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Image# 14953165869

FEC	
FORM	3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	Authorized	l Com	ımittee			Office Use Only
1. NAME OF COMMITTEE (in	TYPE OR PR	INT ▼		cample: If typing	g, type	12FE4M5	
Sharna4us, In	C						
ADDRESS (number ar	PO Box 165	07					
Check if dithan previoreported. (A	usly Saint Paul					MN	55116
2. FEC IDENTIFIC	CATION NUMBER ▼	CI	TY A			STATE A	ZIP CODE A STATE ▼ DISTRICT
C C0056220	07	3. IS T REP	_	X NEW (N)	OR	AMENE (A)	
(a) Quarterly R April 18 July 15 Octobe January	PORT (Choose One) eports: 5 Quarterly Report (Q1) 6 Quarterly Report (Q2) or 15 Quarterly Report (Q3) or 31 Year-End Report (YE) ation Report (TER)	Elec (c) 30-D	tion on	General (30G	DD /	General (1 Special (1 Y Y Y Y Runoff (30	in the State of
5. Covering Period	10 / 16	/ Y Y Y Y 2014	Y	through	M M	/ D D /	Y Y Y Y 2014
I certify that I have of	examined this Report and		f my kı	nowledge and l	pelief it is tr	ue, correct and	d complete.
Signature of Treasure	er <i>Travis Kabrick</i>			[Electronically I	Filed] [Date 12	/ D D / Y Y Y Y Y Y Y 2014
NOTE: Submission of	false, erroneous, or incom	plete information	on may	subject the per	son signing	this Report to t	he penalties of 2 U.S.C. §437g.
Office Use Only							FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

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Write or Type Committee Name

Sharna4us, Inc

			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	68724.5
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	0.0
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	4515.00	68724.5
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	6855.55	118604.1
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	0.0
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	6855.55	118604.1
3.		sh on Hand at Close of porting Period (from Line 27)	1555.77	
9.	the	ots and Obligations Owed TO Committee (Itemize all on needule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on nedule 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:	10 16 / Y Y Y Y Y Y Y T	To: 11 / 24 / 2014
I. RECEIPTS		
COLUMN A Total this Period	COLUMN B Election Cycle Total as of	COLUMN C Total for
	11 04 2014 (date of general election)	11 05 2014 (date after general election)
 11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (use Schedule A) 		through 11 24 2014 (last day of reporting period)
1610.00	21210.00	0.00
(ii) Unitemized	9597.00	0.00
(iii) Total of contributions from individu	als	
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

PAGE 4 / 19

FEC Form 3 (Revised 1/01)

	COLUMN A Total this Period	COLUMN 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)
	(d) The Candidate		
	1500.00	35267.51	0.00
	(e) TOTAL CONTRIBUTIONS (other than lo	pans) (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 EXPENDITURE	S (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 PAGE 5 / 19 FEC Form 3 (Revised 1/01) Write or Type Committee Name Sharna4us, Inc. 10 16 2014 2014 Report Covering the Period: 11 24 From: To: **II. DISBURSEMENTS COLUMN A COLUMN B COLUMN C Total this Period** Election Cycle Total as of * Total for * (date after general election) (date of general election) through * (last day of reporting period) (* See page 5 for date) (* See page 5 for dates) 17. OPERATING EXPENDITURES 6855.55 466.95 118604.10 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
- 11			

(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

COLUMN A Total this Period		COLUMN 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)
	(c) Other Political Committees (such as PA	ACs)	
	0.00	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (ac	dd 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, 1	8, 19(c), 20(d) and 21)	
	6855.55	118604.10	466.95
_	(Note: Substitute in lieu of Line #6	THAN LOANS) 5 of Summary Page for this report only; subtraction of Summary Page for this report only; subtraction of Sar24.50	ct Line 20(d) from Line 11(e)) 0.00
	IV. NET OPERATING EXPENDITUR	RES	
	(Note: Substitute in lieu of Line	#7 of Summary Page for this report only; sub	tract Line 14 from Line 17)
	6855.55	118604.10	466.95
	V. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	ORTING PERIOD	1456.37
24.	TOTAL RECIEPTS THIS PERIOD (from Lin	e 16)	6954.95
25.	SUBTOTAL (add Line 23 and Line 24)		8411.32
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	6855.55
27.	CASH ON HAND AT CLOSE OF REPORTI	NG PERIOD (subtract Line 26 from Line 25)	1555.77

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 7 OF 19 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page 12 13a 13b 14

ITEMIZED RECEIPTS 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 Date of Receipt Mailing Address 922 6th ave SW 10 2014 31 City State Zip Code Transaction ID: SA11AI.4627 MN 55021 Faribault FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation Information Requested Information Requested Receipt For: 2014 Election Cycle-to-Date Primary X General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Joel Kunza Date of Receipt Mailing Address 547 141st Ln NE 10 23 2014 City State Zip Code Transaction ID: SA11AI.4566 Ham Lake MN 55304 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation President Allegiance Fitness Receipt For: 2014 Election Cycle-to-Date M General Primary 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Gary Peterson Date of Receipt Mailing Address 4472 Victoria St N 2014 24 City Zip Code State Transaction ID: SA11AI.4598 MN Shoreview 55126 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100.00 Name of Employer Occupation Information Requested Information Requested Receipt For: 2014 Election Cycle-to-Date Primary X General 450.00 Other (specify) 1350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 8 OF 19 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page 12 13a 13b

ITEMIZED RECEIPTS 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) Jason Wahlgren Date of Receipt Mailing Address 889 118th Lane NE 2014 03 City State Zip Code Transaction ID: SA11AI.4583 MN 55434 Blaine FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 260.00 Name of Employer Occupation Univita Health IT Supervisor Receipt For: 2014 Election Cycle-to-Date Primary X General 260.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 260.00 SUBTOTAL of Receipts This Page (optional)..... 1610.00 TOTAL This Period (last page this line number only).....

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	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 19 (check only one) 11a
Ar or	ly information copied from such Reports and for commercial purposes, other than using the	Statements m	nay not be sold or used by any paddress of any political committed	person for the purpose of soliciting contributions see to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Sharna4us, Inc			
<u> </u>	Full Name (Last, First, Middle Initial) Sharna Wahlgren			Date of Receipt
Λ.	Mailing Address PO Box 16507			10 16 2014
	City Saint Paul	State MN	Zip Code 55116	Transaction ID : SA11D.4615
	FEC ID number of contributing federal political committee.	C H4	MN04116	Amount of Each Receipt this Period
	Name of Employer Candidate	Occupation Candidate	1	1500.00
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 84729.88	
_	Full Name (Last, First, Middle Initial)			Date of Receipt
B.	Mailing Address	M M / D D / Y Y Y Y		
	City			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	٦	
	Receipt For: Primary General Other (specify)	Election C	ycle-to-Date	
_	Full Name (Last, First, Middle Initial)	ı		Date of Receipt
C.	Mailing Address	M M / D D / Y Y Y Y		
	City			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	
	Receipt For: Primary General Other (specify)	Election C	ycle-to-Date	

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

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

1500.00

1500.00

TEMIZED RECEIPTS	6/	CHEDITE A TEEC Forms (1)			FOR LINE NUMBER: PAGE 10 OF 19
Any information copied from such Reports and Statements may not be seld or used by any person for the purpose of solicing 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) Sharna Wahlgren Any information copied from such Reports and Statements may not be seld or used by any person for the purpose of soliciting contributions or for committee. NAME OF COMMITTEE (in Full) Sharna Wahlgren Any information copied from such Reports and Statements may not be seld or used by any person for the purpose of soliciting contributions from such committee. Full Name Audit First, Middle Initial) Any information copied from such Reports and address of any political committee. City State Zip Code					
And the commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Sharma Wahlgren Mailing Address PO Box 16507 City State Zip Code MN S5116 FEC ID number of contributing federal political committee. Name of Employer Candidate Receipt Fer: 2014 Primary Chefer (specify) State Zip Code MN S5116 FILI Name (Last, First, Middle Initial) B. Sharma Wahlgren Mailing Address PO Box 16507 City State Zip Code MN S5116 FILI Name (Last, First, Middle Initial) B. Sharma Wahlgren Mailing Address PO Box 16507 City State Zip Code MN S5116 FIC ID number of contributing federal political committee. Name of Employer Candidate Name of Employer Candidate Name of Employer Candidate Receipt For: 2014 Primary General Other (specify) City State Zip Code MN S5116 Transaction ID: SA13A-4640 Amount of Each Receipt this Period Amount of Each Receipt this Period Loan to cover expenses Loan to cover expenses City State Zip Code Amount of Each Receipt this Period Election Cycle-to-Date Primary General Other (specify) City State Zip Code Amount of Each Receipt this Period Amount of Each Receipt this Period Amount of Each Receipt this Period Election Cycle-to-Date Primary City Primary General Other (specify) City State Zip Code Election Cycle-to-Date Primary City Primary City City		LIVIIZED NEGEIF 13		Detailed Summary Page	
Sharma4us, Inc Full Name (Last, First, Middle Initial) A. Mailing Address PO Box 16507 City Sint Paul FEC ID number of contributing federal political committee. Primary Mailing Address PO Box 16507 City Sitate Zip Code MN 55116 Fed ID number of contributing federal political committee. Fed ID number of Employer Condidate Receipt For: 2014 Primary Mailing Address PO Box 16507 City Sitate Zip Code MN 55116 Fed ID number of contributing federal political committee. Name of Employer Condidate Name of Employer Condidate Name of Employer Condidate Condidate Name of Employer Condidate Name of Employer Condidate Condidate Name of Employer Condidate Condidate Condidate Name of Employer Condidate Condidate Condidate Name of Employer Condidate Condidate Condidate Condidate Condidate Name of Employer Condidate Condid					
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Full Name (Last, First, Middle Initial) Candidate		Saint Paul	MN	55116	- Transaction is . CATCA. 40 To
Name of Employer Candidate Receipt For: 2014 Primary General Other (specify) B. Sharna Wahlgren Mailing Address PO Box 16507 City Saint Paul Name of Employer Candidate Receipt For: 2014 Sinary General Other (specify) Date of Receipt Transaction ID: SA13A.4640 Transaction ID: SA13A.4640 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA13A.4640 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Candidate Receipt For: 2014 Primary General Other (specify) Date of Receipt Transaction ID: SA13A.4640 Amount of Each Receipt this Period Date of Receipt this Period Amount of Each Receipt this Period Date of Receipt this Period Date of Receipt Transaction ID: SA13A.4640 Amount of Each Receipt this Period Date of Receipt Date of Receipt this Period Date of Receipt this Period Date of Receipt this Period Election Cycle-to-Date Primary General Other (specify) Date of Receipt this Period		S .	С ни	MN04116	
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Other (specify) State			Election C	ycle-to-Date	
B. Sharna Wahlgren Mailing Address PO Box 16507 City Saint Paul State Zip Code Saint Paul PEC ID number of contributing federal political committee. Name of Employer Candidate Candidate Receipt For: 2014 Primary Other (specify) Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC ID number of contributing address City State Zip Code FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: SA13A.4640 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA13A.4640 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA13A.4640 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA13A.4640 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA13A.4640 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA13A.4640 Amount of Each Receipt this Period Amount of Each Receipt this Period Primary General Other (specify) C. Mailing Address City State Zip Code Election Cycle-to-Date Primary General Other (specify) Election Cycle-to-Date				85229.88	
B. Sharna Wahlgren Mailing Address PO Box 16507 City Saint Paul State Zip Code Saint Paul State Pode State Pode State Pode Saint Paul State Pode State P					
Mailing Address PO Box 16507 City Saint Paul FEC ID number of contributing federal political committee. Name of Employer Candidate Primary Other (specify) FEC ID number of contributing federal political committee. City State Zip Code MN 55116 Transaction ID: SA13A.4640 Amount of Each Receipt this Period Amount of Each Receipt this Period Loan to cover expenses Election Cycle-to-Date Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Election Cycle-to-Date FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) Election Cycle-to-Date Election Cycle-to-Date	_				Date of Receipt
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Saint Paul MN 55116 FEC ID number of contributing federal political committee. Name of Employer Candidate Receipt For: 2014 Primary General Other (specify) State Zip Code Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Election Cycle-to-Date PEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) Election Cycle-to-Date		City	7in Code	10 31 2014	
Amount of Each Receipt this Period 1939.95 Loan to cover expenses				•	Transaction ID : SA13A.4640
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C. Mailing Address City State Zip Code FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) Date of Receipt Amount of Each Receipt this Period Election Cycle-to-Date		Other (specify)		87169.83	
C. Mailing Address City State Zip Code FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) Date of Receipt Amount of Each Receipt this Period Election Cycle-to-Date	_	Full Name (Last, First, Middle Initial)			+
City State Zip Code FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) General Amount of Each Receipt this Period Election Cycle-to-Date	C				Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) Election Cycle-to-Date	Ο.	Mailing Address			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) Election Cycle-to-Date		City	State	Zip Code	_
Receipt For: Primary General Other (specify) Election Cycle-to-Date		,		р от т	
Receipt For: Primary General Other (specify) Election Cycle-to-Date		· ·	С		Amount of Each Receipt this Period
Primary General Other (specify)		Name of Employer	Occupation	1	
Primary General Other (specify)		Receipt For:	Election C	ycle-to-Date	_
2439 95		Primary General			
SUBTOTAL of Receipts This Page (optional)		Other (specify)		, ,	
SUBTOTAL of Receipts This Page (optional)					
	۱,	UBTOTAL of Receipts This Page (optional)			2439.95

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

2439.95

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	nedule(s) of the	FOR LINE NUMBER: PAGE 11 OF 19 (check only one) X 17
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and			person for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) Sharna4us, Inc			
λ.	Full Name (Last, First, Middle Initial) Aguilar Productions Mailing Address 204 Emerson AVe E City State St Paul MN Purpose of Disbursement Media Advertising Candidate Name Office Sought: House Senate Disbursement For Senate		Category/ Type	Date of Disbursement 10 16 2014 Amount of Each Disbursement this Period 500.00 Transaction ID: SB17.4619
	State: District: Full Name (Last, First, Middle Initial)			
3.	Steve Ellenwood Mailing Address 8182 Lori Lane			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Saint Paul MN Purpose of Disbursement Managemnt Consulting	Zip Code 55125		Amount of Each Disbursement this Period 1250.00 Transaction ID: SB17.4574
	Candidate Name Office Sought: House Disbursement For Senate Primary President Other (s	X General	Category/ Type	
).	Full Name (Last, First, Middle Initial) Great Rivers Printing Mailing Address 6999 Oxford St			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	•	p Code 55426	Category/ Type	Amount of Each Disbursement this Period 352.69 Transaction ID: SB17.4577
	Office Sought: House Disbursement For	X General		
s	UBTOTAL of Disbursements This Page (optional)			2102.69

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

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	edule(s) of the	FOR LINE NUMBER: PAGE 12 OF 19 (check only one) X 17
	ly information copied from such Reports and Statements m for commercial purposes, other than using the name and			
\rangle	NAME OF COMMITTEE (In Full) Sharna4us, Inc			
۱.	Full Name (Last, First, Middle Initial) Kabrick Compliance Services, LLC			Date of Disbursement
	Mailing Address 7225 Guider Dr Apt 205			10 20 2014
	City State Woodbury MN Purpose of Disbursement	Zip Code 55125		Amount of Each Disbursement this Period 26.95
	Expense Reimbursement Candidate Name		Category/	Transaction ID : SB17.4571
	Office Sought: House Senate President Disbursement For Primary Other (s	X General	Туре	
3.	Full Name (Last, First, Middle Initial) Kabrick Compliance Services, LLC Mailing Address 7225 Guider Dr Apt 205			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Woodbury MN Purpose of Disbursement Reporting and Compliance Services Candidate Name	Zip Code 55125	Category/	Amount of Each Disbursement this Period 250.00 Transaction ID: SB17.4578
	Office Sought: House Senate President State: Disbursement For Primary Other (s	X General	Type	
).	Full Name (Last, First, Middle Initial) Kabrick Compliance Services, LLC			Date of Disbursement
	Mailing Address 7225 Guider Dr Apt 205			11 03 2014
	Woodbury MN 5 Purpose of Disbursement Expense Reimbursement Candidate Name	p Code 5125	Category/ Type	Amount of Each Disbursement this Period 26.95 Transaction ID : SB17.4572
	Office Sought: House Senate President Disbursement For Primary Other (s	X General		
				000.00

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

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

		(FEC Form	-	Use separate sc		FOR LINE NUMBER: PAGE 13 OF 19 (check only one)
111	ITEMIZED DISBURSEMENTS for each cat Detailed Sur					X 17 18 19a 19b 20a 20b 20c 21
						person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMM Sharna4us,	, ,				
		First, Middle Initial)				
A.	Kabrick Compliance Services, LLC				Date of Disbursement 11 17 2014	
	Mailing Address 7225 Guider Dr Apt 205					
	City		State	Zip Code		Amount of Each Disbursement this Period
	Woodbury Purpose of Disbur	reamant	MN	55125		90.00
	Accounting and C	Compliance Services				Transaction ID : SB17.4582
	Candidate Name				Category/ Type	Transaction is 1 ds m. 4002
	Office Sought:	House Senate	Disbursement For Primary	X General	туре	
	State:	President District:	Other (s	pecify)		
_		First, Middle Initial)				
В.	Kahriek Compliance Services LLC				Date of Disbursement	
		7225 Guidei Di Apt 2	05			11 18 2014
	City		State	Zip Code		Amount of Each Disbursement this Period
	Woodbury Purpose of Disbur	pose of Disbursement				26.95 Transaction ID : SB17.4573
	Candidate Name	Expense Reimbursement landidate Name			Category/	
	Office Cought	Herre	Disbursement For	. 2014	Туре	
	Office Sought:	House Senate	Primary	X General		
	State:	President District:	Other (s	pecify)		
_		First, Middle Initial)				+
C.	Lillie Suburban Newspaper				Date of Disbursement	
	Mailing Address 2515 7th Ave E City State Zip Code				10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
					Amount of Each Disbursement this Period	
	North St Paul MN 55109 Purpose of Disbursement Media Advertising Candidate Name Category/ Type			1511.20		
					1511.20	
				, ,	Transaction ID : SB17.4638	
	Office Sought:	House Senate President	Disbursement For Primary Other (s	X General		
_	State:	District:		r - **** <i>)</i>		
s	SUBTOTAL of Disb	ursements This Page	e (optional)			1628.15

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

SCHEDULE B (FEC Form 3) Use separate sch				FOR LINE NUMBER: (check only one) PAGE 14 OF 19
IT	EMIZED DISBURSEMENTS	for each category Detailed Summar		X 17 18 19a 19b 20a 20b 20c 21
	y information copied from such Reports and Statements n for commercial purposes, other than using the name and			
	NAME OF COMMITTEE (In Full) Sharna4us, Inc			
Α.	Full Name (Last, First, Middle Initial) Mile Road Productions			Date of Disbursement
	Mailing Address 9959 Antrim Rd			10 24 2014
	City State St Paul MN	Zip Code 55125		Amount of Each Disbursement this Period
	Purpose of Disbursement Media Advertising			1000.00 Transaction ID : SB17.4575
	Candidate Name		Category/ Type	Transaction in . 3517.4373
	Office Sought: House Senate Primary President Disbursement Fo Primary Other (s		.,,,,,	
	State: District:			
В.	Full Name (Last, First, Middle Initial) PayPal Mailing Address 2211 North First St			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code		Amount of Fook Diskurgement this Device
	San Jose CA	95131		Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees			31.76 Transaction ID : SB17.4570
	Candidate Name		Category/ Type	
	Office Sought: House Senate Primary Other (s	r: 2014 General specify)		
	State: District:			
C.	Full Name (Last, First, Middle Initial) C. Villager Communications			Date of Disbursement
	Mailing Address 757 S Snelling Ave			10 / D D / Y Y Y Y 1 1 2014
City State Zip Code St Paul MN 55116 Purpose of Disbursement Media Adertising Candidate Name				Amount of Each Disbursement this Period
				1088.75
			Category/ Type	Transaction ID : SB17.4636
			-,,,,,,	
_	State: District:			
				2120 51

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

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

6155.25

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

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X	13a
	13b

19

(check only one) Detailed Summary Page Transaction ID: SC/10.4524 NAME OF COMMITTEE (In Full) Sharna4us, Inc LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Sharna Wahlgren ★ General Mailing Address Other (specify) \blacktriangledown PO Box 16507 City State ZIP Code MN 55116 Saint Paul Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 49462.37 0.00 49462.37 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 ^M 10^M ž014 12/31/2015 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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**

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

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×	13a
	13b

19

Detailed Summary Page Transaction ID: SC/10.4618 NAME OF COMMITTEE (In Full) Sharna4us, Inc LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Sharna Wahlgren ★ General Mailing Address Other (specify) \blacktriangledown PO Box 16507 City State ZIP Code MN 55116 Saint Paul Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D16^D ^M 10^M ž014 12/31/2015 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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**

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

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	13b

19

Detailed Summary Page Transaction ID: SC/10.4640 NAME OF COMMITTEE (In Full) Sharna4us, Inc LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Sharna Wahlgren ★ General Mailing Address Other (specify) \blacktriangledown PO Box 16507 City State ZIP Code MN 55116 Saint Paul Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 1939.95 0.00 1939.95 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D31 ^M 10^M ž014 12/31/2015 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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 FOR LINE NUMBER: (check only one)

:		
		9
	X	10

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NAME OF COMMITTEE (In Full)

_	Sharna4us, Inc		
	A. Full Name (Last, First, Middle Initial) of Debtor Schultz Morley Consulting LLC	Nature of Debt (Purpose): Management Consulting - Being Disputed	
ŀ	Mailing Address 1341 Jurdy Road	-	
	City State Eagan	-	
	Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period	Payment This Period	Transaction ID : SD10.4611 Outstanding Balance at Close of This Period
	7954.45	0.00	7954.45
	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
	Mailing Address		
Ī	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 Debto	Nature of Debt (Purpose):	
Mailing Address			-
ŀ	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	7954.45	
3)	TOTAL OUTSTANDING LOANS from Schedule (51902.32	
4)	ADD 2) and 3) and carry forward to appropriate	59856.77	

1mage# 14953165887 PAGE 19 / 19

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH F9 @ 5 H9 8 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A + N5 H+ C B

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:**