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REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(n) (check one): New re	gistration	Amendment to re	egistration			
This report is a(n) (check one): New registration Amends							
The organization is for a (check one): Candidate Committee Political Committee Political Fund							
Committee Name WIN St. Paul - Win Saint Paul							
Candidate Name (first and last) Dova A. Jones-Robinson							
Mailing Address of Committee (include city, state, and zipcode) P.O. Box 40593, St. Raul, MV 55104							
Email dona Winstpaule gmail.com Phone 651-432-2203							
Purpose or Office	e soughtMayor						
Geographic Area St. Paul							
Officers of the Co	ommittee Name	Address		Phone			
Chair (required)	David. Singetton		Woodlyn Aut wood MW 55/09	: 651-207			
Treasurer/ Secretary (required)	Darnella Wade	283 3 St. Pa	Superior Str.				
Other Principal Officers (if any)	Isha Moore Assistant	839 St.Pau	University Au 1, MN 55104				
Other Principal Officers (if any)							
Depository(ies)/ Bank Location of Committee Funds	SPIRE PID	Box /	31450 NN 55113	651-215-3500			
	Rose	relle, M	NS5113	rnone			

THIS SECTION FOR POLITICAL COMMITTEES ONLY Candidate or Party supported by Political Committee
Candidate or Party supported by Political Committee Candidate Name or Party Name DNA A. Jones-Robinson DOTAWI SHEA Address Address Address
Address <u>283</u> Superior Sheet
Office sought Wayse by candidate
Party Affiliation Independent (if any)
THIS SECTION TO BE COMPLETED BY ALL COMMITTEES Liquid assets on hand as of (date) 9-6-2021 are \$ NOT SURE DUE TO FRAUD The Ashres-Rabiosity (SERTIFY THAT THE INFORMATION CONTAINED ON THE SERVICE
Liquid assets on hand as of (date) 9-6-2021 are \$ NOT SURE DUE TO FRAUD
COMPLETE, TRUE, AND CORRECT.
Signature: Ara a Jones-Roberson Date: 9-6-2021
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.