FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Women Winning Federal PAC 2233 University Ave West ADDRESS (number and street) Ste 310 (Check if address is changed) Saint Paul 55114 MN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@womenwinning.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.womenwinning.org (Check if address is changed) DATE 30 2020 C00282327 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Murphy, Kathleen, , , Type or Print Name of Treasurer Murphy, Kathleen, , , [Electronically Filed] 01 30 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FI	FC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	OF C	OMMITTEE	1 aye 2
Cano	didate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.))
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name Candid			
Candid Party	date Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	y Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politi	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		<u> </u>
Women Winnin	g Federal PAC	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
Womenwinning		
	2233 University Ave West	
Mailing Address		
	Ste 310	
	Saint Paul MN 55114	
	CITY STATE	ZIP CODE
	d Organization Affiliated Committee Joint Fundraising Representative Learntify by name, address (phone number optional) and position of the person in position	dership PAC Sponsor
books and records.	and position of the person in position of the person in position	
1 ' '	Cathleen, , ,	I
Full Name Mailing Address	2233 University Ave West	
	Ste 310	
	Saint Paul MN 55114	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	251 - 0690
3. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	ne and address of
Full Name Murphy, Ka	athleen, , ,	
Mailing Address	2233 University Ave West	
	Ste 310	
	Saint Paul	
Title or Decition	CITY STATE 2	ZIP CODE
Title or Position Treasurer	Telephone number 651 – 2	251 - 0690

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Full Name of Designated	1	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Tolophono number	1.1
	Telephone number	
Banks or Other	r Depositories: List all banks or other depositories in which the committee deposits funds, hold	ds accounts, rents
	oxes or maintains funds.	
	oxes or maintains funds.	
safety deposit bo	oxes or maintains funds.	
safety deposit bo	Depository, etc. Us Bank PO Box 64407	
safety deposit be Name of Bank, I	Depository, etc. Us Bank PO Box 64407	
safety deposit be Name of Bank, I	Depository, etc. Us Bank PO Box 64407	
safety deposit be Name of Bank, I	Depository, etc. Us Bank PO Box 64407	ZIP CODE
safety deposit be Name of Bank, I	Depository, etc. Us Bank PO Box 64407 Saint Paul CITY STATE	ZIP CODE
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safety deposit be Name of Bank, I Mailing Address	Depository, etc. US Bank PO Box 64407 Saint Paul CITY STATE Depository, etc.	
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