

**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 174	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input 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)
YOST, WILLIAM, , ,

Mailing Address 9463 OLYMPIA DRIVE
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 ▼
3700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 08 / 2015

Transaction ID : SA11A.35269B

Amount of Each Receipt this Period
-1000.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

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

Mailing Address 1130 OLD CRYSTAL BAY ROAD
1130 OLD CRYSTAL BAY ROAD

City ORONO State MN Zip Code 55391-9368

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

Name of Employer CHRISTENSEN GROUP Occupation INSURANCE BROKER

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
12 / 09 / 2015

Transaction ID : SA11A.34759

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
SEE REDESIGNATION

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

Mailing Address 1130 OLD CRYSTAL BAY ROAD
1130 OLD CRYSTAL BAY ROAD

City ORONO State MN Zip Code 55391-9368

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

Name of Employer CHRISTENSEN GROUP Occupation INSURANCE BROKER

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
12 / 09 / 2015

Transaction ID : SA11A.35253

Amount of Each Receipt this Period
-300.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	