

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 1/1/2018 to 12/31/2018
(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	\$ <u>0</u>	+	\$ <u>0</u>	=	\$ <u>0</u>
2. Total contributions equal to/ greater than \$50	\$ <u>0</u>	+	\$ <u>0</u>	=	\$ <u>0</u>
3. Expenditures	\$ <u>0</u>	+	\$ <u>0</u>	=	\$ <u>0</u>
					Account Balance \$ <u>0</u> <small>(as of report end date) (Column C: 1+2-3 = balance)</small>

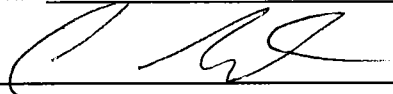
Itemization of Contributions

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 

Printed Name Corey Mortensen Email Corey.Mortensen@mnnurses.org

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