

# FEC FORM 2

## STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE

11 JUN 25 PM 3:19

1. (a) Name of Candidate (in full) <b>OLE SAVIOR</b>		New:	
(b) Address (number and street) <b>1905 Elliot Ave.</b>		2. Candidate's FEC Identification Number	
(c) City, State, and ZIP Code		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation <b>Republican</b>	5. Office Sought <b>U.S. Senate</b>	6. State & District of Candidate <b>Minnesota 2014</b>	

**GOP**

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2014** election(s).  
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <b>OLE ' SAVIOR U.S. Senate MN. 2014</b>	
(b) Address (number and street) <b>1905 Elliot Ave. So. Republican Party GOP</b>	
(c) City, State, and ZIP Code <b>Minneapolis, Minnesota 55404</b>	

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**None**

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) <b>OLE SAVIOR</b>	<b>Self Only Campaign</b>
(b) Address (number and street) <b>U.S. Senate MN 2014</b>	
(c) City, State, and ZIP Code <b>Republican Party GOP</b>	

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

Signature of Candidate <b>Ole Savior</b>	Date <b>June 10, 2014</b>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Fiscal  
60 Empire Drive, Suite 100  
Saint Paul, MN 55103



Mark Ritchie

Secretary of State

SECRETARY OF THE SENATE

Office of the Secretary of State

14 JUN 25 PM 3:19

\*Packing Slip

June 4, 2014

OLE SAVIOR  
To Whom It May Concern  
1905 ELLIOT AVE SOUTH  
MINNEAPOLIS, MN 55404

Page 1 of 1

Client Account Number: 105735475

Batch Number: 7638661

Document Number	Document Detail	Filing Number	Fee
76386610002	Misc Candidate Filings (CANDIDATE FILING)		400.00
Total Fees			<b>\$400.00</b>

<u>Payment Type Received</u>	<u>Payment Reference Number</u>	<u>Amount Paid</u>
Cash	76386610001	400.00
Total Payments Received		<b>\$400.00</b>

Any overage amount on account with our agency will be refunded after 60 days if not used.



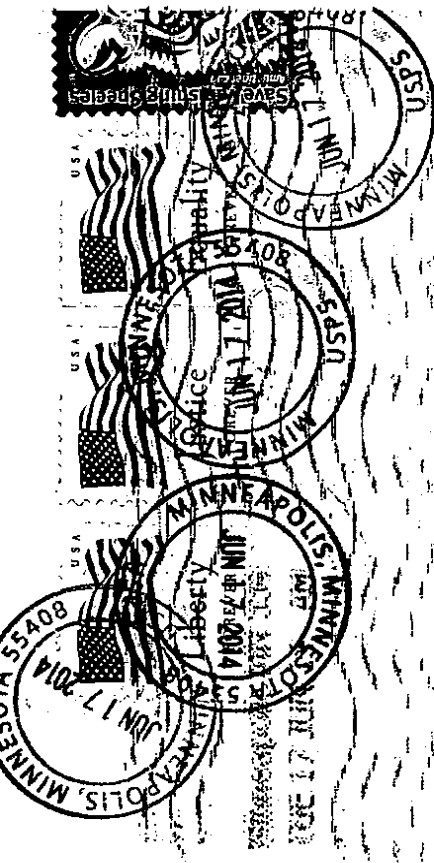
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# United States Senate

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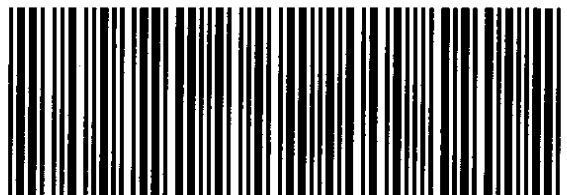
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SEN PATCH



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