE HOLDINGS, INC PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2211 WEST GRIMES AVE  
 City State Zip Code  
 FAIRFIELD IA 52556-2681  
 FEC ID number of contributing federal political committee. **C** C00523613  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : SA11.33020**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. GEP ADMINISTRATIVE SERVICES INC EMPLOYEE PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2350 KERNER BLVD SUITE 250  
 City State Zip Code  
 SAN RAFAEL CA 94901-5596  
 FEC ID number of contributing federal political committee. **C** C00439661  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : SA11.33018**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. HIS COMPANY INC PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6650 CONCORD PARK DR  
 City State Zip Code  
 HOUSTON TX 77040-4098  
 FEC ID number of contributing federal political committee. **C** C00528216  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : SA11.33019**  
 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 74 OF 143
	<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	

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)  
**HONEYWELL INTERNATIONAL**

Mailing Address 101 CONSTITUTIONAL AVE., NW  
SUITE 500 W

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : SA11.33011**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**INVESTMENT COMPANY INSTITUTE ICI PAC**

Mailing Address 1401 H STREET NW #1200

City WASHINGTON State DC Zip Code 20005-2110

FEC ID number of contributing federal political committee. **C C00105981**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : SA11.33009**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LIFETOUCH INC. PAC**

Mailing Address 11000 VIKING DRIVE  
SUITE 400

City EDEN PRAIRIE State MN Zip Code 55344-7217

FEC ID number of contributing federal political committee. **C C00405241**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : SA11.33010**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

3000.00

**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 75 OF 143
	<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)  
**UNITED FOR HEALTH**

Mailing Address 701 PENNSYLVANIA AVE. NW  
SUITE 650

City WASHINGTON State DC Zip Code 20004-2608

FEC ID number of contributing federal political committee. **C C00274431**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : SA11.33013**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ADVANCED MEDICAL TECHNOLOGY ASSN PAC**

Mailing Address 701 PENNSYLVANIA AVE NW  
SUITE 800

City WASHINGTON State DC Zip Code 20004-2654

FEC ID number of contributing federal political committee. **C C00340356**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2015

**Transaction ID : SA11.33079**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ALLERGAN, INC. PAC**

Mailing Address 2148 E. ORANGE VIEW LN.

City ORANGE State CA Zip Code 92867-1820

FEC ID number of contributing federal political committee. **C C00292102**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2015

**Transaction ID : SA11.33089**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

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

7000.00

**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 76 OF 143
	<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)  
**ALLIANZ/FIREMAN'S FUND INSURANCE COMPANY PAC**

Mailing Address 1101 CONNECTICUT AVE NW #950

City WASHINGTON State DC Zip Code 20036-4377

FEC ID number of contributing federal political committee. **C** C00095109

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2015

**Transaction ID : SA11.33092**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 1701 CLARENDON BLVD

City ARLINGTON State VA Zip Code 22209-2799

FEC ID number of contributing federal political committee. **C** C00102764

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2015

**Transaction ID : SA11.33071**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN COUNCIL OF ENGINEERING COMPANIES PAC**

Mailing Address 1015 15TH ST NW

City WASHINGTON State DC Zip Code 20005-2605

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2015

**Transaction ID : SA11.33096**

Amount of Each Receipt this Period  
 1000.00  
 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 77 OF 143
	<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)  
**AMERICAN HOSPITAL ASSOCIATION**

Mailing Address 800 10TH ST NW

City WASHINGTON State DC Zip Code 20001-5188

FEC ID number of contributing federal political committee. **C C00106146**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2015

**Transaction ID : SA11.33070**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMSTED INDUSTRIES, INC. PAC**

Mailing Address TWO PRUDENTIAL PLAZA  
180 N STETSON AVE STE 1800

City CHICAGO State IL Zip Code 60601-6808

FEC ID number of contributing federal political committee. **C C00438358**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2015

**Transaction ID : SA11.33075**

Amount of Each Receipt this Period  
 1000.00

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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2015

**Transaction ID : SA11.33080**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

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

4500.00

**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 78 OF 143
	<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)  
**BRINKER INTERNATIONAL INC PAC**

Mailing Address **6820 LBJ FREEWAY**

City **DALLAS** State **TX** Zip Code **75240-6511**

FEC ID number of contributing federal political committee. **C C00241851**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 08 / 2015**

**Transaction ID : SA11.33107**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DOW CHEMICAL COMPANY EMPLOYEES PAC**

Mailing Address **P.O. BOX 27099**

City **WASHINGTON** State **DC** Zip Code **20038-7099**

FEC ID number of contributing federal political committee. **C C00074096**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 08 / 2015**

**Transaction ID : SA11.33073**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**EDWARDS LIFESCIENCES PAC**

Mailing Address **ONE EDWARDS WAY**

City **IRVINE** State **CA** Zip Code **92614-5688**

FEC ID number of contributing federal political committee. **C C00411900**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 08 / 2015**

**Transaction ID : SA11.33088**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

4500.00

**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 79 OF 143
	<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)  
**HOLDEN INDUSTRIES INC PAC**

Mailing Address 500 LAKE COOK RD SUITE 400

City DEERFIELD State IL Zip Code 60015-5269

FEC ID number of contributing federal political committee. **C** C00543561

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2015

**Transaction ID : SA11.33098**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT INSURANCE AGENTS PAC**

Mailing Address 20 F STREET NW SUITE 610

City WASHINGTON State DC Zip Code 20001-6707

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2015

**Transaction ID : SA11.33078**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**C.** 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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2015

**Transaction ID : SA11.33076**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

4500.00

**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 80 OF 143
	<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)  
**METLIFE PAC**

Mailing Address 600 13TH ST. NW SUITE 700

City WASHINGTON State DC Zip Code 20005-3005

FEC ID number of contributing federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2015

**Transaction ID : SA11.33077**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF INDEPENDENT LIFE BROKERAGE AGENCIES**

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00422204

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2015

**Transaction ID : SA11.33100**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PACIFIC LIFE INSURANCE PAC**

Mailing Address 700 NEWPORT CENTER DR.

City NEWPORT BEACH State CA Zip Code 92660-6307

FEC ID number of contributing federal political committee. **C** C00068528

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2015

**Transaction ID : SA11.33087**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

3000.00



**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 81 OF 143
	<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)  
**PRICEWATERHOUSECOOPERS PAC**

Mailing Address 600 13TH ST NW SUITE 1000

City WASHINGTON State DC Zip Code 20005-3005

FEC ID number of contributing federal political committee. **C C00107235**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2015

**Transaction ID : SA11.33074**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SMALL BUSINESS INVESTOR ALLIANCE PAC**

Mailing Address 1100 H ST NW SUITE 1200

City WASHINGTON State DC Zip Code 20005-5481

FEC ID number of contributing federal political committee. **C C00109991**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2015

**Transaction ID : SA11.33105**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**TARGETCITIZENS POLITICAL FORUM**

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403-2542

FEC ID number of contributing federal political committee. **C C00098061**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2015

**Transaction ID : SA11.33072**

Amount of Each Receipt this Period  
 2500.00

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 82 OF 143	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

**A.** Full Name (Last, First, Middle Initial)  
**TE CONNECTIVITY INC PAC**

Mailing Address **607 14TH STREET NE STE250**

City **WASHINGTON** State **DC** Zip Code **20002-5413**

FEC ID number of contributing federal political committee. **C C00433482**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**03 / 08 / 2015**

**Transaction ID : SA11.33090**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**USBANCORP POLITICAL PARTICIPATION PROGRAM**

Mailing Address **800 NICOLETT MALL  
BC-MN-H210**

City **MINNEAPOLIS** State **MN** Zip Code **55402-7000**

FEC ID number of contributing federal political committee. **C C00018036**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
**03 / 08 / 2015**

**Transaction ID : SA11.33091**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BEST BUY EMPLOYEE POLITICAL FORUM**

Mailing Address **7601 PENN AVENUE SOUTH**

City **RICHFIELD** State **MN** Zip Code **55423-8500**

FEC ID number of contributing federal political committee. **C C00405076**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
**03 / 11 / 2015**

**Transaction ID : SA11.33187**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

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

**4000.00**

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

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

FOR LINE NUMBER: PAGE 83 OF 143  
(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)  
**COCA-COLA COMPANY PAC**

Mailing Address P.O. DRAWER 1734

City ATLANTA State GA Zip Code 30301-1734

FEC ID number of contributing federal political committee. **C C00012468**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : SA11.33188**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**COMERICA INC PAC**

Mailing Address PO BOX 75000

City DETROIT State MI Zip Code 48275-0001

FEC ID number of contributing federal political committee. **C C00393173**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : SA11.33190**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BOSTON SCIENTIFIC CORP**

Mailing Address ONE BOSTON SCIENTIFIC PL

City NATICK State MA Zip Code 01760-1536

FEC ID number of contributing federal political committee. **C C00439661**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : SA11.33250**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

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

4000.00

**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 84 OF 143
	<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. DIRECT SELLING ASSOCIATION**

Full Name (Last, First, Middle Initial)  
Mailing Address 1667 K STREET NW STE 1100

City WASHINGTON State DC Zip Code 20006-1660

FEC ID number of contributing federal political committee. **C** C00078535

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : SA11.33260**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**B. ESCA PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 805 15TH STREET N.W. SUITE 650

City WASHINGTON State DC Zip Code 20005-2281

FEC ID number of contributing federal political committee. **C** C00458257

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : SA11.33248**

Amount of Each Receipt this Period  
 3000.00

CONTRIBUTION

**C. KOCH INDUSTRIES PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 655 15TH STREET, NW SUITE 445

City WASHINGTON State DC Zip Code 20005-5727

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : SA11.33249**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 85 OF 143  
(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)  
**MOSAIC**

Mailing Address 3033 CAMPUS DR SUITE E490

City State Zip Code  
PLYMOUTH MN 55441-2655

FEC ID number of contributing federal political committee. **C C00455766**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 25 / 2015

**Transaction ID : SA11.33253**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ATHLETIC TRAINERS' ASSOCIATION**

Mailing Address 1620 VALWOOD PKWY, SUITE 115

City State Zip Code  
CARROLLTON TX 75006-8321

FEC ID number of contributing federal political committee. **C C00408518**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 25 / 2015

**Transaction ID : SA11.33256**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA BETTER**

Mailing Address 950 F STREET NW STE 300

City State Zip Code  
WASHINGTON DC 20004-1440

FEC ID number of contributing federal political committee. **C C00021972**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 25 / 2015

**Transaction ID : SA11.33251**

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 86 OF 143
	<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. PRICEWATERHOUSECOOPERS PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 13TH ST NW SUITE 1000  
 City WASHINGTON State DC Zip Code 20005-3005  
 FEC ID number of contributing federal political committee. **C** C00107235  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.33252**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. ABBOTT LABORATORIES EMPLOYEE PAC (AEPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 ABBOTT PARK ROAD  
 City ABBOTT PARK State IL Zip Code 60064-3502  
 FEC ID number of contributing federal political committee. **C** C00040279  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.33350**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. ABBVIE PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 N WAUKEGAN RD  
 City N. CHICAGO State IL Zip Code 60064-1802  
 FEC ID number of contributing federal political committee. **C** C00536573  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.33339**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

3000.00

**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 87 OF 143
	<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)  
**AMERICAN FAMILY INSURANCE PAC**

Mailing Address 6000 AMERICAN PKWY

City MADISON State WI Zip Code 53783-0001

FEC ID number of contributing federal political committee. **C** C00354290

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : SA11.33325**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 25 MASSACHUSETTS AVE NW  
SUITE 600

City WASHINGTON State DC Zip Code 20001-7400

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : SA11.33324**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN OCCUPATIONAL THERAPY ASSOC**

Mailing Address 4720 MONTGOMERY LN

City BETHESDA State MD Zip Code 20814-5320

FEC ID number of contributing federal political committee. **C** C00089086

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : SA11.33340**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 88 OF 143  
(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)  
**AMERICAN PHYSICAL THERAPY ASSOCIATION PAC**

Mailing Address 1111 N FAIRFAX ST

City State Zip Code  
ALEXANDRIA VA 22314-1484

FEC ID number of contributing federal political committee. **C C00012880**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

**Transaction ID : SA11.33348**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ANTHEM PAC**

Mailing Address 120 MONUMENT CR

City State Zip Code  
INDIANAPOLIS IN 46204-4906

FEC ID number of contributing federal political committee. **C C00197228**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

**Transaction ID : SA11.33342**

Amount of Each Receipt this Period  
1000.00  
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 State Zip Code  
WASHINGTON DC 20005-3007

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

**Transaction ID : SA11.33337**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

3000.00



**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 89 OF 143
	<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)  
**BOEING PAC**

Mailing Address **1200 WILSON BOULEVARD**

City **ARLINGTON** State **VA** Zip Code **22209-2300**

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 26 / 2015**

**Transaction ID : SA11.33349**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DOCTOR VOICE FOR PATIENT CHOICE PAC**

Mailing Address **4040 MACARTHUR BLVD STE 210**

City **NEWPORT BEACH** State **CA** Zip Code **92660-2515**

FEC ID number of contributing federal political committee. **C C00527796**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 26 / 2015**

**Transaction ID : SA11.33327**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GENERAL ELECTRIC PAC**

Mailing Address **1299 PENNSYLVANIA AVE, NW**

City **WASHINGTON** State **DC** Zip Code **20004-2400**

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 26 / 2015**

**Transaction ID : SA11.33343**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

4000.00

**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 90 OF 143
	<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)  
**HDMA PAC**

Mailing Address 901 NORTH GLEBE RD  
SUITE 1000

City ARLINGTON State VA Zip Code 22203-1854

FEC ID number of contributing federal political committee. **C** C00247569

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : SA11.33326**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HONEYWELL INTERNATIONAL**

Mailing Address 101 CONSTITUTIONAL AVE., NW  
SUITE 500 W

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : SA11.33334**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL COUNCIL OF SHOPPING CENTERS PAC**

Mailing Address 1399 NEW YORK AVENUE, NW  
SUITE 720

City WASHINGTON State DC Zip Code 20005-4778

FEC ID number of contributing federal political committee. **C** C00217638

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : SA11.33333**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

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

4500.00

**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 91 OF 143
	<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. MEDTRONIC MEDICAL TECHNOLOGY FUND**

Full Name (Last, First, Middle Initial)  
Mailing Address THE ATLANTIC BUILDING  
950 F STREET, NW, SUITE 500

City WASHINGTON State DC Zip Code 20004-1478

FEC ID number of contributing federal political committee. **C C00311878**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

**Transaction ID : SA11.33338**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B. MORGAN STANLEY PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1585 BROADWAY FL 9

City NEW YORK State NY Zip Code 10036-8200

FEC ID number of contributing federal political committee. **C C00337626**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

**Transaction ID : SA11.33347**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C. PUBLIX SUPER MARKETS, INC ASSOCIATES PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 407

City LAKELAND State FL Zip Code 33802-0407

FEC ID number of contributing federal political committee. **C C00400705**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

**Transaction ID : SA11.33331**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

3000.00

**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 92 OF 143
	<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)  
**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: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : SA11.33344**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** 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: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : SA11.33346**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN MAIN STREET PAC**

Mailing Address 1220 L ST NW  
STE 100-263

City WASHINGTON State DC Zip Code 20005-4018

FEC ID number of contributing federal political committee. **C C00165159**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : SA11.33328**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

3000.00

**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 93 OF 143
	<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)**  
**REPUBLICAN MAIN STREET PAC**

Mailing Address 1220 L ST NW  
STE 100-263

City WASHINGTON State DC Zip Code 20005-4018

FEC ID number of contributing federal political committee. **C C00165159**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

**Transaction ID : SA11.33329**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B. Full Name (Last, First, Middle Initial)**  
**RETAILPAC**

Mailing Address 325 7TH STREET NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20004-2825

FEC ID number of contributing federal political committee. **C C00040329**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

**Transaction ID : SA11.33341**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C. Full Name (Last, First, Middle Initial)**  
**STATE FARM PAC**

Mailing Address 1 STATE FARM PLZ., D2

City BLOOMINGTON State IL Zip Code 61710-0001

FEC ID number of contributing federal political committee. **C C00544817**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

**Transaction ID : SA11.33335**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 94 OF 143  
(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)  
**TIAA-CREF PAC**

Mailing Address 1101 PENNSYLVANIA AVE. NW  
SUITE 800

City WASHINGTON State DC Zip Code 20004-2526

FEC ID number of contributing federal political committee. **C C00431361**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : SA11.33351**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**TUESDAY GROUP PAC**

Mailing Address POST OFFICE BOX 11586

City WASHINGTON State DC Zip Code 20008-0786

FEC ID number of contributing federal political committee. **C C00433060**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : SA11.33332**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**UNITED TECHNOLOGIES UTPAC**

Mailing Address 1101 PENNSYLVANIA AVENUE, NW  
10TH FLOOR

City WASHINGTON State DC Zip Code 20004-2566

FEC ID number of contributing federal political committee. **C C00035683**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : SA11.33345**

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 95 OF 143
	<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)  
**PIONEER PROJECT FUND**

Mailing Address **HOLD**

City **HOLD** State **NY** Zip Code **12345-0001**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **3851.76**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11.33495**

Amount of Each Receipt this Period  
**3851.76**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**3M COMPANY PAC**

Mailing Address **1425 K STREET, N.W.  
SUITE 300**

City **WASHINGTON** State **DC** Zip Code **20005-3565**

FEC ID number of contributing federal political committee. **C C00084475**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11.33421**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**3M COMPANY PAC**

Mailing Address **1425 K STREET, N.W.  
SUITE 300**

City **WASHINGTON** State **DC** Zip Code **20005-3565**

FEC ID number of contributing federal political committee. **C C00084475**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11.33422**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**5851.76**

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

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

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(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)  
**ACE GROUP PAC**

Mailing Address 901 F STREET, NW  
SUITE 550

City State Zip Code  
WASHINGTON DC 20004-1427

FEC ID number of contributing federal political committee. **C C00348938**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33415**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AFLAC INC. PAC**

Mailing Address 1932 WYNNTON 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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33412**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AIRCRAFT OWNERS AND PILOTS ASSOCIATION**

Mailing Address 421 AVIATION WAY

City State Zip Code  
FREDERICK MD 21701-4756

FEC ID number of contributing federal political committee. **C C00131185**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33428**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

3000.00



**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 97 OF 143
	<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)  
**AMERICAN APPAREL & FOOTWEAR ASSOCIATION PAC (CLOTHESAPAC)**

Mailing Address 1601 N KENT ST STE 1200  
City ARLINGTON State VA Zip Code 22209-2105

FEC ID number of contributing federal political committee. **C C00338442**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.33445**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**AMERICAN COUNCIL OF LIFE INS**

Mailing Address 101 CONSTITUTION AVE., NW SUITE 700  
City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00147066**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.33429**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**AMERICAN PHYSICAL THERAPY ASSOCIATION PAC**

Mailing Address 1111 N FAIRFAX ST  
City ALEXANDRIA State VA Zip Code 22314-1484

FEC ID number of contributing federal political committee. **C C00012880**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.33455**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> 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 98 OF 143
	<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)  
**AMGEN PAC**

Mailing Address 601 13TH STREET, NW  
12TH FLOOR

City WASHINGTON State DC Zip Code 20005-3819

FEC ID number of contributing federal political committee. **C C00024299**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33423**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BECTON, DICKINSON AND COMPANY PAC**

Mailing Address 1 BECTON DR MC085

City FRANKLIN LAKES State NJ Zip Code 07417-1815

FEC ID number of contributing federal political committee. **C C00376582**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33449**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CARGILL, INC.**

Mailing Address P.O BOX 9300

City MINNEAPOLIS State MN Zip Code 55440-9300

FEC ID number of contributing federal political committee. **C C00067884**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33411**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

4500.00

**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 99 OF 143
	<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)  
**CITIGROUP INC. PAC**

Mailing Address 1101 PENNSYLVANIA AVENUE, NW  
SUITE 1000

City WASHINGTON State DC Zip Code 20004-2524

FEC ID number of contributing federal political committee. **C C00008474**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33431**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**COMCAST PAC**

Mailing Address 1701 JFK BLVD

City PHILADELPHIA State PA Zip Code 19103-2833

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33420**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ELI LILLY AND COMPANY PAC**

Mailing Address 555 TWELFTH STREET, N.W.  
SUITE 650, SOUTH TOWER

City WASHINGTON State DC Zip Code 20004-1209

FEC ID number of contributing federal political committee. **C C00082792**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33435**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

4000.00

**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 100 OF 143
	<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)  
**ELI LILLY AND COMPANY PAC**

Mailing Address 555 TWELFTH STREET, N.W.  
SUITE 650, SOUTH TOWER

City WASHINGTON State DC Zip Code 20004-1209

FEC ID number of contributing federal political committee. **C C00082792**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.33436**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EXXONMOBIL PAC**

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039-4202

FEC ID number of contributing federal political committee. **C C00121368**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.33432**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FORD MOTOR COMPANY CIVIL ACTION FUND**

Mailing Address 1350 I STREET NW  
WASHINGTON AFFAIRS

City WASHINGTON State DC Zip Code 20005-3305

FEC ID number of contributing federal political committee. **C C00046474**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.33443**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

3000.00

**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 101 OF 143
	<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)  
**GENERAL ELECTRIC PAC**

Mailing Address 1299 PENNSYLVANIA AVE, NW

City WASHINGTON State DC Zip Code 20004-2400

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33427**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GLAXOSMITHKLINE PAC**

Mailing Address FIVE MOORE DRIVE

City RESEARCH TRIANGLE PARK State NC Zip Code 27709-0143

FEC ID number of contributing federal political committee. **C C00199703**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33434**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HDR, INC PAC**

Mailing Address 8404 INDIAN HILLS DRIVE

City OMAHA State NE Zip Code 68114-4049

FEC ID number of contributing federal political committee. **C C00103903**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33450**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

3000.00

**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 102 OF 143
	<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)  
**HNTB HOLDINGS PAC**

Mailing Address 715 KIRK DR.

City KANSAS CITY State MO Zip Code 64105-1310

FEC ID number of contributing federal political committee. **C C00386029**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33414**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HOME DEPOT PAC**

Mailing Address 1155 F STREET NW  
SUITE 400

City WASHINGTON State DC Zip Code 20004-1346

FEC ID number of contributing federal political committee. **C C00284885**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33417**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HUNTINGTON BANCSHARES PAC**

Mailing Address 415 HIGH ST

City COLUMBUS State OH Zip Code 43215-

FEC ID number of contributing federal political committee. **C C00165589**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33467**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

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

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

8000.00

**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 103 OF 143
	<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: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11.33425**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JPMORGAN CHASE & CO PAC**

Mailing Address **10 S. DEARBORN ST.**

City **CHICAGO** State **IL** Zip Code **60603-2300**

FEC ID number of contributing federal political committee. **C C00104299**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11.33418**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

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

Mailing Address **1301 CONCORD TERRACE**

City **SUNRISE** State **FL** Zip Code **33323-2843**

FEC ID number of contributing federal political committee. **C C00469205**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11.33458**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

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

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

**4500.00**

**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 104 OF 143
	<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. NATIONAL MULTI HOUSING COUNCIL PAC**

Full Name (Last, First, Middle Initial)  
NATIONAL MULTI HOUSING COUNCIL PAC

Mailing Address 1850 M STREET, NW  
SUITE 540

City WASHINGTON State DC Zip Code 20036-5816

FEC ID number of contributing federal political committee. **C C00130773**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33419**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**B. ST. JUDE MEDICAL PAC**

Full Name (Last, First, Middle Initial)  
ST. JUDE MEDICAL PAC

Mailing Address ONE MASSACHUSETTS AVE., NW  
SUITE 330

City WASHINGTON State DC Zip Code 20001-1424

FEC ID number of contributing federal political committee. **C C00305029**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33413**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**C. TCF PAC**

Full Name (Last, First, Middle Initial)  
TCF PAC

Mailing Address 801 MARQUETTE AVENUE

City MINNEAPOLIS State MN Zip Code 55402-2807

FEC ID number of contributing federal political committee. **C C00218263**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33430**

Amount of Each Receipt this Period  
 1000.00

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 105 OF 143
	<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)  
**TOYOTA MOTOR NORTH AMERICA INC. PAC**

Mailing Address 601 13TH ST. NW SUITE 910

City WASHINGTON State DC Zip Code 20005-3807

FEC ID number of contributing federal political committee. **C C00542365**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33459**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**UBS AMERICAS FUND FOR BETTER GOVERNMENT**

Mailing Address 1501 K STREET NW SUITE 1100

City WASHINGTON State DC Zip Code 20005-1410

FEC ID number of contributing federal political committee. **C C00012245**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33433**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB**

Mailing Address 1300 I ST. NW 4TH FLOOR

City WASHINGTON State DC Zip Code 20005-3314

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33416**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

4500.00

**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 106 OF 143
	<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)  
**WAL-MART STORES, INC PAC**

Mailing Address 701 8TH STREET, NW  
SUITE 200

City WASHINGTON State DC Zip Code 20001-3917

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33426**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WALGREEN CO. PAC**

Mailing Address 104 WILMOT ROAD #1444

City DEERFIELD State IL Zip Code 60015-5121

FEC ID number of contributing federal political committee. **C** C00160770

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.33438**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**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 / 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).....

2000.00

190351.76

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

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	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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)  
**SXSW GOP COMMITTEE**

Mailing Address **HOLD**

City **HOLD** State **NY** Zip Code **12345-0001**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6046.98**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA12.33486**

Amount of Each Receipt this Period  
**6046.98**

CONTRIBUTION

SEE ATTRIBUTION BELOW

**B.** Full Name (Last, First, Middle Initial)  
**CHRISTOPHER ALSUP**

Mailing Address **8410 MOREY LN**

City **ALEXANDRIA** State **VA** Zip Code **22308-1944**

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

Name of Employer Occupation  
**DELL GOVERNMENT AFFAIRS**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA12.33491**

Amount of Each Receipt this Period  
**300.00**

CONTRIBUTION

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**TRE'ANN KRUPNICK**

Mailing Address **3320 HIGHLAND LN**

City **FAIRFAX** State **VA** Zip Code **22031-2812**

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

Name of Employer Occupation  
**HOMEMAKER HOMEMAKER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **60.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA12.33488**

Amount of Each Receipt this Period  
**60.00**

CONTRIBUTION

**[MEMO ITEM]**

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

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

**6046.98**

**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 108 OF 143
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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)  
**HARI RAVICHANDRAN**

Mailing Address **26 TYLER RD**

City **LEXINGTON** State **MA** Zip Code **02420-2426**

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

Name of Employer **ENDURANCE INTERNATIONAL GROUP** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA12.33490**

Amount of Each Receipt this Period  
**600.00**

CONTRIBUTION  
**[MEMO ITEM]**

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

Mailing Address **ONE DELL WAY**

City **ROUND ROCK** State **TX** Zip Code **78682-7000**

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

Name of Employer **DELL** Occupation **GOVERNMENT AFFAIRS**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA12.33489**

Amount of Each Receipt this Period  
**300.00**

CONTRIBUTION  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**APPLIED MATERIALS INC PAC**

Mailing Address **20 PARK ROAD SUITE E**

City **BURLINGAME** State **CA** Zip Code **94010-4443**

FEC ID number of contributing federal political committee. **C C00406892**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA12.33494**

Amount of Each Receipt this Period  
**700.00**

CONTRIBUTION  
**[MEMO ITEM]**

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

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

**0.00**

**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 109 OF 143
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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)  
**DELL EMPLOYEE PAC**

Mailing Address 1 DELL WAY RR1-33

City ROUND ROCK State TX Zip Code 78682-7000

FEC ID number of contributing federal political committee. **C** C00369751

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA12.33487**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**DELL EMPLOYEE PAC**

Mailing Address 1 DELL WAY RR1-33

City ROUND ROCK State TX Zip Code 78682-7000

FEC ID number of contributing federal political committee. **C** C00369751

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA12.33493**

Amount of Each Receipt this Period  
 3000.00

CONTRIBUTION

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**HONEYWELL INTERNATIONAL**

Mailing Address 101 CONSTITUTIONAL AVE., NW  
SUITE 500 W

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA12.33492**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**[MEMO ITEM]**

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

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

0.00

6046.98

**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 110 OF 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

**A.** Full Name (Last, First, Middle Initial)  
**VOYAGER BANK**

Mailing Address 10635 WAYZATA BOULEVARD

City State Zip Code  
MINNETONKA MN 55305

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
221.81

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 05 / 2015

**Transaction ID : SA15.2068**

Amount of Each Receipt this Period  
110.89

INTEREST

**B.** Full Name (Last, First, Middle Initial)  
**FLAGSHIP BANK**

Mailing Address 7525 OFFICE RIDGE CIRCLE

City State Zip Code  
EDEN PRAIRIE MN 55344

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1521.50

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 20 / 2015

**Transaction ID : SA15.2062**

Amount of Each Receipt this Period  
1521.50

INTEREST INCOME

**C.** Full Name (Last, First, Middle Initial)  
**VOYAGER BANK**

Mailing Address 10635 WAYZATA BOULEVARD

City State Zip Code  
MINNETONKA MN 55305

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
221.81

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 05 / 2015

**Transaction ID : SA15.2070**

Amount of Each Receipt this Period  
110.92

INTEREST INCOME

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

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

1743.31

**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 111 OF 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

**A.** Full Name (Last, First, Middle Initial)  
**STAR BANK**

Mailing Address **250 PRAIRIE CENTER DR**

City **EDEN PRAIRIE** State **MN** Zip Code **55344-5370**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **244.57**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 08 / 2015**

**Transaction ID : SA15.2071**

Amount of Each Receipt this Period  
**244.57**

**INTEREST**

**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).....

**244.57**

**1987.88**

**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 112 OF 143	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>A. LAURIE ESAU</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2015
Mailing Address 1230 ORONO OAKS DRIVE		Amount of Each Disbursement this Period 279.40 <b>Transaction ID : SB17.I2086</b>
City ORONO State MN Zip Code 55356	Purpose of Disbursement DATA SERVICES, MILEAGE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2015
Mailing Address BOX 0001		Amount of Each Disbursement this Period 1177.32 <b>Transaction ID : SB17.I2072</b>
City LOS ANGELES State CA Zip Code 90096	Purpose of Disbursement FOOD/BEVERAGE Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. LLE CAMPAIGN MANAGEMENT</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2015
Mailing Address 1230 ORONO OAKS DRIVE		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.I2078</b>
City ORONO State MN Zip Code 55356	Purpose of Disbursement FEC & ADMINISTRATIVE REPORTING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5456.72
<b>TOTAL</b> 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 113 OF 143			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>A. SHANNA WOODBURY CONSULTING, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 03 / 2015</b>
Mailing Address <b>P.O. BOX 120697</b>		Amount of Each Disbursement this Period <b>17143.01</b>
City <b>ST. PAUL</b>	State <b>MN</b> Zip Code <b>55112</b>	
Purpose of Disbursement <b>FUNDRAISING FEES AND FUNDRAISING EXPENSES</b>		<b>Transaction ID : SB17.I2084</b>
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>B. CBIZ PAYROLL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 04 / 2015</b>
Mailing Address <b>6040 EARLE BROWN DRIVE SUITE 250</b>		Amount of Each Disbursement this Period <b>422.17</b>
City <b>BROOKLYN CENTER</b>	State <b>MN</b> Zip Code <b>55430</b>	
Purpose of Disbursement <b>PAYROLL TAXES</b>		<b>Transaction ID : SB17.I2095</b>
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>C. JACOB COLEMAN</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 05 / 2015</b>
Mailing Address <b>2413 DUPONT AVENUE SOUTH APT. 3</b>		Amount of Each Disbursement this Period <b>461.75</b>
City <b>MINNEAPOLIS</b>	State <b>MN</b> Zip Code <b>55405</b>	
Purpose of Disbursement <b>PAYROLL</b>		<b>Transaction ID : SB17.I2022</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>18026.93</b>
<b>TOTAL</b> 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 114 OF 143			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>A. ANDREW HASEK</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 1612 N. PARK STREET		Amount of Each Disbursement this Period 2225.69 <b>Transaction ID : SB17.I2021</b>
City FAIRMONT State MN Zip Code 56031	Purpose of Disbursement PAYROLL	
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>B. JOSI HELLIER</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 5941 WOODDALE AVENUE		Amount of Each Disbursement this Period 55.41 <b>Transaction ID : SB17.I2020</b>
City EDINA State MN Zip Code 55424	Purpose of Disbursement PAYROLL	
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>C. J.P. YATES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 436 SARATOGA ST SOUTH		Amount of Each Disbursement this Period 901.33 <b>Transaction ID : SB17.I2019</b>
City ST. PAUL State MN Zip Code 55105	Purpose of Disbursement PAYROLL	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3182.33
<b>TOTAL</b> 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 115 OF 143	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial)  
**A. CBIZ PAYROLL**

Mailing Address 6040 EARLE BROWN DRIVE SUITE 250		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015	
City BROOKLYN CENTER	State MN	Zip Code 55430	Amount of Each Disbursement this Period 112.13
Purpose of Disbursement PAYROLL SERVICE		Category/ Type	<b>Transaction ID : SB17.I2017</b>
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. CBIZ PAYROLL**

Mailing Address 6040 EARLE BROWN DRIVE SUITE 250		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015	
City BROOKLYN CENTER	State MN	Zip Code 55430	Amount of Each Disbursement this Period 1706.98
Purpose of Disbursement PAYROLL TAXES		Category/ Type	<b>Transaction ID : SB17.I2018</b>
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. PUBLIC STORAGE**

Mailing Address 6570 FLYING CLOUD DRIVE		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015	
City EDEN PRAIRIE	State MN	Zip Code 55344	Amount of Each Disbursement this Period 200.00
Purpose of Disbursement RENT		Category/ Type	<b>Transaction ID : SB17.I2081</b>
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2019.11
<b>TOTAL</b> 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 116 OF 143	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>A. CENTURYLINK</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 13 / 2015</b>
Mailing Address <b>P.O. BOX 91154</b>		Amount of Each Disbursement this Period <b>268.17</b> <b>Transaction ID : SB17.I2074</b>
City <b>SEATTLE</b>	State <b>WA</b>	
Zip Code <b>98111</b>	Purpose of Disbursement <b>TELEPHONES</b>	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>B. CMDI--CRIMSON</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 20 / 2015</b>
Mailing Address <b>7704 LEESBURG PIKE</b>		Amount of Each Disbursement this Period <b>800.00</b> <b>Transaction ID : SB17.I2087</b>
City <b>FALLS CHURCH</b>	State <b>VA</b>	
Zip Code <b>22043</b>	Purpose of Disbursement <b>FEC REPORTING SOFTWARE</b>	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>C. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 28 / 2015</b>
Mailing Address <b>300 FIRST STREET, S. E.</b>		Amount of Each Disbursement this Period <b>481.25</b> <b>Transaction ID : SB17.I2089</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20003</b>	Purpose of Disbursement <b>FOOD &amp; BEVERAGES</b>	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1549.42</b>
<b>TOTAL</b> 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 117 OF 143	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial)  
**A. CBIZ PAYROLL**

Mailing Address 6040 EARLE BROWN DRIVE  
SUITE 250

City BROOKLYN CENTER State MN Zip Code 55430

Purpose of Disbursement PAYROLL SERVICE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 30 / 2015

Amount of Each Disbursement this Period: 106.00

Transaction ID : SB17.I2073

Full Name (Last, First, Middle Initial)  
**B. ERIK PAULSEN**

Mailing Address 9158 E. STARING LANE

City EDEN PRAIRIE State MN Zip Code 55347

Purpose of Disbursement AIRFARES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 02 / 2015

Amount of Each Disbursement this Period: 3520.59

Transaction ID : SB17.I2102

Full Name (Last, First, Middle Initial)  
**C. DELTA AIR**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement AIRFARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 02 / 2015

Amount of Each Disbursement this Period: 3520.59

Transaction ID : SB17.I2132

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 3626.59

**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 118 OF 143	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>A. JACOB COLEMAN</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 02 / 2015</b>
Mailing Address <b>2413 DUPONT AVENUE SOUTH APT. 3</b>		Amount of Each Disbursement this Period <b>179.90</b> <b>Transaction ID : SB17.I2104</b>
City <b>MINNEAPOLIS</b> State <b>MN</b> Zip Code <b>55405</b>	Purpose of Disbursement <b>MILEAGE EXPENSE</b>	
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>B. LLE CAMPAIGN MANAGEMENT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 02 / 2015</b>
Mailing Address <b>1230 ORONO OAKS DRIVE</b>		Amount of Each Disbursement this Period <b>2000.00</b> <b>Transaction ID : SB17.I2105</b>
City <b>ORONO</b> State <b>MN</b> Zip Code <b>55356</b>	Purpose of Disbursement <b>FEC REPORTING AND ADMINISTRATIVE SERVICES</b>	
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>C. ORANGE HAT GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 02 / 2015</b>
Mailing Address <b>632 N. WASHINGTON ST. SECOND FLOOR</b>		Amount of Each Disbursement this Period <b>2850.00</b> <b>Transaction ID : SB17.I2107</b>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b>	Purpose of Disbursement <b>WEBSITE, EMAIL MANAGEMENT</b>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5029.90</b>
<b>TOTAL</b> 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 119 OF 143	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>A. PINNACLE DIRECT</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 15260 113TH STREET NORTH		Amount of Each Disbursement this Period 5864.33
City STILLWATER	State MN	
Zip Code 55082	Purpose of Disbursement DIRECT MAIL PROVIDER	Transaction ID : SB17.I2124
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>B. SHANNA WOODBURY CONSULTING, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address P.O. BOX 120697		Amount of Each Disbursement this Period 12912.48
City ST. PAUL	State MN	
Zip Code 55112	Purpose of Disbursement FUNDRAISING FEE AND EXPENSES	Transaction ID : SB17.I2111
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>C. LOWERTOWN PRINTING CO.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 125 9TH STREET EAST SUITE 127		Amount of Each Disbursement this Period 3499.00
City ST. PAUL	State MN	
Zip Code 55101	Purpose of Disbursement PROMOTIONAL CLOTHING	Transaction ID : SB17.I2130
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	18776.81
<b>TOTAL</b> 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 120 OF 143			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>A. STAR BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 250 PRAIRIE CENTER DR		Amount of Each Disbursement this Period 1100.00 <b>Transaction ID : SB17.I2114</b>
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) <b>B. TUESDAY GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 101 NORTH CAROLINA AVENUE		Amount of Each Disbursement this Period 225.00 <b>Transaction ID : SB17.I2117</b>
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement DUES	
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>C. JACOB COLEMAN</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015
Mailing Address 2413 DUPONT AVENUE SOUTH APT. 3		Amount of Each Disbursement this Period 461.75 <b>Transaction ID : SB17.I2120</b>
City MINNEAPOLIS State MN Zip Code 55405	Purpose of Disbursement PAYROLL	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1786.75
<b>TOTAL</b> 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 121 OF 143			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>A. JOSI HELLIER</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015
Mailing Address 5941 WOODDALE AVENUE		Amount of Each Disbursement this Period 92.35
City EDINA State MN Zip Code 55424	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.I2119
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>B. PUBLIC STORAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015
Mailing Address 6570 FLYING CLOUD DRIVE		Amount of Each Disbursement this Period 200.00
City EDEN PRAIRIE State MN Zip Code 55344	Purpose of Disbursement RENT	
Candidate Name	Category/Type	Transaction ID : SB17.I2110
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>C. J.P. YATES</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2015
Mailing Address 436 SARATOGA ST SOUTH		Amount of Each Disbursement this Period 901.33
City ST. PAUL State MN Zip Code 55105	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.I2118
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1193.68
<b>TOTAL</b> 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 122 OF 143			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. CBIZ PAYROLL</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>05</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		05		2015
M M	/	D D	/	Y Y Y Y								
02		05		2015								
Mailing Address 6040 EARLE BROWN DRIVE SUITE 250		Amount of Each Disbursement this Period <table border="1"><tr><td>422.17</td></tr></table>	422.17									
422.17												
City	State Zip Code											
BROOKLYN CENTER	MN 55430	Transaction ID : SB17.I2063										
Purpose of Disbursement PAYROLL TAXES	Category/ Type											
Candidate Name												
Office Sought:	House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)										
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. CBIZ PAYROLL</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>05</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		05		2015
M M	/	D D	/	Y Y Y Y								
02		05		2015								
Mailing Address 6040 EARLE BROWN DRIVE SUITE 250		Amount of Each Disbursement this Period <table border="1"><tr><td>187.82</td></tr></table>	187.82									
187.82												
City	State Zip Code											
BROOKLYN CENTER	MN 55430	Transaction ID : SB17.I2096										
Purpose of Disbursement PAYROLL SERVICIE	Category/ Type											
Candidate Name												
Office Sought:	House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)										
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. CMDI--CRIMSON</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>05</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		05		2015
M M	/	D D	/	Y Y Y Y								
02		05		2015								
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period <table border="1"><tr><td>35.00</td></tr></table>	35.00									
35.00												
City	State Zip Code											
FALLS CHURCH	VA 22043	Transaction ID : SB17.I2098										
Purpose of Disbursement CREDIT CARD FEE	Category/ Type											
Candidate Name												
Office Sought:	House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)										
State: District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"><tr><td>644.99</td></tr></table>	644.99
644.99		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"><tr><td></td></tr></table>	

**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 123 OF 143			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial)  
**A. AMERICAN EXPRESS**

Mailing Address **BOX 0001**

City **LOS ANGELES** State **CA** Zip Code **90096**

Purpose of Disbursement  
**FOOD & BEVERAGES, INSTITUTE, AIRFARE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **02 / 09 / 2015**

Amount of Each Disbursement this Period: **2700.72**

Transaction ID : **SB17.I2091**

Full Name (Last, First, Middle Initial)  
**B. CONGRESSIONAL INSTITUTE**

Mailing Address **1700 DIAGONAL ROAD #730**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement  
**CONGRESSIONAL TRAINING**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **02 / 09 / 2015**

Amount of Each Disbursement this Period: **424.00**

Transaction ID : **SB17.I2134**

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**C. DELTA AIR**

Mailing Address **P.O. BOX 20706**

City **ATLANTA** State **GA** Zip Code **30320**

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **02 / 09 / 2015**

Amount of Each Disbursement this Period: **656.20**

Transaction ID : **SB17.I2135**

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... **2700.72**

**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 124 OF 143	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>A. RAY'STHE STEAKS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 09 / 2015</b>
Mailing Address <b>2300 WILSON BLVD.</b>		Amount of Each Disbursement this Period <b>1040.04</b>
City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22209</b>
Purpose of Disbursement <b>FOOD &amp; BEVERAGES</b>	Category/Type	
Candidate Name	Transaction ID : <b>SB17.I2133</b>	
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) <b>B. ERIK PAULSEN</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 10 / 2015</b>
Mailing Address <b>9158 E. STARING LANE</b>		Amount of Each Disbursement this Period <b>969.22</b>
City <b>EDEN PRAIRIE</b>	State <b>MN</b>	Zip Code <b>55347</b>
Purpose of Disbursement <b>TELEPHONE, AIRFARE</b>	Category/Type	
Candidate Name	Transaction ID : <b>SB17.I2103</b>	
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>C. DELTA AIR</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 10 / 2015</b>
Mailing Address <b>P.O. BOX 20706</b>		Amount of Each Disbursement this Period <b>720.00</b>
City <b>ATLANTA</b>	State <b>GA</b>	Zip Code <b>30320</b>
Purpose of Disbursement <b>AIRFARE</b>	Category/Type	
Candidate Name	Transaction ID : <b>SB17.I2131</b>	
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]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>969.22</b>
<b>TOTAL</b> 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 125 OF 143	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>A. SHANNA WOODBURY CONSULTING, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 10 / 2015</b>
Mailing Address <b>P.O. BOX 120697</b>		Amount of Each Disbursement this Period <b>8093.33</b>
City <b>ST. PAUL</b>	State <b>MN</b> Zip Code <b>55112</b>	
Purpose of Disbursement <b>FOOD &amp; BEVERAGES, EVENT EXPENSES</b>		<b>Transaction ID : SB17.I2112</b>
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)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SURLY BREWING</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 10 / 2015</b>
Mailing Address <b>520 MALCOLM AVENUE SE</b>		Amount of Each Disbursement this Period <b>5350.28</b>
City <b>MINNEAPOLIS</b>	State <b>MN</b> Zip Code <b>55414</b>	
Purpose of Disbursement <b>FOOD &amp; BEVERAGES</b>		<b>Transaction ID : SB17.I2128</b>
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)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TOTAL WINE &amp; MORE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 10 / 2015</b>
Mailing Address <b>2401 FAIRVIEW AVENUE NORTH #105</b>		Amount of Each Disbursement this Period <b>930.93</b>
City <b>ROSEVILLE</b>	State <b>MN</b> Zip Code <b>55113</b>	
Purpose of Disbursement <b>FOOD &amp; BEVERAGES</b>		<b>Transaction ID : SB17.I2129</b>
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)	Category/ Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>8093.33</b>
<b>TOTAL</b> 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 126 OF 143			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>A. CMDI--CRIMSON</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 12 / 2015</b>
Mailing Address <b>7704 LEESBURG PIKE</b>		Amount of Each Disbursement this Period <b>45.74</b>
City <b>FALLS CHURCH</b>	State <b>VA</b>	
Zip Code <b>22043</b>	Purpose of Disbursement <b>CREDIT CARD FEES</b>	<b>Transaction ID : SB17.I2099</b>
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>B. LAURIE ESAU</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 13 / 2015</b>
Mailing Address <b>1230 ORONO OAKS DRIVE</b>		Amount of Each Disbursement this Period <b>264.10</b>
City <b>ORONO</b>	State <b>MN</b>	
Zip Code <b>55356</b>	Purpose of Disbursement <b>DATA SERVICES, MILEAGE</b>	<b>Transaction ID : SB17.I2121</b>
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>C. CENTURYLINK</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 13 / 2015</b>
Mailing Address <b>P.O. BOX 91154</b>		Amount of Each Disbursement this Period <b>267.11</b>
City <b>SEATTLE</b>	State <b>WA</b>	
Zip Code <b>98111</b>	Purpose of Disbursement <b>TELEPHONES</b>	<b>Transaction ID : SB17.I2097</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>576.95</b>
<b>TOTAL</b> 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 127 OF 143			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>A. EDEN PRAIRIE CHAMBER OF COMMERCE</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 13 / 2015</b>
Mailing Address <b>11455 VIKING DRIVE SUITE 270</b>			Amount of Each Disbursement this Period <b>250.00</b>
City <b>EDEN PRARIE</b>	State <b>MN</b>	Zip Code <b>55344</b>	
Purpose of Disbursement <b>CHAMBER DUES</b>		Category/ Type	<b>Transaction ID : SB17.I2101</b>
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>B. CMDI--CRIMSON</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 19 / 2015</b>
Mailing Address <b>7704 LEESBURG PIKE</b>			Amount of Each Disbursement this Period <b>29.90</b>
City <b>FALLS CHURCH</b>	State <b>VA</b>	Zip Code <b>22043</b>	
Purpose of Disbursement <b>CREDIT CARD FEE</b>		Category/ Type	<b>Transaction ID : SB17.I2123</b>
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>C. CAPITOL HILL CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 23 / 2015</b>
Mailing Address <b>300 FIRST STREET, S. E.</b>			Amount of Each Disbursement this Period <b>435.74</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	
Purpose of Disbursement <b>FOOD &amp; BEVERAGES</b>		Category/ Type	<b>Transaction ID : SB17.I2094</b>
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>715.64</b>
<b>TOTAL</b> 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 128 OF 143	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>A. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 23 / 2015</b>
Mailing Address <b>300 FIRST STREET, S. E.</b>		Amount of Each Disbursement this Period <b>22.10</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20003</b>	Purpose of Disbursement <b>FOOD &amp; BEVERAGES</b>	<b>Transaction ID : SB17.I2125</b>
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>B. PINNACLE DIRECT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 23 / 2015</b>
Mailing Address <b>15260 113TH STREET NORTH</b>		Amount of Each Disbursement this Period <b>8643.11</b>
City <b>STILLWATER</b>	State <b>MN</b>	
Zip Code <b>55082</b>	Purpose of Disbursement <b>DIRECT MAIL PROVIDER</b>	<b>Transaction ID : SB17.I2109</b>
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>C. STAR BANK</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 23 / 2015</b>
Mailing Address <b>250 PRAIRIE CENTER DR</b>		Amount of Each Disbursement this Period <b>1100.00</b>
City <b>EDEN PRAIRIE</b>	State <b>MN</b>	
Zip Code <b>55344-5370</b>	Purpose of Disbursement <b>RENT</b>	<b>Transaction ID : SB17.I2115</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>9765.21</b>
<b>TOTAL</b> 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 129 OF 143	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>A. TOWNSEND GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 23 / 2015</b>
Mailing Address <b>1006 PENDLETON STREET</b>		Amount of Each Disbursement this Period <b>9940.05</b>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b>	Purpose of Disbursement <b>FUNDRAISING FEE AND EXPENSES</b>	
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)	<b>Transaction ID : SB17.I2116</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ST. REGIS HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 23 / 2015</b>
Mailing Address <b>2500 DEER VALLEY DRIVE</b>		Amount of Each Disbursement this Period <b>1210.68</b>
City <b>PARK CITY</b> State <b>UT</b> Zip Code <b>84060</b>	Purpose of Disbursement <b>LODGING</b>	
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)	<b>Transaction ID : SB17.I2126</b> <b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ST. REGIS HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 23 / 2015</b>
Mailing Address <b>2500 DEER VALLEY DRIVE</b>		Amount of Each Disbursement this Period <b>1210.68</b>
City <b>PARK CITY</b> State <b>UT</b> Zip Code <b>84060</b>	Purpose of Disbursement <b>LODGING</b>	
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)	<b>Transaction ID : SB17.I2127</b> <b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>9940.05</b>
<b>TOTAL</b> 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 130 OF 143	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>A. SPRINT</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2015
Mailing Address P.O. BOX 4191		Amount of Each Disbursement this Period 570.53 <b>Transaction ID : SB17.I2113</b>
City CAROL STREAM	State IL	
Zip Code 60197	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) <b>B. CMDI--CRIMSON</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 89.75 <b>Transaction ID : SB17.I2100</b>
City FALLS CHURCH	State VA	
Zip Code 22043	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>C. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address BOX 0001		Amount of Each Disbursement this Period 7.95 <b>Transaction ID : SB17.I2173</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	668.23
<b>TOTAL</b> 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 131 OF 143	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial)  
**A. 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  
**03 / 04 / 2015**

Amount of Each Disbursement this Period  
**200.00**

Transaction ID : **SB17.I2184**

Full Name (Last, First, Middle Initial)  
**B. 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  
**03 / 05 / 2015**

Amount of Each Disbursement this Period  
**461.75**

Transaction ID : **SB17.I2159**

Full Name (Last, First, Middle Initial)  
**C. JOSI HELLIER**

Mailing Address **5941 WOODDALE AVENUE**

City **EDINA** State **MN** Zip Code **55424**

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  
**03 / 05 / 2015**

Amount of Each Disbursement this Period  
**73.88**

Transaction ID : **SB17.I2158**

**SUBTOTAL** of Disbursements This Page (optional)..... **735.63**

**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 132 OF 143	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>A. J.P. YATES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 05 / 2015</b>
Mailing Address <b>436 SARATOGA ST SOUTH</b>		Amount of Each Disbursement this Period <b>901.33</b> <b>Transaction ID : SB17.I2157</b>
City <b>ST. PAUL</b>	State <b>MN</b> Zip Code <b>55105</b>	
Purpose of Disbursement <b>PAYROLL</b>	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 05 / 2015</b>
Mailing Address <b>BOX 0001</b>		Amount of Each Disbursement this Period <b>101.75</b> <b>Transaction ID : SB17.I2174</b>
City <b>LOS ANGELES</b>	State <b>CA</b> Zip Code <b>90096</b>	
Purpose of Disbursement <b>CREDIT CARD FEES</b>	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CBIZ PAYROLL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 05 / 2015</b>
Mailing Address <b>6040 EARLE BROWN DRIVE SUITE 250</b>		Amount of Each Disbursement this Period <b>417.17</b> <b>Transaction ID : SB17.I2160</b>
City <b>BROOKLYN CENTER</b>	State <b>MN</b> Zip Code <b>55430</b>	
Purpose of Disbursement <b>PAYROLL TAXES</b>	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1420.25</b>
<b>TOTAL</b> 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 133 OF 143	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial)  
**A. CBIZ PAYROLL**

Mailing Address <b>6040 EARLE BROWN DRIVE SUITE 250</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 05 / 2015</b>	
City <b>BROOKLYN CENTER</b>	State <b>MN</b>	Zip Code <b>55430</b>	Amount of Each Disbursement this Period <b>64.92</b>
Purpose of Disbursement <b>PAYROLL SERVICE</b>		Category/ Type	<b>Transaction ID : SB17.I2161</b>
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. CMDI--CRIMSON**

Mailing Address <b>7704 LEESBURG PIKE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 05 / 2015</b>	
City <b>FALLS CHURCH</b>	State <b>VA</b>	Zip Code <b>22043</b>	Amount of Each Disbursement this Period <b>57.50</b>
Purpose of Disbursement <b>CREDIT CARD FEE</b>		Category/ Type	<b>Transaction ID : SB17.I2180</b>
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. INTERNAL REVENUE SERVICE**

Mailing Address <b>324 25TH STREET</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 05 / 2015</b>	
City <b>OGDEN</b>	State <b>UT</b>	Zip Code <b>84401</b>	Amount of Each Disbursement this Period <b>835.00</b>
Purpose of Disbursement <b>INCOME TAX</b>		Category/ Type	<b>Transaction ID : SB17.I2172</b>
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>957.42</b>
<b>TOTAL</b> 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 134 OF 143	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>A. ERIK PAULSEN</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 06 / 2015</b>
Mailing Address <b>9158 E. STARING LANE</b>		Amount of Each Disbursement this Period <b>4232.88</b>
City <b>EDEN PRAIRIE</b>	State <b>MN</b>	
Zip Code <b>55347</b>		<b>Transaction ID : SB17.I2136</b>
Purpose of Disbursement <b>AIRFARES, TELEPHONE, FOOD &amp; BEVERAGES</b>		
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>B. DELTA AIR</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 06 / 2015</b>
Mailing Address <b>P.O. BOX 20706</b>		Amount of Each Disbursement this Period <b>3779.85</b>
City <b>ATLANTA</b>	State <b>GA</b>	
Zip Code <b>30320</b>		<b>Transaction ID : SB17.I2137</b>
Purpose of Disbursement <b>AIRFARES</b>		
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:		

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>C. LLE CAMPAIGN MANAGEMENT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 06 / 2015</b>
Mailing Address <b>1230 ORONO OAKS DRIVE</b>		Amount of Each Disbursement this Period <b>2000.00</b>
City <b>ORONO</b>	State <b>MN</b>	
Zip Code <b>55356</b>		<b>Transaction ID : SB17.I2138</b>
Purpose of Disbursement <b>FEC &amp; ADMINISTRATIVE REPORT SERVICES</b>		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>6232.88</b>
<b>TOTAL</b> 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 135 OF 143	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>A. MINNESOTA DEPARTMENT OF REVENUE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 06 / 2015</b>
Mailing Address <b>600 NORTH ROBERT STREET</b>		Amount of Each Disbursement this Period <b>555.00</b>
City <b>ST. PAUL</b> State <b>MN</b> Zip Code <b>55101</b>	Purpose of Disbursement <b>INCOME TAX</b>	
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)	<b>Transaction ID : SB17.I2139</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SHANNA WOODBURY CONSULTING, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 06 / 2015</b>
Mailing Address <b>P.O. BOX 120697</b>		Amount of Each Disbursement this Period <b>17786.28</b>
City <b>ST. PAUL</b> State <b>MN</b> Zip Code <b>55112</b>	Purpose of Disbursement <b>FUNDRAISING FEES &amp; EXPENSES</b>	
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)	<b>Transaction ID : SB17.I2142</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAFE &amp; BAR LURCAT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 06 / 2015</b>
Mailing Address <b>494 FIFTH AVENUE SOUTH</b>		Amount of Each Disbursement this Period <b>1061.85</b>
City <b>NAPLES</b> State <b>FL</b> Zip Code <b>34102</b>	Purpose of Disbursement <b>FOOD &amp; BEVERAGES</b>	
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)	<b>Transaction ID : SB17.I2145</b> <b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>18341.28</b>
<b>TOTAL</b> 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 136 OF 143	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIR</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 455.20
City ATLANTA	State GA Zip Code 30320	
Purpose of Disbursement AIRFARE	Category/Type	Transaction ID : SB17.I2147
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. METRO LAKES FISH HOUSE RENTAL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015
Mailing Address 2835 CASCO PT. ROAD		Amount of Each Disbursement this Period 2560.00
City WAYZATA	State MN Zip Code 55391	
Purpose of Disbursement RENTAL	Category/Type	Transaction ID : SB17.I2144
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RITZ CARLTON</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015
Mailing Address 2600 TIBURON DRIVE		Amount of Each Disbursement this Period 2034.24
City NAPLES	State FL Zip Code 34109	
Purpose of Disbursement LODGING	Category/Type	Transaction ID : SB17.I2146
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 137 OF 143			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial)  
**A. TOTAL TRANSPORTATION CORP**

Mailing Address **3565 HOFFMAN ROAD EAST**

City **VADNAIS HEIGHTS** State **MN** Zip Code **55110**

Purpose of Disbursement  
**EVENT TRANSPORTATION**

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  
**03 / 06 / 2015**

Amount of Each Disbursement this Period  
**2024.00**

Transaction ID : **SB17.I2143**

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. AMERICAN EXPRESS**

Mailing Address **BOX 0001**

City **LOS ANGELES** State **CA** Zip Code **90096**

Purpose of Disbursement  
**AIRFARE, 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  
**03 / 11 / 2015**

Amount of Each Disbursement this Period  
**4053.46**

Transaction ID : **SB17.I2175**

Full Name (Last, First, Middle Initial)  
**C. DELTA AIR**

Mailing Address **P.O. BOX 20706**

City **ATLANTA** State **GA** Zip Code **30320**

Purpose of Disbursement  
**AIRFARE**

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  
**03 / 11 / 2015**

Amount of Each Disbursement this Period  
**872.20**

Transaction ID : **SB17.I2176**

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... **4053.46**

**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 138 OF 143	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>A. MANNY'S STEAKHOUSE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 11 / 2015</b>
Mailing Address <b>825 MARQUETTE AVENUE</b>		Amount of Each Disbursement this Period <b>1999.49</b>
City <b>MINNEAPOLIS</b>	State <b>MN</b>	Zip Code <b>55402</b>
Purpose of Disbursement <b>FOOD &amp; BEVERAGES</b>	Category/Type	
Candidate Name	Transaction ID : <b>SB17.I2178</b>	
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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 11 / 2015</b>
Mailing Address <b>525 N TRYON ST</b>		Amount of Each Disbursement this Period <b>360.00</b>
City <b>CHARLOTTE</b>	State <b>NC</b>	Zip Code <b>28202</b>
Purpose of Disbursement <b>AIRFARE</b>	Category/Type	
Candidate Name	Transaction ID : <b>SB17.I2177</b>	
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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CMDI--CRIMSON</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 12 / 2015</b>
Mailing Address <b>7704 LEESBURG PIKE</b>		Amount of Each Disbursement this Period <b>10.25</b>
City <b>FALLS CHURCH</b>	State <b>VA</b>	Zip Code <b>22043</b>
Purpose of Disbursement <b>CRECIT CARD FEE</b>	Category/Type	
Candidate Name	Transaction ID : <b>SB17.I2181</b>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>10.25</b>
<b>TOTAL</b> 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 139 OF 143	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>A. LAURIE ESAU</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 13 / 2015</b>
Mailing Address <b>1230 ORONO OAKS DRIVE</b>		Amount of Each Disbursement this Period <b>470.45</b> <b>Transaction ID : SB17.I2156</b>
City <b>ORONO</b> State <b>MN</b> Zip Code <b>55356</b>	Purpose of Disbursement <b>FOOD &amp; BEVERAGES, MILEAGE, DATA SERVICES</b>	
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>B. PINNACLE DIRECT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 13 / 2015</b>
Mailing Address <b>15260 113TH STREET NORTH</b>		Amount of Each Disbursement this Period <b>13709.75</b> <b>Transaction ID : SB17.I2141</b>
City <b>STILLWATER</b> State <b>MN</b> Zip Code <b>55082</b>	Purpose of Disbursement <b>DIRECT MAIL PROVIDER</b>	
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>C. STAR BANK</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 13 / 2015</b>
Mailing Address <b>250 PRAIRIE CENTER DR</b>		Amount of Each Disbursement this Period <b>1100.00</b> <b>Transaction ID : SB17.I2148</b>
City <b>EDEN PRAIRIE</b> State <b>MN</b> Zip Code <b>55344-5370</b>	Purpose of Disbursement <b>RENT</b>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>15280.20</b>
<b>TOTAL</b> 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 140 OF 143			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>A. TOWNSEND GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 13 / 2015</b>
Mailing Address <b>1006 PENDLETON STREET</b>		Amount of Each Disbursement this Period <b>3745.39</b>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b>	Purpose of Disbursement <b>AIRFARE, FOOD &amp; BEVERAGES, LODGING</b>	
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 : <b>SB17.I2150</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIR</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 13 / 2015</b>
Mailing Address <b>P.O. BOX 20706</b>		Amount of Each Disbursement this Period <b>1412.20</b>
City <b>ATLANTA</b> State <b>GA</b> Zip Code <b>30320</b>	Purpose of Disbursement <b>AIRFARE</b>	
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 : <b>SB17.I2151</b>
State: District:		

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>C. DELTA AIR</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 13 / 2015</b>
Mailing Address <b>P.O. BOX 20706</b>		Amount of Each Disbursement this Period <b>303.20</b>
City <b>ATLANTA</b> State <b>GA</b> Zip Code <b>30320</b>	Purpose of Disbursement <b>AIRFARE</b>	
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 : <b>SB17.I2152</b>
State: District:		

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3745.39</b>
<b>TOTAL</b> 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 141 OF 143			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial) <b>A. JOHNNY'S HALFSHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 400 NORTH CAPITOL STREET NW		Amount of Each Disbursement this Period 1133.70
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement FOOD & BEVERAGES	
Candidate Name	Category/Type	Transaction ID : SB17.I2153 <b>[MEMO ITEM]</b>
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>B. ST. REGIS HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 2500 DEER VALLEY DRIVE		Amount of Each Disbursement this Period 637.29
City PARK CITY State UT Zip Code 84060	Purpose of Disbursement LODGING	
Candidate Name	Category/Type	Transaction ID : SB17.I2154 <b>[MEMO ITEM]</b>
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>C. CENTURYLINK</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address P.O. BOX 91154		Amount of Each Disbursement this Period 268.40
City SEATTLE State WA Zip Code 98111	Purpose of Disbursement TELEPHONES	
Candidate Name	Category/Type	Transaction ID : SB17.I2171
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	268.40
<b>TOTAL</b> 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 142 OF 143	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

**A. 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  
M M / D D / Y Y Y Y  
03 / 18 / 2015

Amount of Each Disbursement this Period  
760.67

Transaction ID : SB17.I2179

**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 FEE

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  
03 / 19 / 2015

Amount of Each Disbursement this Period  
324.50

Transaction ID : SB17.I2182

**C. ORANGE HAT GROUP**

Full Name (Last, First, Middle Initial)  
Mailing Address 632 N. WASHINGTON ST.  
SECOND FLOOR

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
WEBSITE, EMAIL CAMPAIGNS

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  
03 / 20 / 2015

Amount of Each Disbursement this Period  
2850.00

Transaction ID : SB17.I2140

**SUBTOTAL** of Disbursements This Page (optional)..... 3935.17

**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 143 OF 143	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Erik Paulsen**

Full Name (Last, First, Middle Initial)  
**A. STEVEN GORDON & ASSOCIATES**

Mailing Address 507 CAPITOL COURT NE, #100

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement AIRFARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 25 / 2015

Amount of Each Disbursement this Period: 560.71

Transaction ID : SB17.I2149

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 CREDIT CARD FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 26 / 2015

Amount of Each Disbursement this Period: 178.90

Transaction ID : SB17.I2183

Full Name (Last, First, Middle Initial)  
**C. 2015 SXSW GOP COMMITTEE**

Mailing Address 2470 DANIELS BRIDGE RD SUITE 121

City ATHENS State GA Zip Code 30606

Purpose of Disbursement FUNDRAISING EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 31 / 2015

Amount of Each Disbursement this Period: 1913.02

Transaction ID : SB17.I2186

**SUBTOTAL** of Disbursements This Page (optional)..... 2652.63

**TOTAL** This Period (last page this line number only)..... 152355.64