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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

JULIANNE.MN

ADDRESS (number and street) ▼ P.O. Box 173

Check if different than previously reported. (ACC)

CITY ▲ Chaska STATE ▲ MN ZIP CODE ▲ 55318 -

2. FEC IDENTIFICATION NUMBER ▼

C C00548446

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

STATE ▼ MN DISTRICT

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X 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 in the State of

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

General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period M M 01 D D 01 Y Y 2014 through M M 03 D D 31 Y Y 2014

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 Charles Erickson

Signature of Treasurer Charles Erickson Charles Erickson Date 04 14 2014

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

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