

FEC FORM 2

STATEMENT OF CANDIDACY

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2020 JAN -6 AM 11:53

1. (a) Name of Candidate (in full) JEFFREY E OLSON		2. FEC Candidate Identification Number H OFL 22142
(b) Address (number and street) <input type="checkbox"/> Check if address changed P.O. Box 85190		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code HALLANDALE FL. 33008		4. Party Affiliation REPUBLICAN
5. Office Sought CONGRESS	6. State & District of Candidate 23rd District Florida	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) JEFF OLSON FOR CONGRESS
(b) Address (number and street) P.O. Box 85190
(c) City, State, and ZIP Code HALLANDALE FLORIDA 33008

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.

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

(a) Name of Committee (in full) FRIENDS OF JEFF OLSON
(b) Address (number and street) P.O. Box 85190
(c) City, State, and ZIP Code HALLANDALE FLORIDA. 33008

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 Jeffrey E Olson	Date Dec 27, 2019.
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

(b) Address (number and street)

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

Mr. Jeffrey
PO Box 8
Hallandale

F.E.C.

1050 First St NE

Washington DC

20463

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