

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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2014 MAR 26 PM 2:46

1. (a) Name of Candidate (in full) <b>SHARON SUND</b>		FEC MAIL CENTER	
(b) Address (number and street) <input type="checkbox"/> Check if address changed <b>14400 10th Ave N</b>		2. Candidate's FEC Identification Number <b>C 00499137</b>	
(c) City, State, and ZIP Code <b>Plymouth, MN 55447</b>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)	
4. Party Affiliation <b>DFL</b>	5. Office Sought <b>House of Representatives</b>	6. State & District of Candidate <b>MN 03</b>	

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 election(s).  
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <b>SHARON SUND FOR CONGRESS</b>
(b) Address (number and street) <b>14400 10th Ave N</b>
(c) City, State, and ZIP Code <b>Plymouth, MN 55447</b>

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

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

Signature of Candidate <b>Sharon Sund</b>	Date <b>3/5/2014</b>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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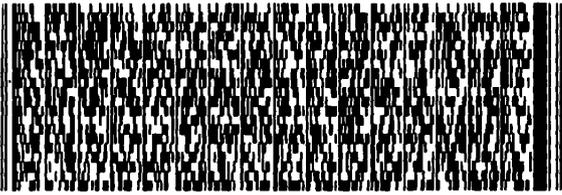
ORIGIN ID:MXVA (703) 350-3778  
ANNIE WEINBERG  
3618 10TH ST NW  
WASHINGTON, DC 20010  
UNITED STATES US

SHIP DATE: 25MAR14  
ACTWGT: 0.2 LB  
CAD: 6990792/SSF01501  
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999 EST NW

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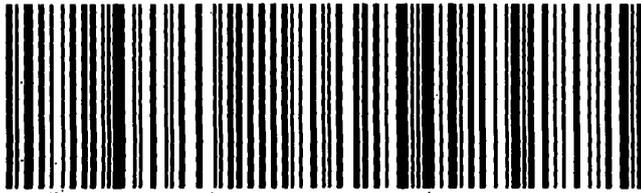
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<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>3/25/14</i>
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	<i>3/26/14</i> DATE PREPARED