

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(n)	(check one): New re	gistration X Amendment to reg	istration			
The organization is for a (check one): Candidate Committee $\frac{X}{A}$ Political Committee Political Fund						
Committee Name	Women Winning State PAC					
Candidate Name	(first and last)					
Mailing Address of Committee (include city, state, and zipcode) 2233 University Ave W, Suite 310, Saint Paul, MN 55114						
Email No Change		Phone No Change				
Purpose or Office sought No Change						
Geographic Area No Change						
Officers of the Committee Name Address Phone						
Chair (required)	Luchelle Stevens	2233 University Ave W, Suite 310, Saint Paul, MN 55114	651-251-0690			
Treasurer/ Secretary (required)	Kathy Murphy	2233 University Ave W, Suite 310, Saint Paul, MN 55114				
Other Principal Officers (if any)						
Other Principal Officers (if any)						
Depository(ies)/ Bank Location of	No Change					
Committee Funds	Name	Address	Phone			

THIS SECTION FOR POLITICAL COMMITTEES ONLY

Candidate or Party supported by Political Committee

Candidate Name or Party Name			
,			
Address			
Office sought			
by candidate			
D			
Party Affiliation			
(if any)			
THIS SECTION TO BE COMPLETED	RV ALL COMMITTEES	3	
THIS SECTION TO BE CONTILETED I	DI ALL COMMUNITIES	,	
Liquid assets on hand as of (date) _	1/27/20	aro ¢ 37,660.10	
Liquid assets off flatid as of (date) _		_ ale \$	·
■ Kathy Murphy	CEDIUS T	LLAT THE INCORNATION	CONTAINED ON THE FORM IS
, Kathy Murphy		HAI THE INFORMATION	CONTAINED ON THIS FORM IS
COMPLETE, TRUE, AND CORRECT.	Lance & lungy		
	June 9. June J		- 1/27/20
Signature:	-		Date: 1/27/20

ANY PERSON WHO SIGNS AND CERTIFIES TO BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAINS FALSE INFORMATION OR WHO KNOWINGLY OMITS REQUIRED INFORMATION IS GUILTY OF A MISDEMEANOR.