	CAMPAIGN FI	OF SAINT PAUL NANCE REPORT FORM s form is public information)					
Committee Name Suya	pa Miranda	a					
Type of organization: Car	ndidate Committee	Political Committee Political Fund					
Office sought/Purpose of commit	tee City Cou	ncil Ward 5					
Type of report: Initial	report ek pre-election	Final report (closes committee account - see MS Ch 211A.03 for requirements)					
2 wee	ek pre-election ry report	One-time report from political committee registered with Campaign Finance Board Registration # This report serves as both the initial and final report.					
Reporting period: From $3/$ (Day fol	16/2019 lowing end date of last rep	to 3/21/2019					
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	\$	+ \$Ø = \$Ø					
2. Total contributions equal to/ greater than \$50	\$ 100.00	+ $s_{00,00} = s_{100,00}$					
3. Expenditures	\$	+ \$					
		Account Balance \$ <u>/00.00</u> (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>ASSOCIATED BANK</u>	
Signature of candidate, Christen CM	
Printed Name Christine Nelson Email Christine Nelson 178 gmail. Co	m
Printed Name <u>Christine Nelson</u> Email <u>Christine Nelson 178 gmail.co</u> Address <u>3858 POLKST NE Columbia Heights UN 55421</u> Phone <u>USI-327-0544</u>	

			Donations					
First Name	Last Name	Address	City	State	Zipcode	Employed/Self/Occupation	Amount	Date
Roy	Magnuson	727 Wheelock Pkwy W	St. Paul	MN	55117	Former SPPS Teacher and Coach	\$100.00	05/16/201
						Total	\$100.00	
	1		I		1	Total	\$100.00	_
			n Kind Contributions					
First Name	Last Name	Address	City	State	Zipcode	Employed/Self/Occupation	Amount	Date
						Total	\$0.00	
			Expenses					
Expenditure	Description/Reason	Amount	Date					_
	1	Total	\$0.00					