

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 01/01/2020 to 12/31/2020
(Day following end date of last report) (5 days prior to due date OR December 31 if January report)

Summary Statement to Date <i>(In column B, enter totals from column C from previous report.)</i>	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>
					<i>Account Balance</i> <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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