Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Stella2020 3109 West 50th Street ADDRESS (number and street) #126 (Check if address is changed) Minneapolis 55410 MN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS liz@lizcurtisassociates.com (Check if address X is changed) Optional Second E-Mail Address mail@stella2020.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.stella2020.com (Check if address is changed) DATE 2019 C00709493 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. Curtis, Elizabeth, , , Type or Print Name of Treasurer Curtis, Elizabeth, , , [Electronically Filed] 10 15 2019 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

		rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE • Committee:					
(a)	x	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. (Corinformation below.)	nplete the candidate				
Nam Cand	e of didate	Stella, Danielle, , ,					
	didate / Affiliation	on REP Office Sought: X House Senate President	State MN District 05				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Par	ty Con	nmittee:					
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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 s committee. (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.)					
Join	t Fund	raising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.					
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

Write or Type Committee Name		Page 3
Stella2020		
6. Name of Any Connected O	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Custodian of Records: Identi books and records.	ntify by name, address (phone number optional) and position of the person in	possession of committee
Curtis, Eliza	rabeth, , ,	
Mailing Address	5 Halifax Ct	
Mailing Address		
	Mariton NJ 0808	53
Title or Position	CITY STATE	ZIP CODE
This of Fosition		
Treasurer	Telephone number 609	433 - 8620
Treasurer	Telephone number =	
Treasurer Treasurer: List the name and	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	
Treasurer Treasurer: List the name and any designated agent (e.g., a Full Name of Treasurer	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	
Treasurer Treasurer: List the name and any designated agent (e.g., a Full Name of Treasurer	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	
Treasurer Treasurer: List the name and any designated agent (e.g., a Full Name of Treasurer	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of

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		<u> </u>
Full Name of Designated Agent		
Mailing Address		
walling Address		
	CITY STATE	ZIP CODE
Title or Position	CITT STATE	ZII- CODE
Banks or Other safety deposit bo Name of Bank, I		is decounts, rents
safety deposit bo	oxes or maintains funds. Depository, etc. Wells Fargo ,600 4th St Ste 220	
safety deposit be Name of Bank, I	oxes or maintains funds. Depository, etc. Wells Fargo ,600 4th St Ste 220	
safety deposit be Name of Bank, I	oxes or maintains funds. Depository, etc. Wells Fargo ,600 4th St Ste 220	
safety deposit be Name of Bank, I	Oxes or maintains funds. Depository, etc. Wells Fargo 600 4th St Ste 220	ZIP CODE
safety deposit be Name of Bank, I	Wells Fargo 600 4th St Ste 220 Minneapolis CITY STATE	
safety deposit be Name of Bank, I	Depository, etc. Wells Fargo 600 4th St Ste 220 Minneapolis CITY STATE Depository, etc.	ZIP CODE
Safety deposit be Name of Bank, I	Depository, etc. Wells Fargo 600 4th St Ste 220 Minneapolis CITY STATE Depository, etc.	ZIP CODE
safety deposit be Name of Bank, I	Depository, etc. Wells Fargo 600 4th St Ste 220 Minneapolis CITY STATE Depository, etc.	ZIP CODE
Safety deposit be Name of Bank, I Mailing Address	Depository, etc. Wells Fargo 600 4th St Ste 220 Minneapolis CITY STATE Depository, etc.	ZIP CODE
Safety deposit be Name of Bank, I Mailing Address	Depository, etc. Wells Fargo 600 4th St Ste 220 Minneapolis CITY STATE Depository, etc.	ZIP CODE