

**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

Sharna4us, Inc

ADDRESS (number and street)

PO Box 16507

Check if different  
than previously  
reported. (ACC)

Saint Paul

MN

55116

2. FEC IDENTIFICATION NUMBER ▼

C

C00562207

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

MN

04

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 /

04

D D /

24

Y Y Y Y /

2014

through

M M /

06

D D /

30

Y Y 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 Travis Kabrick

Signature of Treasurer

Travis Kabrick

[Electronically Filed]

Date

M M /

07

D D /

15

Y Y Y Y /

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.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Sharna4us, Inc

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	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))....	49213.51	49213.51
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	49213.51	49213.51
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	34663.31	34663.31
(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)) .....	34663.31	34663.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	14550.20	
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)

PAGE 3 / 27

Write or Type Committee Name

Sharna4us, Inc

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

**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).....

12950.00

12950.00

(ii) Unitemized.....

1996.00

1996.00

(iii) TOTAL of contributions from individuals ▶

14946.00

14946.00

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

500.00

500.00

**(d) The Candidate.....**

33767.51

33767.51

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

49213.51

49213.51

**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.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

49213.51

49213.51

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 27

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	34663.31	34663.31
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	0.00
(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	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	34663.31	34663.31

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	49213.51
25. SUBTOTAL (add Line 23 and Line 24).....	49213.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	34663.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	14550.20

# **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 27

☒ 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)  
**Sharna4us, Inc**

A. Full Name (Last, First, Middle Initial)  
**Beverly Aplikowski**  
Mailing Address **1443 Bussard Court**

City State Zip Code  
**Arden Hills MN 55112**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Lakeside Homes Inc**

Occupation  
**CEO**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**300.00**

Date of Receipt

**06 / 05 / 2014**

Transaction ID : **SA11AI.4114**

Amount of Each Receipt this Period

**300.00**

B. Full Name (Last, First, Middle Initial)  
**Martin Cates**  
Mailing Address **702 Aldrich St**

City State Zip Code  
**Linden MN 48451**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**None**

Occupation  
**Retired**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**500.00**

Date of Receipt

**06 / 30 / 2014**

Transaction ID : **SA11AI.4142**

Amount of Each Receipt this Period

**500.00**

C. Full Name (Last, First, Middle Initial)  
**Aleya Champlin**  
Mailing Address **2643 Thoroughbred Lane**

City State Zip Code  
**Orono MN 55356**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Briggs and Morgan**

Occupation  
**Attorney**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**500.00**

Date of Receipt

**06 / 30 / 2014**

Transaction ID : **SA11AI.4140**

Amount of Each Receipt this Period

**500.00**

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

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

**1300.00**

# **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 27

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sharna4us, Inc

Full Name (Last, First, Middle Initial)

Ann Cheeseman

A.

Mailing Address 1937 W Evergreen

City

Chicago

State

IL

Zip Code

60622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EY

Occupation

CPA

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Transaction ID : SA11AI.4158

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Thomas Iverson

B.

Mailing Address 800 Willowmere Dr

City

Zumbrota

State

MN

Zip Code

55992

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Gary Peterson

C.

Mailing Address 4472 Victoria St N

City

Shoreview

State

MN

Zip Code

55126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SA11AI.4178

Amount of Each Receipt this Period

250.00

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:

PAGE 7 OF 27

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sharna4us, Inc

Full Name (Last, First, Middle Initial)

Kurt Vander Wiel

A.

Mailing Address 519 Iowa St

City

Cedar Falls

State

IA

Zip Code

50613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Darning Pixels

Occupation

Consultant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.4138

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Allen Wahlgren

B.

Mailing Address 12685 Newell Ave

City

Lindstrom

State

MN

Zip Code

55045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.4100

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Allen Wahlgren

C.

Mailing Address 12685 Newell Ave

City

Lindstrom

State

MN

Zip Code

55045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.4112

Amount of Each Receipt this Period

2600.00

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:

PAGE 8 OF 27

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sharna4us, Inc

Full Name (Last, First, Middle Initial)

Patricia Wahlgren

A.

Mailing Address 12685 Newell Ave

City

Lindstrom

State

MN

Zip Code

55045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Patricia Wahlgren

B.

Mailing Address 12685 Newell Ave

City

Lindstrom

State

MN

Zip Code

55045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.4113

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

C.

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

Amount of Each Receipt this Period

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

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

5200.00

12950.00



# **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 27

<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)  
**Sharna4us, Inc**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>AMERICANS FOR FAIRNESS AND SECURITY PAC</b>		Date of Receipt <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>06</td> <td></td> <td>05</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		05		2014
M M	/	D D	/	Y Y Y Y									
06		05		2014									
Mailing Address PO BOX 3868		<b>Transaction ID : SA11C.4132</b>											
City MINNEAPOLIS	State MN	Zip Code 55403	Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00									
500.00													
FEC ID number of contributing federal political committee. <b>C</b> C00540039													
Name of Employer Occupation													
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00									
500.00													
<b>B.</b> Full Name (Last, First, Middle Initial)		Date of Receipt <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></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address													
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>										
FEC ID number of contributing federal political committee. <b>C</b>													
Name of Employer Occupation													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table>											
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt <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></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address													
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>										
FEC ID number of contributing federal political committee. <b>C</b>													
Name of Employer Occupation													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table>											
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00									
500.00													
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00									
500.00													

# **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 27

☐ 11a ☐ 11b ☐ 11c ☒ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Sharna4us, Inc**

**A.** Full Name (Last, First, Middle Initial)  
**Sharna Wahlgren**

Mailing Address PO Box 16507

City State Zip Code  
 Saint Paul MN 55116

FEC ID number of contributing federal political committee. **C** H4MN04116

Name of Employer Occupation  
 Candidate Candidate

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 21097.53

Date of Receipt

M M / D D / Y Y Y Y  
 04 24 2014

Transaction ID : SA11D.4188

Amount of Each Receipt this Period

21097.53

In-kind - Campaign Expenses Paid

**B.** Full Name (Last, First, Middle Initial)  
**Sharna Wahlgren**

Mailing Address PO Box 16507

City State Zip Code  
 Saint Paul MN 55116

FEC ID number of contributing federal political committee. **C** H4MN04116

Name of Employer Occupation  
 Candidate Candidate

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 22016.99

Date of Receipt

M M / D D / Y Y Y Y  
 04 30 2014

Transaction ID : SA11D.4190

Amount of Each Receipt this Period

919.46

In-kind - Campaign Expenses Paid

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

Mailing Address PO Box 16507

City State Zip Code  
 Saint Paul MN 55116

FEC ID number of contributing federal political committee. **C** H4MN04116

Name of Employer Occupation  
 Candidate Candidate

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 27559.57

Date of Receipt

M M / D D / Y Y Y Y  
 05 30 2014

Transaction ID : SA11D.4186

Amount of Each Receipt this Period

5542.58

In-kind - Campaign Expenses Paid

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

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

27559.57

# **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 27

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sharna4us, Inc

Full Name (Last, First, Middle Initial)

Sharna Wahlgren

Mailing Address PO Box 16507

City

Saint Paul

State

MN

Zip Code

55116

FEC ID number of contributing  
federal political committee.

C H4MN04116

Name of Employer  
CandidateOccupation  
Candidate

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

33767.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11D.4184

Amount of Each Receipt this Period

6207.94

In-kind - Campaign Expenses Paid

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

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).....

6207.94

33767.51

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 27

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

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NAME OF COMMITTEE (In Full)

Sharna4us, Inc

Full Name (Last, First, Middle Initial)

**A. Bulk Office Supply**

Mailing Address 1614 Hereford Road

City	State	Zip Code
Hewlett	NY	11557

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

Amount of Each Disbursement this Period

275.56
--------

Transaction ID : SB17.4194

[MEMO ITEM]

**B. Bywords Printing**

Mailing Address 1335 Thompson Ave

City	State	Zip Code
South St Paul	MN	55075

Purpose of Disbursement  
Printing Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

Amount of Each Disbursement this Period

480.65
--------

Transaction ID : SB17.4196

[MEMO ITEM]

**c. Degidios**

Mailing Address 425 7th St W

City	State	Zip Code
Saint Paul	MN	55102

Purpose of Disbursement  
Food and Beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2014

Amount of Each Disbursement this Period

660.00
--------

Transaction ID : SB17.4198

[MEMO ITEM]

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

0.00
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**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 27

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

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NAME OF COMMITTEE (In Full)

Sharna4us, Inc

Full Name (Last, First, Middle Initial)

**A. Derrek Brigham Design**

Mailing Address 10925 55th Ave N

City	State	Zip Code
Plymouth	MN	55442

Purpose of Disbursement  
Design Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		08		2014

Amount of Each Disbursement this Period

437.00
--------

Transaction ID : SB17.4200

[MEMO ITEM]

**B. Derrek Brigham Design**

Mailing Address 10925 55th Ave N

City	State	Zip Code
Plymouth	MN	55442

Purpose of Disbursement  
Design Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2014

Amount of Each Disbursement this Period

406.00
--------

Transaction ID : SB17.4253

[MEMO ITEM]

**c. Eventbrite**

Mailing Address 155 5th St 7th Floor

City	State	Zip Code
San Francisco	CA	94103

Purpose of Disbursement  
Online Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2014

Amount of Each Disbursement this Period

170.00
--------

Transaction ID : SB17.4202

[MEMO ITEM]

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

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 27

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

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NAME OF COMMITTEE (In Full)

Sharna4us, Inc

Full Name (Last, First, Middle Initial)

**A. Eventbrite**

Mailing Address 155 5th St 7th Floor

City	State	Zip Code
San Francisco	CA	94103

Purpose of Disbursement  
Online Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2014

Amount of Each Disbursement this Period

54.74
-------

Transaction ID : SB17.4203

[MEMO ITEM]

**B. Eventbrite**

Mailing Address 155 5th St 7th Floor

City	State	Zip Code
San Francisco	CA	94103

Purpose of Disbursement  
Online Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : SB17.4204

[MEMO ITEM]

**c. Godaddy.com**

Mailing Address 14455 N Hayden Rd Ste 226

City	State	Zip Code
Scottsdale	AZ	85260

Purpose of Disbursement  
Website Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2013

Amount of Each Disbursement this Period

469.59
--------

Transaction ID : SB17.4206

[MEMO ITEM]

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

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 27

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

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NAME OF COMMITTEE (In Full)

Sharna4us, Inc

Full Name (Last, First, Middle Initial)

**A. Godaddy.com**

Mailing Address 14455 N Hayden Rd Ste 226

City	State	Zip Code
Scottsdale	AZ	85260

Purpose of Disbursement  
Website Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		22		2014

Amount of Each Disbursement this Period

68.05
-------

Transaction ID : SB17.4207

[MEMO ITEM]

**B. Godaddy.com**

Mailing Address 14455 N Hayden Rd Ste 226

City	State	Zip Code
Scottsdale	AZ	85260

Purpose of Disbursement  
Website Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

53.88
-------

Transaction ID : SB17.4208

[MEMO ITEM]

**C. Grand Ave Business Association**

Mailing Address 752 Grand Ave #1

City	State	Zip Code
St Paul	MN	55105

Purpose of Disbursement  
Campaign Event Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

Amount of Each Disbursement this Period

320.00
--------

Transaction ID : SB17.4210

[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 27

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

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NAME OF COMMITTEE (In Full)

Sharna4us, Inc

Full Name (Last, First, Middle Initial)

**A. Jill Vujovich Laabs**

Mailing Address 641 Cresthaven Drive

City	State	Zip Code
South St Paul	MN	55075

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.4217

[MEMO ITEM]

**B. Jill Vujovich Laabs**

Mailing Address 641 Cresthaven Drive

City	State	Zip Code
South St Paul	MN	55075

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2014

Amount of Each Disbursement this Period

750.00
--------

Transaction ID : SB17.4218

[MEMO ITEM]

**C. Jill Vujovich Laabs**

Mailing Address 641 Cresthaven Drive

City	State	Zip Code
South St Paul	MN	55075

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2014

Amount of Each Disbursement this Period

1500.00
---------

Transaction ID : SB17.4219

[MEMO ITEM]

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 27

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

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NAME OF COMMITTEE (In Full)

Sharna4us, Inc

Full Name (Last, First, Middle Initial)

**A. Jill Vujovich Laabs**

Mailing Address 641 Cresthaven Drive

City	State	Zip Code
South St Paul	MN	55075

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2014

Amount of Each Disbursement this Period

1250.00
---------

Transaction ID : SB17.4220

[MEMO ITEM]

**B. Jill Vujovich Laabs**

Mailing Address 641 Cresthaven Drive

City	State	Zip Code
South St Paul	MN	55075

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2014

Amount of Each Disbursement this Period

1200.00
---------

Transaction ID : SB17.4221

[MEMO ITEM]

**c. Joni Geppert**

Mailing Address 3425 McKnight Rd

City	State	Zip Code
White Bear Lake	MN	55110

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

Amount of Each Disbursement this Period

471.00
--------

Transaction ID : SB17.4223

[MEMO ITEM]

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

0.00
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# **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 27

☒ 17    ☐ 18    ☐ 19a    ☐ 19b  
☐ 20a    ☐ 20b    ☐ 20c    ☐ 21

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NAME OF COMMITTEE (In Full)

Sharna4us, Inc

Full Name (Last, First, Middle Initial)

## **A. Keys Cafe**

Mailing Address 1750 Weir Dr

City Woodbury State MN Zip Code 55125

Purpose of Disbursement  
Food and Beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
01 / 24 / 2014

Amount of Each Disbursement this Period

26.73

Transaction ID : SB17.4225

[MEMO ITEM]

## **B. Keys Cafe**

Mailing Address 1750 Weir Dr

City Woodbury State MN Zip Code 55125

Purpose of Disbursement  
Food and Beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 03 / 2014

Amount of Each Disbursement this Period

23.75

Transaction ID : SB17.4226

[MEMO ITEM]

## **c. Keys Cafe**

Mailing Address 1750 Weir Dr

City Woodbury State MN Zip Code 55125

Purpose of Disbursement  
Food and Beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 06 / 2014

Amount of Each Disbursement this Period

20.57

Transaction ID : SB17.4227

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 27

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

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NAME OF COMMITTEE (In Full)

Sharna4us, Inc

Full Name (Last, First, Middle Initial)

**A. Keys Cafe**

Mailing Address 1750 Weir Dr

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement  
Food and Beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2014

Amount of Each Disbursement this Period

48.89
-------

Transaction ID : SB17.4228

[MEMO ITEM]

**B. Keys Cafe**

Mailing Address 1750 Weir Dr

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement  
Food and Beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2014

Amount of Each Disbursement this Period

39.49
-------

Transaction ID : SB17.4229

[MEMO ITEM]

**c. Keys Cafe**

Mailing Address 1750 Weir Dr

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement  
Food and Beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

Amount of Each Disbursement this Period

26.69
-------

Transaction ID : SB17.4230

[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 27

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

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NAME OF COMMITTEE (In Full)

Sharna4us, Inc

Full Name (Last, First, Middle Initial)

**A. Keys Cafe**

Mailing Address 1750 Weir Dr

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement  
Food and Beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

44.40
-------

Transaction ID : SB17.4231

[MEMO ITEM]

**B. Keys Cafe**

Mailing Address 1750 Weir Dr

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement  
Food and Beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2014

Amount of Each Disbursement this Period

10.00
-------

Transaction ID : SB17.4232

[MEMO ITEM]

**c. Keys Cafe**

Mailing Address 1750 Weir Dr

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement  
Food and Beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2014

Amount of Each Disbursement this Period

21.15
-------

Transaction ID : SB17.4233

[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 27

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

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NAME OF COMMITTEE (In Full)

Sharna4us, Inc

Full Name (Last, First, Middle Initial)

**A. Keys Cafe**

Mailing Address 1750 Weir Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2014

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement  
Food and Beverage

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

47.12
-------

Transaction ID : SB17.4234

[MEMO ITEM]

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Keys Cafe**

Mailing Address 1750 Weir Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement  
Food and Beverage

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

45.05
-------

Transaction ID : SB17.4235

[MEMO ITEM]

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Keys Cafe**

Mailing Address 1750 Weir Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement  
Food and Beverage

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

25.16
-------

Transaction ID : SB17.4236

[MEMO ITEM]

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)

State: District:

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

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

0.00
------

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Sharna4us, Inc

Full Name (Last, First, Middle Initial)

**A. Keys Cafe**

Mailing Address 1750 Weir Dr

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement  
Food and Beverage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

36.60
-------

Transaction ID : SB17.4237

[MEMO ITEM]

**B. Legacy List Marketing**Mailing Address 1155 15th St NW  
Suite 410

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
List Rental

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2014

Amount of Each Disbursement this Period

720.00
--------

Transaction ID : SB17.4172

**c. McLaughlin and Associates**

Mailing Address 919 Prince St

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Survey Research

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		27		2014

Amount of Each Disbursement this Period

12000.00
----------

Transaction ID : SB17.4239

[MEMO ITEM]

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

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

720.00
--------

# **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)

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☒ 17    ☐ 18    ☐ 19a    ☐ 19b  
☐ 20a    ☐ 20b    ☐ 20c    ☐ 21

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NAME OF COMMITTEE (In Full)

Sharna4us, Inc

Full Name (Last, First, Middle Initial)

## **A. Minds Eye Design**

Mailing Address PO Box 2588

City State Zip Code  
Ann Arbor MI 48016

Purpose of Disbursement  
Promotional Materials

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
05 / 27 / 2014

Amount of Each Disbursement this Period

1053.00

Transaction ID : SB17.4241

[MEMO ITEM]

## **B. Molly VanGuilder**

Mailing Address 321 Reid Lane

City State Zip Code  
South St Paul MN 55074

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
06 / 16 / 2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4243

[MEMO ITEM]

## **c. Molly VanGuilder**

Mailing Address 321 Reid Lane

City State Zip Code  
South St Paul MN 55074

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
06 / 25 / 2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4244

[MEMO ITEM]

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

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

0.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Sharna4us, Inc

Full Name (Last, First, Middle Initial)

**A. Republican Party of MN**

Mailing Address 2200 East Franklin Ave Suite 201

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		21		2014

City	State	Zip Code
Minneapolis	MN	55404

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Event Fee

Transaction ID : SB17.4246

Candidate Name

Category/  
Type

[MEMO ITEM]

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Republican Party of MN**

Mailing Address 2200 East Franklin Ave Suite 201

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2014

City	State	Zip Code
Minneapolis	MN	55404

Amount of Each Disbursement this Period

30.00
-------

Purpose of Disbursement  
Event Fee

Transaction ID : SB17.4247

Candidate Name

Category/  
Type

[MEMO ITEM]

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Republican Party of MN**

Mailing Address 2200 East Franklin Ave Suite 201

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2014

City	State	Zip Code
Minneapolis	MN	55404

Amount of Each Disbursement this Period

30.00
-------

Purpose of Disbursement  
Event Fee

Transaction ID : SB17.4248

Candidate Name

Category/  
Type

[MEMO ITEM]

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

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

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Sharna4us, Inc

Full Name (Last, First, Middle Initial)

**A. Secretary of State**

Mailing Address 60 Empire Dr #100

City	State	Zip Code
St Paul	MN	55103

Purpose of Disbursement  
Campaign Filing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB17.4250

[MEMO ITEM]

**B. State Farm Insurance**

Mailing Address 3 State Farm Plaza S

City	State	Zip Code
Bloomington	IL	61704

Purpose of Disbursement  
Campaign Insurance

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

321.15
--------

Transaction ID : SB17.4252

[MEMO ITEM]

**c. Sharna Wahlgren**

Mailing Address PO Box 16507

City	State	Zip Code
Saint Paul	MN	55116

Purpose of Disbursement  
In-kind - Campaign Expenses Paid

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2014

Amount of Each Disbursement this Period

21097.53
----------

Transaction ID : SB17.4189

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

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

21097.53

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Sharna4us, Inc

Full Name (Last, First, Middle Initial)

**A. Sharna Wahlgren**

Mailing Address PO Box 16507

City	State	Zip Code
Saint Paul	MN	55116

Purpose of Disbursement  
In-kind - Campaign Expenses Paid

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2014

Amount of Each Disbursement this Period

919.46
--------

Transaction ID : SB17.4191

**B. Sharna Wahlgren**

Mailing Address PO Box 16507

City	State	Zip Code
Saint Paul	MN	55116

Purpose of Disbursement  
In-kind - Campaign Expenses Paid

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

Amount of Each Disbursement this Period

5542.58
---------

Transaction ID : SB17.4187

**c. Sharna Wahlgren**

Mailing Address PO Box 16507

City	State	Zip Code
Saint Paul	MN	55116

Purpose of Disbursement  
In-kind - Campaign Expenses Paid

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

6207.94
---------

Transaction ID : SB17.4185

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

12669.98

34487.51