

**CITY OF SAINT PAUL**  
**CAMPAIGN FINANCE REPORT FORM**  
(All data on this form is public information)

Committee Name Minnesota Nurses Association Political Committee

Type of organization:  Candidate Committee  Political Committee  Political Fund

Office sought/Purpose of committee \_\_\_\_\_

Type of report:  Initial report  Final report (closes committee account - see MS Ch 211A.03 for requirements)  
 8 week pre-election  One-time report from political committee registered with Campaign Finance Board  
 2 week pre-election  Registration # \_\_\_\_\_  
 January report  This report serves as both the initial and final report.

Reporting period: From 1/1/2019 to 9/5/2019  
(Day following end date of last report) (5 days prior to due date OR December 31 if January report)

**Summary Statement to Date**

*(In column B, enter totals from column C from previous report.)*

	A. Totals for this report	+	B. Cumulative Totals to Date from previous report	=	C. Cumulative Totals to Date
1. Total contributions under \$50	\$ 0	+	\$ 0	=	\$ 0
2. Total contributions equal to/ greater than \$50	\$ 0	+	\$ 0	=	\$ 0
3. Expenditures	\$ 0	+	\$ 0	=	\$ 0

Account Balance \$ 0  
(as of report end date)  
 (Column C: 1+2-3 = balance)

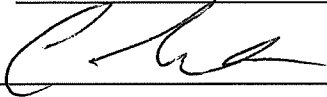
**Itemization of Contributions**

Itemize all contributions made by an individual or committee that are equal to or greater than \$50 in the aggregate. Itemization must include: date, name, address, employer or occupation if self-employed, and amount. **Attach separate sheet or Excel spreadsheet.**

**Itemization of Expenditures**

Itemize all expenditures. Itemization must include: date, purpose, and amount. **Attach separate sheet or Excel spreadsheet.**

Depository(ies)/Bank \_\_\_\_\_  
 Location of Committee Funds U.S. Bank, 800 Nicollet Mall, Minneapolis, MN

Signature of candidate, secretary, or treasurer 

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