



**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
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	3960.00	6267.00
(b) Total Contribution Refunds (from Line 20(d)) .....	100.00	5700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	3860.00	567.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	104616.41	200715.26
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	104616.41	200715.26
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>1194960.88</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**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:   /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10800.00	20150.00
(ii) Unitemized.....	-9590.00	-18883.00
(iii) TOTAL of contributions from individuals ▶	1210.00	1267.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2750.00	5000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3960.00	6267.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	107.29	107.29
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	4067.29	6374.29

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	104616.41	200715.26
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 .....	100.00	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)).....	100.00	5700.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	104716.41	206415.26

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1295610.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4067.29
25. SUBTOTAL (add Line 23 and Line 24).....	1299677.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	104716.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1194960.88

**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 5 OF 29
	<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)  
**PATRICK ALEXANDER**

Mailing Address 16540 GRAYS BAY BLVD

City WAYZATA State MN Zip Code 55391-2915

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

Name of Employer COLD SPRING GRANITE Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.32789**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address 140 SOUTH BROWN RD

City LONG LAKE State MN Zip Code 55356-9134

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.32794**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BILL MCLAUGHLIN**

Mailing Address 2350 W LAKE OF THE ISLES PKWY

City MINNEAPOLIS State MN Zip Code 55405-2302

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

Name of Employer SELECT COMFORT Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.32791**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**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 6 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1110 INNSBROOK LN

City: BUFFALO State: MN Zip Code: 55313-1295

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

Name of Employer: ACCE Occupation: VP

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 11 / 24 / 2014

**Transaction ID : SA11.32800**

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

Mailing Address 350 PARK AVE

City: NEW YORK State: NY Zip Code: 10022-6022

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

Name of Employer: INFORMATION REQUESTED PER BEST EFFC Occupation: INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 11 / 24 / 2014

**Transaction ID : SA11.32801**

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GRAY, PLANT & MOOTY**

Mailing Address 500 IDS CENTER  
80 SOUTH EIGHTH ST.

City: MINNEAPOLIS State: MN Zip Code: 55402-2100

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

Name of Employer: Occupation:

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 11 / 24 / 2014

**Transaction ID : SA11.32795**

Amount of Each Receipt this Period: 5000.00

CONTRIBUTION

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

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

7850.00

**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 29
	<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)  
**GREGORY A. PETERSON**

Mailing Address 10568 BLUFF RD

City: EDEN PRAIRIE State: MN Zip Code: 55347-5012

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

Name of Employer: RETIRED Occupation: PRESIDENT/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 400.00

Date of Receipt: 12 / 19 / 2014

**Transaction ID : SA11.32943**

Amount of Each Receipt this Period: 200.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EDWARD WILLIAM SZALAPSKI JR.**

Mailing Address 850 PLEASANT VIEW ROAD

City: CHANHASSEN State: MN Zip Code: 55317-9545

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

Name of Employer: TWIN CITIES ORTHO Occupation: ORTHOPEDIC SURGEON

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2200.00

Date of Receipt: 12 / 19 / 2014

**Transaction ID : SA11.32944**

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

Amount of Each Receipt this Period

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

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

1200.00

10800.00

**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 29
	<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)  
**MCDONALD'S PAC**

Mailing Address 2111 MCDONALD'S DR.

City OAK BROOK State IL Zip Code 60523-5500

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.32796**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

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

Mailing Address 225 S 6TH STE 3500

City MINNEAPOLIS State MN Zip Code 55402-4629

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.32798**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Short Elliott Hendrickson PAC**

Mailing Address 3535 VADNAIS CENTER DR

City ST. PAUL State MN Zip Code 55110-3507

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

Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : SA11.32945**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

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

2750.00

2750.00





**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 10 OF 29	
	<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. AMERICAN EXPRESS**

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

City **LOS ANGELES** State **CA** Zip Code **90096**

Purpose of Disbursement  
**PHONE BANK, DELIVERY SERVICES, FOOD & BEVERAGES, AIRFARE**

Candidate Name

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

State: District:

Date of Disbursement: **11 / 28 / 2014**

Amount of Each Disbursement this Period: **13439.87**

Transaction ID : **SB17.I1992**

Category/Type

**B. DELTA AIR**

Full Name (Last, First, Middle Initial)  
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: **11 / 28 / 2014**

Amount of Each Disbursement this Period: **1672.09**

Transaction ID : **SB17.I1993**

[MEMO ITEM]

Category/Type

**C. FLS CONNECT**

Full Name (Last, First, Middle Initial)  
Mailing Address **7300 HUDSON BLVD  
SUITE 270**

City **ST. PAUL** State **MN** Zip Code **55128**

Purpose of Disbursement  
**PHONE BANK**

Candidate Name

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

State: District:

Date of Disbursement: **11 / 28 / 2014**

Amount of Each Disbursement this Period: **7841.00**

Transaction ID : **SB17.I1995**

[MEMO ITEM]

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... **13439.87**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 29	
	<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. TOTAL WINE & MORE**

Full Name (Last, First, Middle Initial)  
Mailing Address 2401 FAIRVIEW AVENUE NORTH #105

City ROSEVILLE State MN Zip Code 55113

Purpose of Disbursement FOOD & BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 28 / 2014

Amount of Each Disbursement this Period: 758.64

Transaction ID : SB17.I1994

[MEMO ITEM]

**B. VOYAGER BANK**

Full Name (Last, First, Middle Initial)  
Mailing Address 10635 WAYZATA BOULEVARD

City MINNETONKA State MN Zip Code 55305

Purpose of Disbursement BANK CHARGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 30 / 2014

Amount of Each Disbursement this Period: 40.00

Transaction ID : SB17.I1985

**C. MERCHANT SERVICE**

Full Name (Last, First, Middle Initial)  
Mailing Address 7300 CHAPMAN HIGHWAY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement CREDIT CARD FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 01 / 2014

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.I2047

**SUBTOTAL** of Disbursements This Page (optional) ..... 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 29			
	<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 12 / 02 / 2014
Mailing Address 9158 E. STARING LANE		Amount of Each Disbursement this Period 1659.95
City EDEN PRAIRIE	State MN Zip Code 55347	
Purpose of Disbursement FOOD & BEVERAGES, AIRFARE	Category/Type	<b>Transaction ID : SB17.I1979</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. DELTA AIR</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 1348.40
City ATLANTA	State GA Zip Code 30320	
Purpose of Disbursement AIRFARE	Category/Type	<b>Transaction ID : SB17.I1980</b> <b>[MEMO ITEM]</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. ERIK PAULSEN</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address 9158 E. STARING LANE		Amount of Each Disbursement this Period 592.26
City EDEN PRAIRIE	State MN Zip Code 55347	
Purpose of Disbursement TELEPHONES	Category/Type	<b>Transaction ID : SB17.I2035</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).....	2252.21
<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 13 OF 29			
	<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. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address P.O. BOX 25505		Amount of Each Disbursement this Period 461.27
City LEHIGH VALLEY	State PA	
Zip Code 18002	Purpose of Disbursement CELL PHONE	Transaction ID : SB17.I2036
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ANDREW HASEK</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address 1612 N. PARK STREET		Amount of Each Disbursement this Period 740.40
City FAIRMONT	State MN	
Zip Code 56031	Purpose of Disbursement MILEAGE REIMBURSEMENT	Transaction ID : SB17.I1983
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 12 / 02 / 2014
Mailing Address 436 SARATOGA ST SOUTH		Amount of Each Disbursement this Period 511.61
City ST. PAUL	State MN	
Zip Code 55105	Purpose of Disbursement MILEAGE REIMBURSEMENT	Transaction ID : SB17.I1978
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).....	1252.01
<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 14 OF 29			
	<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. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address BOX 0001		Amount of Each Disbursement this Period 7.95
City LOS ANGELES	State CA	
Zip Code 90096	Purpose of Disbursement CREDIT CARD FEE	Transaction ID : SB17.I2024
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 12 / 02 / 2014
Mailing Address 1230 ORONO OAKS DRIVE		Amount of Each Disbursement this Period 2000.00
City ORONO	State MN	
Zip Code 55356	Purpose of Disbursement ADMINISTRATIVE & FEC REPORTING SERVICES	Transaction ID : SB17.I1972
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. PINNACLE DIRECT</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address 15260 113TH STREET NORTH		Amount of Each Disbursement this Period 869.55
City STILLWATER	State MN	
Zip Code 55082	Purpose of Disbursement DIRECT MAIL PROVIDER	Transaction ID : SB17.I1973
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).....	2877.55
<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 15 OF 29			
	<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 12 / 02 / 2014
Mailing Address P.O. BOX 120697		Amount of Each Disbursement this Period 9250.00
City ST. PAUL State MN Zip Code 55112	Purpose of Disbursement FUNDRAISING FEE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1974
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 12 / 02 / 2014
Mailing Address P.O. BOX 120697		Amount of Each Disbursement this Period 30000.00
City ST. PAUL State MN Zip Code 55112	Purpose of Disbursement FUNDRAISING COMMISSION	
Candidate Name	Category/Type	Transaction ID : SB17.I1975
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. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address P.O. BOX 25505		Amount of Each Disbursement this Period 48.26
City LEHIGH VALLEY State PA Zip Code 18002	Purpose of Disbursement TELEPHONES	
Candidate Name	Category/Type	Transaction ID : SB17.I2061
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).....	39298.26
<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 16 OF 29			
	<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. NANCY WEBB</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address 5232 RICHWOOD DR.		Amount of Each Disbursement this Period 393.45 <b>Transaction ID : SB17.32950</b>
City EDINA State MN Zip Code 55436-2322	Purpose of Disbursement IN-KIND CONTRIBUTION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" 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 12 / 03 / 2014
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 52.58 <b>Transaction ID : SB17.I2028</b>
City FALLS CHURCH State VA Zip Code 22043	Purpose of Disbursement CREDIT CARD FEES	
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. MERCHANT SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address 7300 CHAPMAN HIGHWAY		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.I2048</b>
City KNOXVILLE State TN Zip Code 37920	Purpose of Disbursement CREDIT CARD FEES	
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).....	496.03
<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 17 OF 29			
	<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: **12 / 04 / 2014**

Amount of Each Disbursement this Period: **200.00**

Transaction ID : **SB17.I2051**

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: **12 / 05 / 2014**

Amount of Each Disbursement this Period: **461.75**

Transaction ID : **SB17.I1989**

Full Name (Last, First, Middle Initial)  
**C. ANDREW HASEK**

Mailing Address **1612 N. PARK STREET**

City **FAIRMONT** State **MN** Zip Code **56031**

Purpose of Disbursement **PAYROLL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **12 / 05 / 2014**

Amount of Each Disbursement this Period: **2223.44**

Transaction ID : **SB17.I1988**

**SUBTOTAL** of Disbursements This Page (optional)..... **2885.19**

**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 18 OF 29	
	<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 <b>12 / 05 / 2014</b>
Mailing Address <b>5941 WOODDALE AVENUE</b>		Amount of Each Disbursement this Period <b>203.17</b> <b>Transaction ID : SB17.I1987</b>
City <b>EDINA</b> State <b>MN</b> Zip Code <b>55424</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	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. J.P. YATES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 05 / 2014</b>
Mailing Address <b>436 SARATOGA ST SOUTH</b>		Amount of Each Disbursement this Period <b>5174.02</b> <b>Transaction ID : SB17.I1986</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	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 <b>12 / 05 / 2014</b>
Mailing Address <b>BOX 0001</b>		Amount of Each Disbursement this Period <b>57.27</b> <b>Transaction ID : SB17.I2025</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	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>5434.46</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 19 OF 29			
	<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 TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 05 / 2014

Amount of Each Disbursement this Period: 4267.79

Transaction ID : SB17.I1990

Full Name (Last, First, Middle Initial)

**B. 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:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 05 / 2014

Amount of Each Disbursement this Period: 66.97

Transaction ID : SB17.I1991

Full Name (Last, First, Middle Initial)

**C. FISHTAIL BY DAVID**

Mailing Address 135 EAST 62ND STREET

City NEW YORK State NY Zip Code 10065

Purpose of Disbursement FOOD & BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 08 / 2014

Amount of Each Disbursement this Period: 288.34

Transaction ID : SB17.I2039

**SUBTOTAL** of Disbursements This Page (optional) ..... 4623.10

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 29			
	<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. NYC-TAXI**

Mailing Address **33 BEAVER STREET**

City **LONG ISLAND CITY** State **NY** Zip Code **10004**

Purpose of Disbursement  
**TAXI FARE**

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  
**12 / 08 / 2014**

Amount of Each Disbursement this Period  
**52.83**

Transaction ID : **SB17.I2049**

Full Name (Last, First, Middle Initial)  
**B. NYC-TAXI**

Mailing Address **33 BEAVER STREET**

City **LONG ISLAND CITY** State **NY** Zip Code **10004**

Purpose of Disbursement  
**TAXI FARE**

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  
**12 / 08 / 2014**

Amount of Each Disbursement this Period  
**46.83**

Transaction ID : **SB17.I2050**

Full Name (Last, First, Middle Initial)  
**C. INTUIT SOFTWARE & SUPPLIES**

Mailing Address **2632 MARINE WAY**

City **MOUNTAIN VIEW** State **CA** Zip Code **94093**

Purpose of Disbursement  
**COMPUTER SOFTWARE AND BACKUP SERVICE**

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  
**12 / 09 / 2014**

Amount of Each Disbursement this Period  
**319.12**

Transaction ID : **SB17.I2042**

**SUBTOTAL** of Disbursements This Page (optional)..... **418.78**

**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 21 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

**A. WILDFIRE RESTAURANT**

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

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement  
FOOD & BEVERAGES

Candidate Name

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

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 15 / 2014

Amount of Each Disbursement this Period  
12.77

Transaction ID : SB17.I2055

**B. CMDI--CRIMSON**

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

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

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

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 18 / 2014

Amount of Each Disbursement this Period  
0.74

Transaction ID : SB17.I2029

**C. CMDI--CRIMSON**

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

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
FEC REPORTING SOFTWARE AND SERVICES

Candidate Name

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

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 19 / 2014

Amount of Each Disbursement this Period  
800.00

Transaction ID : SB17.I2030

**SUBTOTAL** of Disbursements This Page (optional) ..... 813.51

**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 22 OF 29			
	<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 12 / 22 / 2014		
Mailing Address 9158 E. STARING LANE			Amount of Each Disbursement this Period 885.60		
City EDEN PRAIRIE	State MN	Zip Code 55347	Transaction ID : SB17.I2037		
Purpose of Disbursement AIRFARE		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. SUN COUNTRY AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014		
Mailing Address 1300 MENDOTA HEIGHTS ROAD			Amount of Each Disbursement this Period 885.60		
City MENDOTA HEIGHTS	State MN	Zip Code 55120	Transaction ID : SB17.I2038		
Purpose of Disbursement AIRFARE		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. ANDREW HASEK</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014		
Mailing Address 1612 N. PARK STREET			Amount of Each Disbursement this Period 156.32		
City FAIRMONT	State MN	Zip Code 56031	Transaction ID : SB17.I2007		
Purpose of Disbursement MILEAGE		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).....	1041.92
<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 23 OF 29	
	<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  
12 / 22 / 2014

Amount of Each Disbursement this Period  
280.35

Transaction ID : SB17.I2027

**B. CENTURYLINK**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 91154

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement  
TELEPHONES

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  
12 / 22 / 2014

Amount of Each Disbursement this Period  
268.17

Transaction ID : SB17.I2010

**C. CMDI--CRIMSON**

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

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
CHARGEBACK 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  
12 / 22 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.I2011

**SUBTOTAL** of Disbursements This Page (optional)..... 598.52

**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 24 OF 29			
	<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. JOHN T. O'ROURKE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014	
Mailing Address 11028 STANMORE DRIVE			Amount of Each Disbursement this Period 1018.75	
City POTOMAC	State MD	Zip Code 20854	Transaction ID : SB17.I1998	
Purpose of Disbursement FOOD & BEVERAGES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. LLE CAMPAIGN MANAGEMENT</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014	
Mailing Address 1230 ORONO OAKS DRIVE			Amount of Each Disbursement this Period 955.00	
City ORONO	State MN	Zip Code 55356	Transaction ID : SB17.I2006	
Purpose of Disbursement FEC AND ADMINISTRATIVE REPORTING SERVICES		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. MEMBER LUNCH FUND</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014	
Mailing Address LONGWORTH OFFICE BUILDING			Amount of Each Disbursement this Period 700.00	
City WASHINGTON	State DC	Zip Code 20515	Transaction ID : SB17.I1999	
Purpose of Disbursement FOOD & BEVERAGES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2673.75
<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 25 OF 29	
	<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. OLYMPIC HILLS GOLF CLUB**

Mailing Address 10625 MOUNT CURVE ROAD

City EDEN PRARIE State MN Zip Code 55347

Purpose of Disbursement  
FOOD & BEVERAGES

Candidate Name

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

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 22 / 2014

Amount of Each Disbursement this Period  
3212.91

Transaction ID : SB17.I2000

Full Name (Last, First, Middle Initial)  
**B. ORANGE HAT GROUP**

Mailing Address 632 N. WASHINGTON ST.  
SECOND FLOOR

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SOCIAL MEDIA

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  
12 / 22 / 2014

Amount of Each Disbursement this Period  
2850.00

Transaction ID : SB17.I2001

Full Name (Last, First, Middle Initial)  
**C. PINNACLE DIRECT**

Mailing Address 15260 113TH STREET NORTH

City STILLWATER State MN Zip Code 55082

Purpose of Disbursement  
DIRECT MAIL PROVIDER

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  
12 / 22 / 2014

Amount of Each Disbursement this Period  
4628.68

Transaction ID : SB17.I2002

**SUBTOTAL** of Disbursements This Page (optional)..... 10691.59

**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 26 OF 29			
	<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 12 / 22 / 2014
Mailing Address 250 PRAIRIE CENTER DR		Amount of Each Disbursement this Period 1100.00 <b>Transaction ID : SB17.I2003</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. SUSAN GAGE CATERING</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 7411 LIVINGSTON ROAD		Amount of Each Disbursement this Period 3178.07 <b>Transaction ID : SB17.I2004</b>
City OXON HILL State MD Zip Code 20745	Purpose of Disbursement FOOD & BEVERAGES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BONJEAN COMPANY</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2014
Mailing Address 1455 PENNSYLVANIA AVENUE, NW SUITE 400		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.I2012</b>
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement COMMUNICATIONS	
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).....	9278.07
<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 27 OF 29	
	<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. LEVATINO GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2014
Mailing Address 20 F STREET NW SUITE 500		Amount of Each Disbursement this Period 3812.74
City WASHINGTON	State DC Zip Code 20001	
Purpose of Disbursement FOOD & BEVERAGES	Candidate Name	Transaction ID : SB17.I2014
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address BOX 0001		Amount of Each Disbursement this Period 1839.31
City LOS ANGELES	State CA Zip Code 90096	
Purpose of Disbursement FOOD & BEVERAGES, COMPUTER SUPPLIES, CONGRESSIONAL TRAINING	Candidate Name	Transaction ID : SB17.I2015
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. CONGRESSIONAL INSTITUTE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 1700 DIAGONAL ROAD #730		Amount of Each Disbursement this Period 738.00
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement PROFESSIONAL SERVICE	Candidate Name	Transaction ID : SB17.I2016
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5652.05
<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 28 OF 29	
	<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. AUTO-OWNERS INSURANCE CO.**

Mailing Address 6500 CITY WEST PARKWAY  
SUITE #100

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement  
LIABILITY INSURANCE

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  
12 / 31 / 2014

Amount of Each Disbursement this Period  
301.00

Transaction ID : SB17.I2026

Full Name (Last, First, Middle Initial)  
**B. 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:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 31 / 2014

Amount of Each Disbursement this Period  
53.51

Transaction ID : SB17.I2013

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

Mailing Address 8725 COLUMBINE ROAD

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement  
POSTAGE

Candidate Name

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

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 31 / 2014

Amount of Each Disbursement this Period  
1.15

Transaction ID : SB17.I2054

**SUBTOTAL** of Disbursements This Page (optional)..... 355.66

**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 29 OF 29			
	<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. VOYAGER BANK</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 31 / 2014</b>
Mailing Address <b>10635 WAYZATA BOULEVARD</b>		Amount of Each Disbursement this Period <b>40.00</b>
City <b>MINNETONKA</b> State <b>MN</b> Zip Code <b>55305</b>	Purpose of Disbursement <b>BANK CHARGES</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I2060</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.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>40.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>104212.48</b>