

**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** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00562207

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

11 / 04 / 2014

in the  
State of

MN

5. Covering Period

M M / D D / Y Y Y Y

10 / 16 / 2014

through

M M / D D / Y Y Y Y

11 / 24 / 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 / D D / Y Y Y Y

12 / 04 / 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
1	0		1	6		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		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))....	4515.00	68724.50
(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)) .....	4515.00	68724.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	6855.55	118604.10
(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)) .....	6855.55	118604.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1555.77	
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) .....	59856.77	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

PAGE 3 / 19

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Sharna4us, Inc

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		16		2014

To:

M M	/	D D	/	Y Y Y Y
11		24		2014

**I. RECEIPTS**
**COLUMN A**  
Total this Period

**COLUMN B**  
Election Cycle Total as of

**COLUMN C**  
Total for

M M	/	D D	/	Y Y Y Y
11		04		2014

  
(date of general election)

M M	/	D D	/	Y Y Y Y
11		05		2014

  
(date after general election)

through

M M	/	D D	/	Y Y Y Y
11		24		2014

  
(last day of reporting period)
**11. CONTRIBUTIONS**

(other than loans) FROM:

- (a) Individuals/Persons Other than Political Committees
- (i) Itemized (use Schedule A)

1610.00
---------

21210.00
----------

0.00
------

(ii) Unitemized

1405.00
---------

9597.00
---------

0.00
------

(iii) Total of contributions from individuals

3015.00
---------

30807.00
----------

0.00
------

(b) Political Party Committees

0.00
------

2149.99
---------

0.00
------

(c) Other Political Committees

0.00
------

500.00
--------

0.00
------

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 19

<b>COLUMN A</b> <b>Total this Period</b>	<b>COLUMN B</b> <b>Election Cycle Total as of *</b> (date of general election) (* See page 5 for date)	<b>COLUMN C</b> <b>Total for *</b> (date after general election) <b>through *</b> (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
1500.00	35267.51	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
4515.00	68724.50	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
2439.95	51902.32	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
2439.95	51902.32	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
6954.95	120626.82	0.00

## POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 19

Write or Type Committee Name

Sharna4us, Inc

Report Covering the Period:

From:

10

16

2014

To:

11

24

2014

## II. DISBURSEMENTS

COLUMN A  
Total this PeriodCOLUMN B  
Election Cycle Total as of \*  
(date of general election)  
(\* See page 5 for date)COLUMN C  
Total for \* (date after general election)  
through \* (last day of reporting period)  
(\* See page 5 for dates)

## 17. OPERATING EXPENDITURES

6855.55

118604.10

466.95

## 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES

0.00

0.00

0.00

## 19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed by the Candidate

0.00

0.00

0.00

(b) Of All Other Loans

0.00

0.00

0.00

(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))

0.00

0.00

0.00

## 20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other Than Political Committees

0.00

0.00

0.00

(b) Political Party Committees

0.00

0.00

0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 19

<b>COLUMN A</b> <b>Total this Period</b>	<b>COLUMN B</b> <b>Election Cycle Total as of *</b> (date of general election) (* See page 5 for date)	<b>COLUMN C</b> <b>Total for *</b> (date after general election) <b>through *</b> (last day of reporting period) (* See page 5 for dates)
---	---	--

(c) Other Political Committees (such as PACs)

0.00

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00

0.00

0.00

**21. OTHER DISBURSEMENTS**

0.00

0.00

0.00

**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

6855.55

118604.10

466.95

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

4515.00

68724.50

0.00

**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

6855.55

118604.10

466.95

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....

25. SUBTOTAL (add Line 23 and Line 24).....

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

1456.37

6954.95

8411.32

6855.55

1555.77

# **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 19

(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)

Marjorie Helmer

A.

Mailing Address 922 6th ave SW

City

Faribault

State

MN

Zip Code

55021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
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
10		31		2014

Transaction ID : SA11AI.4627

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Joel Kunza

B.

Mailing Address 547 141st Ln NE

City

Ham Lake

State

MN

Zip Code

55304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allegiance FitnessOccupation  
President

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
10		23		2014

Transaction ID : SA11AI.4566

Amount of Each Receipt this Period

1000.00

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 RequestedOccupation  
Information Requested

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : SA11AI.4598

Amount of Each Receipt this Period

100.00

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

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

1350.00

**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 19

(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)

Jason Wahlgren

Mailing Address 889 118th Lane NE

City

Blaine

State

MN

Zip Code

55434

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univita Health

Occupation

IT Supervisor

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2014

Transaction ID : SA11Al.4583

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

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)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

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).....

260.00

1610.00



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

PAGE 9 OF 19

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

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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** H4MN04116Name of Employer  
CandidateOccupation  
Candidate

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

84729.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SA11D.4615

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. 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)

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 M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

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

1500.00

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

1500.00

# **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 19

☐ 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  
 85229.88

Date of Receipt

M M / D D / Y Y Y Y  
 10 16 2014

Transaction ID : SA13A.4618

Amount of Each Receipt this Period

500.00

Loan to cover expenses

**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  
 87169.83

Date of Receipt

M M / D D / Y Y Y Y  
 10 31 2014

Transaction ID : SA13A.4640

Amount of Each Receipt this Period

1939.95

Loan to cover expenses

**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

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

2439.95

2439.95

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

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 19

<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. Aguilar Productions**

Mailing Address 204 Emerson Ave E

City	State	Zip Code
St Paul	MN	55118

Purpose of Disbursement  
Media Advertising

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> 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
10 / 16 / 2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.4619

**B. Steve Ellenwood**

Mailing Address 8182 Lori Lane

City	State	Zip Code
Saint Paul	MN	55125

Purpose of Disbursement  
Managemnt Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> 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
10 / 16 / 2014

Amount of Each Disbursement this Period

1250.00
---------

Transaction ID : SB17.4574

**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:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> 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
10 / 22 / 2014

Amount of Each Disbursement this Period

352.69
--------

Transaction ID : SB17.4577

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

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

2102.69

**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 19

<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
10		20		2014

Amount of Each Disbursement this Period

26.95
-------

Transaction ID : SB17.4571

**B. Kabrick Compliance Services, LLC**

Mailing Address 7225 Guider Dr Apt 205

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement  
Reporting and Compliance 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
10		27		2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.4578

**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
11		03		2014

Amount of Each Disbursement this Period

26.95
-------

Transaction ID : SB17.4572

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

303.90

**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 19

<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 Compliance Services

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y
11 / 17 / 2014

Amount of Each Disbursement this Period

90.00
-------

Transaction ID : SB17.4582

**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	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
11 / 18 / 2014

Amount of Each Disbursement this Period

26.95
-------

Transaction ID : SB17.4573

**C. Lillie Suburban Newspaper**

Mailing Address 2515 7th Ave E

City	State	Zip Code
North St Paul	MN	55109

Purpose of Disbursement  
Media Advertising

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y
10 / 31 / 2014

Amount of Each Disbursement this Period

1511.20
---------

Transaction ID : SB17.4638

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

1628.15

**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 19

<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

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)

**A. Mile Road Productions**

Mailing Address 9959 Antrim Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		24		2014

City	State	Zip Code
St Paul	MN	55125

Amount of Each Disbursement this Period

2120.51
---------

Purpose of Disbursement  
Media AdvertisingCategory/  
Type

Transaction ID : SB17.4575

Candidate Name

Office Sought:

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

Disbursement For: 2014

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 2211 North First St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2014

City	State	Zip Code
San Jose	CA	95131

Amount of Each Disbursement this Period

31.76
-------

Purpose of Disbursement  
Credit Card FeesCategory/  
Type

Transaction ID : SB17.4570

Candidate Name

Office Sought:

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

Disbursement For: 2014

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

State:

District:

Full Name (Last, First, Middle Initial)

**c. Villager Communications**

Mailing Address 757 S Snelling Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2014

City	State	Zip Code
St Paul	MN	55116

Amount of Each Disbursement this Period

1088.75
---------

Purpose of Disbursement  
Media AdvertisingCategory/  
Type

Transaction ID : SB17.4636

Candidate Name

Office Sought:

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

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" 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).....

2120.51

6155.25

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 15 OF 19

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4524

Sharna4us, Inc

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Sharna Wahlgren

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
PO Box 16507

City

State

ZIP Code

Saint Paul

MN

55116

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

49462.37

0.00

49462.37

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
10 01 / 2014

M M / D D / Y Y Y Y

12/31/2015

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

49462.37

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 16 OF 19

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4618

Sharna4us, Inc

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Sharna Wahlgren

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
PO Box 16507

City

State

ZIP Code

Saint Paul

MN

55116

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

500.00

0.00

500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
10 16 / 2014M M / D D / Y Y Y Y  
12/31/2015

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 17 OF 19

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4640

Sharna4us, Inc

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Sharna Wahlgren

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
PO Box 16507

City

State

ZIP Code

Saint Paul

MN

55116

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1939.95

0.00

1939.95

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
10 / 31 / 2014M M / D D / Y Y Y Y  
/ / /M M / D D / Y Y Y Y  
/ / /M M / D D / Y Y Y Y  
12/31/2015

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1939.95

**TOTALS** This Period (last page in this line only)..... ►

51902.32

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 18 OF 19

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Sharna4us, Inc**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Schultz Morley Consulting LLC**

Nature of Debt (Purpose):

Management Consulting - Being Disputed

Mailing Address 1341 Jurdy Road

City State

Zip Code

Eagan

MN

55121

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4611

Amount Incurred This Period

7954.45

Payment This Period

0.00

Outstanding Balance at Close of This Period

7954.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

7954.45

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

7954.45

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

51902.32

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

59856.77

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: SD10

Transaction ID : SD10.4611

The creditor Schultz Morley Consulting LLC states that the campaign owes them \$7,954.45. The campaign states that they owe the creditor \$0. There have been no payments made to the creditor.

Form/Schedule:

Transaction ID: