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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Olson, Kimberly, D, , (b) Address (number and street)	☐ Check if address changed				2. Candidate's FEC Identification Number			
	P. O. Box 4		neck ii addie	ess changed		H0TX24167	nuncation Number		
	(c) City, State, and ZIP Code					3. Is This	ew Amended		
	Addison		T	7500		Statement X (N	N) OR (A)		
4.	Party Affiliation	· ·	jht						
	DEMOCRATIC PARTY	House			17				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)								
	NOTE: This designation should be filed with the appropriate office listed in the instructions.								
	(a) Name of Committee (in full)								
	Kim for Congress								
	(b) Address (number and street) P. O. Box 4								
	(c) City, State, and ZIP Code								
	Addison				TX	75001			
	DE	SIGNATIO	N OF OT	HER AU	THORIZED	COMMITTEES			
		(Including Joir	nt Fundraisir	ng Representative	es)			
8.	I hereby authorize the following nan candidacy.	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) norize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my designation should be filed with the principal campaign committee.							
NOTE: This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(a) / ladi eee (lalinger and energy								
	() 0: 0: 1710 0 1								
	(c) City, State, and ZIP Code								
	I certify that I have exa	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE abby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election) E: This designation should be filed with the appropriate office listed in the instructions. Ialams of Committee (in full) Kim for Congress ddress (number and street) P. O. Box 4 Ity, State, and ZIP Code Addison TX 75001 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) abby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my lidacy. E: This designation should be filed with the principal campaign committee. In full) dddress (number and street) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. To certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.							
Si	gnature of Candidate					Date			
Oi	lson, Kimberly, D, ,			[Flor	tronically Filed!	03/31/2019			
				LLiet	пописану Рисај				
NC	DTE: Submission of false, erroneous	, or incomplete	information r	may subject	the person signir	ng this Statement to pena	Ities of 2 U.S.C. §437g.		

FEC FORM 2 (REV. 02/2009)