

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

(a) NAME OF COMMITTEE IN FULL <input checked="" type="checkbox"/> (Check if name is changed) Minnesota Women's Campaign Fund - State Offices	2. DATE 7-8-93
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 550 Rice St. #106	3. FEC IDENTIFICATION NUMBER 00156596
(c) City, State and ZIP Code St. Paul, MN 55103	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- (a) 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. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Minnesota Women's Campaign Fund	550 Rice St. St. Paul, MN 55103	Affiliated Committee

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
MARY MARTIN	550 Rice St. St. Paul MN 55103 612-222-1603	Administrator

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Molly Culligan	550 Rice St. St. Paul, MN 55103	TREASURER

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Cherokee State Bank	607 S. Smith Ave, St. Paul, MN 55107

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER Molly D Culligan	SIGNATURE OF TREASURER <i>Molly D Culligan</i>	DATE 7/8/93
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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.

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Federal Election Commission
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FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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J.A.Q.
PREPARER

7/22/93
DATE PREPARED

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