

**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  January report  
 Registration # \_\_\_\_\_  
 This report serves as both the initial and final report.

Reporting period: From 9/6/2019 to 10/17/2019  
 (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                  | \$ _____                  | + | \$ _____                                          | = | \$ _____                     |
| 2. Total contributions equal to/ greater than \$50 | \$ <u>500</u>             | + | \$ <u>0</u>                                       | = | \$ <u>500</u>                |
| 3. Expenditures                                    | \$ <u>500</u>             | + | \$ <u>0</u>                                       | = | \$ <u>500</u>                |

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 

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

Address 345 Randolph Ave, Suite 200 St. Paul, MN 55102 Phone 651-414-2854

| <b>TRX Date</b> | <b>Amount</b> | <b>Originating Document Number</b> | <b>Reference</b>               |
|-----------------|---------------|------------------------------------|--------------------------------|
| 10/3/2019       | 500.00        | Fund MNA PC                        | Funding from MNA               |
| 10/3/2019       | (500.00)      | 2019 CONTRIBUTION                  | Chris Tolbert for City Council |