

**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 /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer Travis Kabrick

Signature of Treasurer

Travis Kabrick

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

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

SUMMARY PAGE

of Receipts and Disbursements

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	7		2	4		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		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))....	11124.99	62984.50
(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))	11124.99	62984.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	17513.01	55185.14
(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))	17513.01	55185.14
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7799.36	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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 / 16

Write or Type Committee Name

Sharna4us, Inc

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		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).....

5650.00

19100.00

(ii) Unitemized.....

3325.00

7467.00

(iii) TOTAL of contributions from individuals ▶

8975.00

26567.00

(b) Political Party Committees.....

2149.99

2149.99

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

0.00

500.00

(d) The Candidate.....

0.00

33767.51

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

11124.99

62984.50

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)..... ▶

11124.99

62984.50

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 16

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	17513.01	55185.14
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	17513.01	55185.14

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	14187.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11124.99
25. SUBTOTAL (add Line 23 and Line 24).....	25312.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17513.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7799.36

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

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

FOR LINE NUMBER:

PAGE 5 OF 16

(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	

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

Full Name (Last, First, Middle Initial)

Timothy Bartl

A.

Mailing Address 1420 N Utah St

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
McGuiness & YagerOccupation
Attorney

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		31		2014

Transaction ID : SA11AI.4332

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

John Cornwell

B.

Mailing Address 9376 Newcastle Rd

City

Woodbury

State

MN

Zip Code

55125

FEC ID number of contributing
federal political committee.

C

Name of Employer
3MOccupation
Engineer

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		01		2014

Transaction ID : SA11AI.4356

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

Vivian Hiemstra

C.

Mailing Address 669 McKimber St

City

Knoxville

State

IA

Zip Code

50138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hiemstra TruckingOccupation
Secretary

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
09		03		2014

Transaction ID : SA11AI.4366

Amount of Each Receipt this Period

250.00

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

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

1650.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 16

(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)

Stanley Hubbard

A.

Mailing Address 3415 University Ave

City

Saint Paul

State

MN

Zip Code

55114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hubbard BroadcastingOccupation
Owner

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
09		30		2014

Transaction ID : SA11AI.4431

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Orville Johnson

B.

Mailing Address 1085 Nena Ct

City

Stillwater

State

MN

Zip Code

55082

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

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 Y
09		26		2014

Transaction ID : SA11AI.4406

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

john klos

C.

Mailing Address 80 S 8th St

City

Minneapolis

State

MN

Zip Code

55402

FEC ID number of contributing
federal political committee.

C

Name of Employer
BriggsOccupation
Attorney

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
09		02		2014

Transaction ID : SA11AI.4358

Amount of Each Receipt this Period

250.00

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

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

3350.00

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 16

(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)

Tom Landshut

A.

Mailing Address 10560 62nd St N

City

Stillwater

State

MN

Zip Code

55082

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SA11AI.4360

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

Robert McElroy

B.

Mailing Address 1015 Hoyt Ave W

City

St Paul

State

MN

Zip Code

55117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.4433

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
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.4416

Amount of Each Receipt this Period

100.00

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

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

650.00

5650.00

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 16

☐ 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)
4th District Republican Committee

Mailing Address 123 Woodbury

City State Zip Code
Woodbury MN 55125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

950.00

Date of Receipt

M M / D D / Y Y Y Y
09 26 2014

Transaction ID : SA11B.4479

Amount of Each Receipt this Period

950.00

B. Full Name (Last, First, Middle Initial)
53rd Senate District RPM

Mailing Address 1315 Belmont Dr

City State Zip Code
Woodbury MN 55125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

999.99

Date of Receipt

M M / D D / Y Y Y Y
09 26 2014

Transaction ID : SA11B.4480

Amount of Each Receipt this Period

999.99

C. Full Name (Last, First, Middle Initial)
Republican Party of HD 66B

Mailing Address 440 Hoyt Ave E

City State Zip Code
St Paul MN 55130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

M M / D D / Y Y Y Y
09 26 2014

Transaction ID : SA11B.4485

Amount of Each Receipt this Period

200.00

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

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

2149.99

2149.99

**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 9 OF 16

<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. Steve Ellenwood

Mailing Address 8182 Lori Lane

City	State	Zip Code
Saint Paul	MN	55125

Purpose of Disbursement
Management Consulting

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

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

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4461

B. Gold Star Printworks

Mailing Address PO Box 613

City	State	Zip Code
Lindstrom	MN	55045

Purpose of Disbursement
Promotional Printing

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 23 / 2014

Amount of Each Disbursement this Period

783.75

Transaction ID : SB17.4469

C. Great Rivers Printing

Mailing Address 6999 Oxford St

City	State	Zip Code
St Louis Park	MN	55426

Purpose of Disbursement
Printing Services

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 23 / 2014

Amount of Each Disbursement this Period

678.13

Transaction ID : SB17.4466

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

2461.88

**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 10 OF 16

<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. Great Rivers Printing

Mailing Address 6999 Oxford St

City	State	Zip Code
St Louis Park	MN	55426

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
08		23		2014

Amount of Each Disbursement this Period

67.33

Transaction ID : SB17.4468

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
07		31		2014

Amount of Each Disbursement this Period

1200.00

Transaction ID : SB17.4453

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:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2014

Amount of Each Disbursement this Period

1100.00

Transaction ID : SB17.4463

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

2367.33

**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 11 OF 16

<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. Kabrick Compliance Services, LLC

Mailing Address 7225 Guider Dr Apt 205

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement
Accounting and Reporting

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
07		31		2014

Amount of Each Disbursement this Period

333.50

Transaction ID : SB17.4442

B. Kabrick Compliance Services, LLC

Mailing Address 7225 Guider Dr Apt 205

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement
Expense Reimbursement

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
07		31		2014

Amount of Each Disbursement this Period

26.95

Transaction ID : SB17.4449

C. Kabrick Compliance Services, LLC

Mailing Address 7225 Guider Dr Apt 205

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement
Expense Reimbursement

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
07		31		2014

Amount of Each Disbursement this Period

49.00

Transaction ID : SB17.4450

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

409.45

**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 16

<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. Kabrick Compliance Services, LLC

Mailing Address 7225 Guider Dr Apt 205

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement
Expense Reimbursement

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
08		20		2014

Amount of Each Disbursement this Period

26.50

Transaction ID : SB17.4451

B. Kabrick Compliance Services, LLC

Mailing Address 7225 Guider Dr Apt 205

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement
Accounting and Reporting

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
08		31		2014

Amount of Each Disbursement this Period

298.08

Transaction ID : SB17.4443

C. Kabrick Compliance Services, LLC

Mailing Address 7225 Guider Dr Apt 205

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement
Accounting and Reporting

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
09		26		2014

Amount of Each Disbursement this Period

137.50

Transaction ID : SB17.4444

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

462.08

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

PAGE 13 OF 16

<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. Kabrick Compliance Services, LLC

Mailing Address 7225 Guider Dr Apt 205

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 26 / 2014

Amount of Each Disbursement this Period

26.95

Transaction ID : SB17.4452

B. Minds Eye Design

Mailing Address PO Box 2588

City	State	Zip Code
Ann Arbor	MI	48016

Purpose of Disbursement
Campaign Promotional Services - Website and Signs

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

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

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

1958.00

Transaction ID : SB17.4471

c. Minds Eye Design

Mailing Address PO Box 2588

City	State	Zip Code
Ann Arbor	MI	48016

Purpose of Disbursement
Campaign Promotional Services - Website and Signs

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

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

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

1958.00

Transaction ID : SB17.4472

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

3942.95

**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. Molly VanGuilder

Mailing Address 321 Reid Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2014

City	State	Zip Code
South St Paul	MN	55074

Purpose of Disbursement
Management Consulting

Candidate Name

Category/
Type

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

State: District:

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.4454

Full Name (Last, First, Middle Initial)

B. Molly VanGuilder

Mailing Address 321 Reid Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		19		2014

City	State	Zip Code
South St Paul	MN	55074

Purpose of Disbursement
Management Consulting

Candidate Name

Category/
Type

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

State: District:

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.4455

Full Name (Last, First, Middle Initial)

c. Molly VanGuilder

Mailing Address 321 Reid Lane

Date of Disbursement

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

City	State	Zip Code
South St Paul	MN	55074

Purpose of Disbursement
Management Consulting

Candidate Name

Category/
Type

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

State: District:

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.4460

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

3750.00

**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. Patrick Davis Consulting, LLC

Mailing Address 5160 Hearthstone Lane

City	State	Zip Code
Colorado Springs	CO	80919

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
09		05		2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.4458

B. PayPal

Mailing Address 2211 North First St

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement
Credit Card Fees

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
09		30		2014

Amount of Each Disbursement this Period

113.13

Transaction ID : SB17.4446

c. Preya Samsundar

Mailing Address 5732 40th Ave S

City	State	Zip Code
Minneapolis	MN	55417

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
08		26		2014

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4456

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

3363.13

**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 16 OF 16

<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. Preya Samsundar

Mailing Address 5732 40th Ave S

City	State	Zip Code
Minneapolis	MN	55417

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
09		11		2014

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4462

B.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

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
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Amount of Each Disbursement this Period

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C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

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
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Amount of Each Disbursement this Period

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

250.00

17006.82