

## CITY OF SAINT PAUL CAMPAIGN FINANCE REPORT FORM

(All data on this form is public information)

Committee Name _	Minnesota N	urses Associatio	n Pol	itical Com	mitte	ee				
Type of organization: Candidate Committee			_	X Political Committee			and the second	Political Fund		
Office sought/Purp	oose of committ	ee								
Type of report:	Initial report 8 week pre-election 2 week pre-election X January report			Final report (closes committee account - see MS Ch 211A.03 for requirements)  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 10/2	rom 10/20/2021			to 12/31/2021					
	(Day following end date of last report)			(5 days prior to due date OR December 31 if Janua report)					if January	
Summary Statem (In column B, enter too column C from previous	tals from	A. Totals for this report		B. Cumulat Totals to from pro	Date		C. Cumu Total	ulative s to Date		
1. Total contribution	\$ 0	_ +	<u>\$ 0</u>			<u>\$</u> 0				
2. Total contributions equal to/ greater than \$50		\$ <b>0</b>	_ +	\$ 500			\$ 500			
3. Expenditures		<b>\$</b> 0	_ +	\$_500			\$ 500			
Itemization of Contributions				Account Balance \$ 0 (as of report end date) (Column C: 1+2-3 = balance)						
		ndividual or committe er or occupation if sell								
Itemization of Ex Itemize all expenditu		must include: date, pu	rpose,	and amount	. Atta	ch separate	sheet or Exce	el spreadshee	t.	
Depository(ies)/Ba Location of Comm		S. Bank, 800 Nic	ollet	Mall, Minr	neap	olis, MN				
Signature of candion secretary, or treas										
Printed Name Corey Mortensen				Email corey.mortensen@mnnurses.org						
345 Randolph Ave, Suite 200 Address St. Paul, MN 55102				PhonePhone						