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Image# 15970180946

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	Authorized Com	mittee			Office Use Only
NAME OF COMMITTEE (in fu	TYPE OR PRIN	·	cample: If typinger the lines.	g, type	12FE4M5	
Sharna4us, Inc						
I						
	PO Box 1650	7				
ADDRESS (number and						
Check if differ	rent					
than previous reported. (AC					MN	55116
2. FEC IDENTIFICA	TION NUMBER ▼	CITY			STATE A	ZIP CODE
C C00562207		3. IS THIS REPORT	× NEW	OR	AMEND (A)	STATE ▼ DISTRICT DED MN 04
4 TYPE OF REPO	ORT (Choose One)					
(a) Quarterly Rep	·	(b) 12-Day PRE	-Election Repo	ort for the:		
			Primary (12P)	General (1	2G) Runoff (12R)
	Quarterly Report (Q1)		Convention (12C)	Special (1	2S)
July 15 Q	uarterly Report (Q2)		M M	D D /	V V V V	l same
October 1	5 Quarterly Report (Q3)	Election on	,			in the State of
X January 3	1 Year-End Report (YE)	(c) 30-Day POS	T-Election Rep	oort for the:		
			General (30G	i)	Runoff (30	OR) Special (30S)
Terminatio	on Report (TER)	Election on	M M /	D D /	Y " Y " Y	in the State of
5. Covering Period	M M / D D D 25	/ Y Y Y Y Y 2014	through	M M M 12	/ D D /	Y Y Y Y 2014
I certify that I have exa	amined this Report and t	o the best of my ki	nowledge and	belief it is tr	ue, correct and	d complete.
Type or Print Name of	Treasurer Travis Kabrid	ck				
Signature of Treasurer	Travis Kabrick		[Electronically I	Filed] [Date 01	/ D D / Y Y Y Y Y 2015
NOTE: Submission of fa	lse, erroneous, or incompl	ete information may	subject the per	son signing	this Report to the	ne 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
------------	-----

12 31 2014 25 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 11210.92 11677.87 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 11210.92 11677.87 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 1444.85 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 64072.32 Schedule C and/or Schedule D).....

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 PAGE 3 / 14 FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Sharna4us, Inc

25 2014 12 31 2014 Report Covering the Period: From: To:

I. RECEIPTS		I. RECEIPTS COLUMN A Total This Period	
I1. CO	NTRIBUTIONS (other than loans) FROM:		
(a)	Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	0.00	0.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL of contributions from individuals	0.00	0.00
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees (such as PACs)	0.00	0.00
(d) (e)	The Candidate TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
	ANSFERS FROM OTHER THORIZED COMMITTEES	0.00	0.00
3. LO			
(a)	Made or Guaranteed by the Candidate	11100.00	11100.00
(b)	All Other Loans	0.00	0.00
(c)	TOTAL LOANS (add Lines 13(a) and (b))	11100.00	11100.00
	FSETS TO OPERATING		
	PENDITURES funds, Rebates, etc.)	0.00	0.00
	HER RECEIPTS	0.00	0.00
11(TAL RECEIPTS (add Lines e), 12, 13(c), 14, and 15) rry Total to Line 24, page 4)	11100.00	11100.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	11210.92	11677.87
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) Belitical Borts Committee	0.00	0.00
	(b) Political Party Committees(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)	11210.92	11677.87
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	1555.77
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	11100.00
25.	SUBTOTAL (add Line 23 and Line 24)		12655.77
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	m Line 22)	11210.92
	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)	G PERIOD	1444.85

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	FOF	RLINE	NUI	MBER	:	PAGE		5	OF	14	4
Use separate schedule(s)	(check only one)										
for each category of the		11a		11b		11c		11d	l		
Detailed Summary Page		12	X	13a		13b		14		1:	5
y not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.											

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and ad NAME OF COMMITTEE (In Full) Sharna4us, Inc Full Name (Last, First, Middle Initial) Sharna Wahlgren Date of Receipt Mailing Address PO Box 16507 2014 04 City State Zip Code Transaction ID: SA13A.4654 MN 55116 Saint Paul FEC ID number of contributing Amount of Each Receipt this Period H4MN04116 federal political committee. Name of Employer Occupation Loan from Candidate to pay Expenditures Candidate Candidate Receipt For: 2014 Election Cycle-to-Date Primary General 1500.00 Other (specify) **Debt Retirement** Full Name (Last, First, Middle Initial) Sharna Wahlgren Date of Receipt Mailing Address PO Box 16507 20 2014 City State Zip Code Transaction ID: SA13A.4655 Saint Paul MN 55116 FEC ID number of contributing C H4MN04116 Amount of Each Receipt this Period federal political committee. 9600.00 Name of Employer Occupation Candidate Loan to cover expenses Candidate Receipt For: 2014 Election Cycle-to-Date Primary General 11100.00 Other (specify) **Debt Retirement** Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing С Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 11100.00 SUBTOTAL of Receipts This Page (optional)..... 11100.00 TOTAL This Period (last page this line number only).....

PAGE 6 14 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 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) Date of Disbursement Clark Hill PLC 2014 Mailing Address 601 Pennsylvania Ave NW 12 Suite 1000 City State Zip Code Amount of Each Disbursement this Period DC Washington 20004 Purpose of Disbursement 9105.52 Legal Services Transaction ID: SB17.4649 Candidate Name Category/ Type Disbursement For: 2012 Office Sought: House X General Senate Primary Other (specify) President District: Full Name (Last, First, Middle Initial) Steve Ellenwood Date of Disbursement Mailing Address 8182 Lori Lane 12 22 2014 City State Zip Code Amount of Each Disbursement this Period MN 55125 Saint Paul 1408.90 Purpose of Disbursement Management Consulting Transaction ID: SB17.4651 Candidate Name Category/ Type Disbursement For: Office Sought: House 2014 X General Senate Primary Other (specify) President State: District: Full Name (Last, First, Middle Initial) C. Kabrick Compliance Services, LLC Date of Disbursement Mailing Address 7225 Guider Dr Apt 205 2014 25 City State Zip Code Amount of Each Disbursement this Period Woodbury MN 55125 Purpose of Disbursement 117.50 Accounting and Reporting Services Transaction ID : SB17.4646 Candidate Name Category/ Type Office Sought: Disbursement For: 2014 House X General Senate Primary President Other (specify) State: District:

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

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

10631.92

S

ITEMIZED DISBURSEMENTS for	se separate schedule(s) or each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 14 (check only one) X 17
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add	not be sold or used by any ress of any political commit	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Sharna4us, Inc		
Full Name (Last, First, Middle Initial) A. Preya Samsundar Mailing Address 5700 40th Aug S		Date of Disbursement 12 22 2014
Mailing Address 5732 40th Ave S City State Minneapolis MN	Zip Code 55417	Amount of Each Disbursement this Period
Purpose of Disbursement Management Consulting Candidate Name	Category, Type	300.00 Transaction ID : SB17.4648
Office Sought: Senate Primary President State: Disbursement For: 2 Primary Other (spec	X General	
Full Name (Last, First, Middle Initial)		
B. Mailing Address		Date of Disbursement
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name		
	Category. Type	′
Office Sought: House Disbursement For: Senate Primary Other (specific point) Office Sought: House Disbursement For: Other (specific point) Other (specifi	General ify)	
State: District: Full Name (Last, First, Middle Initial)		
C.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y
City State Zip C	ode	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category, Type	
Office Sought: House Senate President President Other (special contents)	General	
State: District:		300.00

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

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

10931.92

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

×	13a
	13b

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OF

LOANS 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.

Use separate schedule(s)

FOR LINE NUMBER:

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DANS			Detailed Summary Page		X 13a
AME OF COMMITTEE (In Full)			Transac	ction ID : SC/10.4618	
LOAN SOURCE Full Name Sharna Wahlgren	(Last, First, Midd	le Initial)	[PERSONAL FUNDS]	Election: 2014 Primary	
Mailing Address PO Box 16507				☐ General Other (specify) ▼	
City	S	State ZIP Co	ode		
Saint Paul		MN 55116			
Original Amount of Loan		Cumulative Payment To	Date Bala	ance Outstanding at Close of	This Period
, , ,	500.00		0.00	5	500.00
TERMS Date Incurred M 10	ž014 Y		Interest Rate 2/31/2015 0.00	0 % (apr)	ed:
List All Endorsers or Guar 1. Full Name (Last, First, N	, ,,	Loan Source	Name of Employer		
, , ,	madic irritary				
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	
2. Full Name (Last, First, M	iddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7 7 7	
3. Full Name (Last, First, M	iddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	
4. Full Name (Last, First, M	iddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 1 7 1 1 7	
SUBTOTALS This Period This	Page (optional)			g	500.00
TOTALS This Period (last page	e in this line only).				
Carry outstanding balance on	v to LINE 3. Sche	dule D, for this line. If	no Schedule D. carry for	ward to appropriate line of	Summarv.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

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×	13a
	13b

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

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	13b

14

JAN5		Detailed Summary Pag	ge (Crieck Orlly Orle)
AME OF COMMITTEE (In Full) Sharna4us, Inc		Transac	ction ID : SC/10.4654
LOAN SOURCE Full Name (Last, First, M Sharna Wahlgren	liddle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address PO Box 16507			Other (specify) ▼ Debt Retirement
City Saint Paul	State ZIP Co	de	
Original Amount of Loan	Cumulative Payment To	Date Bala	ance Outstanding at Close of This Perio
1500.00	Cumulative Faymont 10	0.00	1500.00
Date Incurred M 12 M / D 04 D / Y 2014 Y	Date Due	Interest Rate 2/31/2015 0.00	
List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial)	to Loan Source	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
UBTOTALS This Period This Page (optional)	·····	1500.00
OTALS This Period (last page in this line or			ward to appropriate line of Super-

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

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DAN5		Detailed Summary Page	(Crieck Only Orie) 13b
AME OF COMMITTEE (In Full) Sharna4us, Inc		Transaction	on ID : SC/10.4655
LOAN SOURCE Full Name (Last, Fin Sharna Wahlgren	st, Middle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address PO Box 16507			Other (specify) ▼ Debt Retirement
City	State ZIP Co	ode	
Saint Paul	MN 55116		
Original Amount of Loan	Cumulative Payment To	Date Baland	ce Outstanding at Close of This Period
9600.0	0	0.00	9600.00
TERMS Date Incurred	Date Due	Interest Rate	Secured:
M 12 ^M / D 20 ^D / Y 2014	M M / D D / Y1	2/31/2015 O.00	% (apr) Yes No
List All Endorsers or Guarantors (if	• *		
1. Full Name (Last, First, Middle Init	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , ,
2. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	, , ,
3. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City S	tate ZIP Code	Amount Guaranteed Outstanding:	, , , , , ,
4. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City S	tate ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (op	ional)	>	9600.00
TOTALS This Period (last page in this li	ne only)		63002.32
Carry outstanding balance only to LINE	3, Schedule D, for this line. If	no Schedule D, carry forwa	rd to appropriate line of Summary.

SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

Ex

(Use separate schedule(s) for each

PAGE 13 OF FOR LINE (check only

NUMBER:			
one)		9	
	Y	10	

Excluding Loans		nur	ımbered line) X 10			
NAME OF COMMITTEE (In Full)		•				
Sharna4us, Inc						
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor				Nature of Debt (Purpose):		
Schultz Morley Consulting LLC			Manageme	Management Consulting - Being Disputed		
Mailing Address 1341 Jurdy Road						
City State	Zip Code					
Eagan		5121				
Outstanding Balance Beginning This Period			Transactio	on ID : SD10.4611		
7954.45						
1711 D	5		0			
Amount Incurred This Period	Payment Th	nis Period	Outstandir	ng Balance at Close of This Period		
0.00	7	0.00	l L	1070.00		
B. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of D	ebt (Purpose):		
Mailing Address						
City State	Zip Code					
Outstanding Balance Beginning This Period			l			
Amount Incurred This Period	Payment Th	nis Period	Outstandir	ng Balance at Close of This Period		
C. Full Name (Last, First, Middle Initial) of Deb	tor or Craditor			all (Dans)		
C. Full Name (Last, First, Middle Illitial) of Deb	tor or creditor		Nature of D	ebt (Purpose):		
Mailing Address						
City	State Zip (Code				
Outstanding Balance Beginning This Period						
Outstanding Balance Beginning This Feriod						
Amount Incurred This Period	Payment Th	nis Period	Outstandir	ng Balance at Close of This Period		
		,	J L	, , , , , , , , ,		
1) SUBTOTALS This Period This Page (optional).		>	<u> </u>	1070.00		
2) TOTALS This Deviced (less page this line page)	or only)			1070.00		
2) TOTALS This Period (last page this line number	əi Olliy)		-	7 7 7		
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	>	<u> </u>	63002.32		
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				64072.32		

1mage# 15970180959 PAGE 14 / 14

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC '5 F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H+CB

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. This matter has been resolved in court with the campaign owing Schultz Morley Consulting LLC in the amount of \$1070. This payment will be made in the Q1 2015 report.

Form/Schedule: Transaction ID: