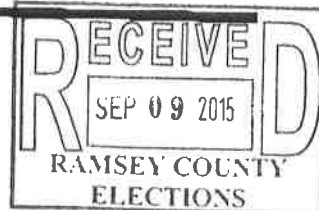




REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)



This report is a(n) (check one): New registration Amendment to registration

The organization is for a (check one): Candidate Committee Political Committee Political Fund

Committee Name Minnesota Nurses Association Political Committee

Candidate Name (first and last) _____

Mailing Address of Committee (include city, state, and zipcode) 345 Randolph Ave, Suite 200, St. Paul MN 55102

Email mnurses@mnurses.org Phone 651-414-2800

Purpose or Office sought To support pro-nurse policies and candidates

Geographic Area Minnesota

Officers of the Committee

	Name	Address	Phone
Chair (required)	Peter Danielson	345 Randolph Ave Suite 200 St. Paul MN 55102	651-414-2800
Treasurer/ Secretary (required)	Same as chair	"	"
Other Principal Officers (if any)	Corey Mortensen Deputy Treasurer	"	651-414-2854
Other Principal Officers (if any)			

Depository(ies)/ Bank Location of Committee Funds U.S. Bank 800 Nicollet Mall 612-872-2657
Name Address Minneapolis, MN Phone

THIS SECTION FOR POLITICAL COMMITTEES ONLY
Candidate or Party supported by Political Committee

Candidate Name or Party Name _____

Address _____

Office sought
by candidate _____

Party Affiliation
(if any) _____

THIS SECTION TO BE COMPLETED BY ALL COMMITTEES

Liquid assets on hand as of (date) 2-4-15 are \$ 33,034

I, Corey Martenson, Deputy Treasurer CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.

Signature:  Date: 9-8-15

ANY PERSON WHO SIGNS AND CERTIFIES TO BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAINS FALSE INFORMATION OR WHO KNOWINGLY OMITTS REQUIRED INFORMATION IS GUILTY OF A MISDEMEANOR.