

UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

FORM B

MAR 06 2024

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LEGISLATIVE RESOURCE CENTER

2024 MAR 10 PM 12:03

U.S. HOUSE OF REPRESENTATIVES  
(Office Use Only)

Name: Kelly Morrison

Daytime Telephone:

FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: MN District: 3	<input type="checkbox"/> Check if Amendment	Period Covered: January 1, 2023 to February 7, 2024	A \$200 penalty shall be assessed against any individual who files more than 30-days late.
	<input type="checkbox"/> Candidates -- Date of Election: 8-13-2024				
	<input type="checkbox"/> New Officer or Employee	Employing Office:	Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant		

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <b>OR</b> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"  
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Kelly Morrison - Candidate: MN-03

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BLOCK A		BLOCK B													BLOCK C							BLOCK D																												
Assets and/or Income Sources		Value of Asset													Type of Income							Amount of Income																												
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year														Preceding Year													
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII				
	Investment Fund 1 - Vertical Capital Partners 1, LP					X								X																																				
	Investment Fund 1 - Voyager Dental, Inc. 2				X										X																																			
	LifePath Index 2030 Portfolio Shares														X																																			
	Retirement Account 1 - Target Corporation Common Stock (TGT)						X																																											
	Retirement Account 1 - Vanguard International Term Bond Index Fund Admiral Shares (VTIBX)						X																																											
	Retirement Account 2 - Vanguard 500 Index Fund Institutional Select Shares (VFIAX)						X																																											
	Retirement Account 2 - Vanguard Index Trust Extended Market Index R4 Fund Shs (VTMDX)									X																																								
	Retirement Account 3 - Vanguard Money Market Reserves Federal Money Market Fund (VMMRX)			X																																														
	Retirement Account 3 - BlackRock Liquidity Funds T-Bond - Institutional (FTTX)			X																																														
	Retirement Account 3 - iShares Core S&P 500 ETF (IVV)				X																																													
	Retirement Account 3 - iShares Core S&P Small-Cap ETF (IJR)			X																																														
	Retirement Account 3 - iShares S&P 500 Value ETF (IVB)			X																																														
	Retirement Account 3 - SPDR Select Sector Fund - Energy Select Sector (XLE)																																																	
	Retirement Account 3 - Tortoise Energy Infrastructure Total Return Fund - Institutional Class (TRTX)				X																																													
	Retirement Account 3 - Vanguard FTSE Emerging Markets ETF (VWO)			X																																														
	Retirement Account 3 - Vanguard Total International Stock ETF (VTIIX)			X																																														

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**Names:** Kelly Morrison - Candidate: MN-03

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# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Kelly Morrison - Candidate: MN-03

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	Trust 5 - Zetron Technologies Corporation Class A Common Stock (ZETA)		X																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									</

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# SCHEDULE A - ASSETS & "UNEARNED INCOME"

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BLOCK A		BLOCK B													BLOCK C								BLOCK D																							
Assets and/or Income Sources		Value of Asset													Type of Income								Amount of Income																							
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year											
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
	Trust 7 - Schwab Small-Cap Index				X																																									
	Fund Select Shares (MSXX)																																													
	Trust 7 - Schwab Treasury Obligations																																													
	MoneyFund - Investor Shares (MIXX)																																													
	Trust 7 - Thermo Fisher Scientific Inc																																													
	Common Stock (TMO)																																													
	Trust 7 -																																													
	Vanguard Mid-Cap ETF (VO)																																													
	Trust 7 -																																													
	Vanguard Real Estate ETF (VNQ)																																													
	Trust 7 -																																													
	Vanguard S&P 500 ETF (VOO)																																													
	Trust 7 - Vanguard Short-Term																																													
	Corporate Bond ETF (VCBS)																																													
	Trust 7 -																																													
	Venture Corp Common Stock (VUNO)																																													

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# SCHEDULE D - LIABILITIES

Name: Kelly Morrison - Candidate: MN-03

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE				X							
	None													

# SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
State Senator	Minnesota State Senate
Employee	Women's Health Consultants

# **SCHEDULE F – AGREEMENTS**

Name: **Kelly Morrison - Candidate MN-03**

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	None	

## **SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)		Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, State	Accounting Services
None		

# FILER NOTES (Optional)

Name: Kelly Morrison - Candidate: MN-03

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NOTE NUMBER	NOTES
1	Investment Management Company
2	Target Performance Units
3	Valencia, CA, USA; Aviation Parts Manufacturer
4	Bayport, MN, USA; Window Manufacturer
5	Albertville, MN, USA; Commercial Real Estate Construction
6	Deerwood, MN, USA; Resort Hospitality
7	Dover, NH, USA; Consumer Cleaning Products
8	Chino, CA, USA; Furniture Manufacturing
9	Morrisville, VT, USA; Specialty Apparel Manufacturer
10	Menlo Park, CA, USA; Mental Health Services
11	New York, NY, USA; Consumer Spirits Brand
12	Natick, MA, USA; Hydrogen Energy Equipment Design and Manufacturing
13	Faribault, MN, USA; Specialty Home Goods and Apparel Manufacturer
14	Boca Raton, FL, USA; Medical Spa

Use additional sheets if more space is required.



# FILER NOTES (Optional)

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NOTE NUMBER	NOTES
15	Weyzata, MN, USA; Real Estate Finance
16	Hastings, MN, USA; Custom Plastic Extruder
17	New York, NY, USA; Communications Software
18	Minneapolis, MN, USA; Media and Education
19	Cambridge, MA, USA; Logistics Automation and Equipment Solutions
20	Minneapolis, MN, USA; Communications Technology and Service
21	Cleveland, OH, USA; Medical Device
22	Sherman Oaks, CA, USA; Commercial Property Insurance
23	Menlo Park, CA, USA; B2B Software
24	Eagan, MN, USA; Manufacturer of Mobile Power Platforms
25	Maple Grove, MN, USA; Medical Devices for Men's Health
26	Duluth, MN, USA; Hospitality
27	Minneapolis, MN, USA; Medical Devices for Women's Health
28	Menlo Park, CA, USA; Food Industry

Use additional sheets if more space is required.

**FILER NOTES**  
(Optional)

NOTE NUMBER	NOTES
29	Brentwood, TN, USA; Healthcare Software
30	Dallas, TX, USA; Home Services/HVAC
31	Plymouth, MN, USA; Logistics Software
32	Phillip, SD, USA; Tools Manufacturer
33	Eden Prairie, MN, USA; Medical Device to Treat Stress
34	Hollywood, CA, USA; Project Management Software
35	Edina, MN, USA; Commercial Real Estate
36	New York, NY, USA; Sea Port
37	Ottawa, Canada; Digital Mental Health Services
38	Minneapolis, MN, USA; Medical/Dental Software

Use additional sheets if more space is required.