FEC FORM 1	STATEMEN ORGANIZA		FEDERAL COMMON COMMISSION PUBLIC DISCLOSURE DIVISION 2012 JAN 2000000000000000000000000000000000000
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
Olson For Okla	homa	<u></u>	
ADDRESS (number and street)	10026-A South Suite 329 Tulsa	n Mingo Road	······································
	<u>┖╶╶┤╴╴└──┠╶╷┠╶─</u> ┠		STATE ZIP CODE
COMMITTEE'S E-MAIL ADDR (Check if address is changed)	ESS (Please provide only one e- John.Olson@	mail address) UŞƏ.ÇOM	
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL) OISONFOrOkia	homa.com, , ,	· · · · · · · · · · · · · · · · · · ·
2. DATE 01" 1	9° ′ 2012	•	
3. FEC IDENTIFICATION		Be Assigned	
4. IS THIS STATEMENT		AMENDED (A)	
I certify that I have examined Type or Print Name of Treasu Signature of Treasurer	this Statement and to the best rer Zsannette M.		t is true, correct and complete. Date 01^{4} / 19^{9} / $20^{1}12^{2}$
	neous, or incomplete information or any CHANGE IN INFORMATIC		this Statement to the penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact: EEC EORM 1

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5.	TYPE	E OF C	OMMITTEE
	Can	didate	e Committee:
	(a)	\mathbf{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. (Complete the candidate information below.)
	Name Cand	e of lidate	Lohn Richard Olson
		lidate / Affiliati	on Dem Office Sought: House Senate President District 01
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Cane	e of lidate	[+ + + + + + + + + + + + + + + + + + +
	Parl	ty Con	nmittee:
	(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.
	Poli	tical A	ction Committee (PAC):
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
			Corporation Corporation w/o Capital Stock
			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 segregated fund or party committee. (i.e., nonconnected committee)
			In addition, this committee is a Lobbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponser on line 6.)
	Join	t Fund	Iraising Representative:
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of witish is an atthorized committee of a forteral candidate.
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
		Com	mittees Participating in Joint Fundraiser
		1. 2.	
		۲.	

Write or Type Committee Name

Olson For Oklahoma

6. Name of Any Connected C	Orga	niz	atio	on,	Af	fili	ate	d (Co	mn	nitt	ee ,	Ja	lint	Fu	ndi	rais	ing	Re	pro	9 86	nte	tiv	e , c	or L	.ea(der	shi	lp F	`A (C SI	por	180	r 1	
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Relationship: Connected	d Or	gar	niza	tior	- []	Affi	liat	ed	Co	mr	nitte	90	Ľ	խ	oint	Fu	ndr	aisi	ng	Re	ore	sen	tati	ve].	eac	lers	ship) P#	۹C :	Spc	onso	Уľ

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

Full Name	nette M. Olson		<u></u>	
Mailing Address	9915 South 99th East Ave.			
	Tulsa	OK	74133	J
Title or Position	CITY	STATE	ZIP CODE	
	Telephone n	umber [918		1

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 of Treasurer	Zsannette M. Olson
Mailing Address	9915 South 99th East Ave.
Title or Position	CITY STATE ZIP CODE
	Telephone number 918 - 249 - 2092

Title or Position	 ,					,		1	1			1	1	1	1					Те	lor	ho	ne	nu	mh	or		J	1		1-	- 1		1	1	-1	1		1	1
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Full Name of Designated Agent		4	ł	1	. 1		1	1	i	I.				L	1	- 1	1	1		I			1	1	ł	1	L	1	. 1	1	_1_	I	_1	1		_1	I.	_1	. 1	

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.

First C) kiahoma Bank		
Mailing Address	2448,East 81,st,Street		
	Suite 5700		
	[Tulsa	OK 741	37
	CITY	STATE	ZIP CODE
Name of Bank, Depository, (ətc.		
Mailing Address			
	CITY	STATE	ZIP CODE

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FEC FORM 2 STATEMENT OF CANDIDACY

John R. Olsom (b) Address (number and street)		address changed		2. Cand	idate's l	FEC k	lentific	ation N	umber	
9915 South 99th 1	East Ave.									
(c) City, State, and ZIP Code				3. Is T		X	New			Amende
Tulso, OK 74133					ement		(N)	OR		(A)
I. Party Affiliation	5. Office Sought U.S. House of		6. State & Distri Ofe la hom		didate					
Democrat	U.J. House ot	nepresentatives	OF 14 Hold	q ->		1				
Z 7. I hereby designate the following r	ESIGNATION OF amed political committe							electio	n(s).	
NOTE: This designation should b	e filed with the appropria	ate office listed in th	e instructions.		(yea	ur of el	lection))		
(a) Name of Committee (in full)										
Olson for Okle	homa	· · · · · · · · · · · · · · · · · · ·								
(b) Address (number and street)										
10026-A South M	ingo Road, S	Lite 529								
(c) City, State, and ZIP Code										
Tulso, OK 74133 E 3. Thereby authorize the following n candidacy.		ng Joint Fundraising	Representative	(S)			expend	l funds	on beh	alf of my
 I hereby authorize the following n candidacy. NOTE: This designation should b 	(Includi amed committee, which	ng Joint Fundraising is NOT my principa	Representative	(S)			expenc	l funds	on beh	alf of my
C 3. I hereby authorize the following n candidacy.	(Includi amed committee, which	ng Joint Fundraising is NOT my principa	Representative	(S)			expend	l funds	on beh	alf of my
 I hereby authorize the following n candidacy. NOTE: This designation should b 	(Includi amed committee, which	ng Joint Fundraising is NOT my principa	Representative	(S)			expend	l funds	on beh	alf of my
 I hereby authorize the following n candidacy. NOTE: This designation should b (a) Name of Committee (in full) 	(Includi amed committee, which	ng Joint Fundraising is NOT my principa	Representative	(S)			expend	l funds	on beh	alf of my
 I hereby authorize the following n candidacy. NOTE: This designation should b (a) Name of Committee (in full) (b) Address (humber and street) 	(Includi amed committee, which	ng Joint Fundraising is NOT my principa	Representative	(S)			expenc	l funds	on beh	alf of my
 I hereby authorize the following n candidacy. NOTE: This designation should b (a) Name of Committee (in full) 	(Includi amed committee, which	ng Joint Fundraising is NOT my principa	Representative	(S)			expend	I funds	on beh	alf of my
 I hereby authorize the following n candidacy. NOTE: This designation should b (a) Name of Committee (in full) (b) Address (humber and street) 	(Includi amed committee, which	ng Joint Fundraising is NOT my principa	Representative	(S)			expenc	I funds	on beh	alf of my
 I hereby authorize the following n candidacy. NOTE: This designation should b (a) Name of Committee (in full) (b) Address (humber and street) (c) City, State, and ZIP Code 	(Includi amed committee, which	ng Joint Fundraising is NOT my principa campaign committe	Representative I campaign com	s) mittee, to		e and o				alf of my
 B. I hereby authorize the following m candidacy. NOTE: This designation should b (a) Name of Committee (in full) (b) Address (humber and street) (c) City, State, and ZIP Code 	(Includi amed committee, which e filed with the principal	ng Joint Fundraising is NOT my principa campaign committe	Representative I campaign com	s) mittee, to		e and o				alf of my
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 I hereby authorize the following n candidacy. NOTE: This designation should b (a) Name of Committee (in full) (b) Address (humber and street) (c) City, State, and ZIP Code 	(Includi amed committee, which e filed with the principal	ng Joint Fundraising is NOT my principa campaign committe	Representative I campaign com	nd belief		e and a	ect and			alf of my
B. I hereby authorize the following m candidacy. NOTE: This designation should b (a) Name of Committee (in full) (b) Address (humber and street) (c) City, State, and ZIP Code I certify that I have e Signature of Candidate	(Includi amed committee, which e filed with the principal xamined this Statement	ng Joint Fundraising is NOT my principa campaign committe	Representative i campaign com e.	nd belief Date	t is true	• and •	ect and	comple	əte.	
 I hereby authorize the following n candidacy. NOTE: This designation should b (a) Name of Committee (in full) (b) Address (humber and street) (c) City, State, and ZIP Code 	(Includi amed committee, which e filed with the principal xamined this Statement	ng Joint Fundraising is NOT my principa campaign committe	Representative i campaign com e.	nd belief Date	t is true	• and •	ect and	comple	əte.	
B. I hereby authorize the following m candidacy. NOTE: This designation should b (a) Name of Committee (in full) (b) Address (humber and street) (c) City, State, and ZIP Code I certify that I have e Signature of Candidate	(Includi amed committee, which e filed with the principal xamined this Statement	ng Joint Fundraising is NOT my principa campaign committe	Representative i campaign com e.	nd belief Date	t is true	• and •	ect and	comple	əte.	

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Date of Receipt Date of Receipt
Date of Receipt Date of Receipt
Other (Specify):
PREPARER DATE PREPARED
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