## FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Capdidate (in full)  Robert A 0/500	FEC MAIL CENTER
(b) Address (riumber and street)	2. Identification Number:
aca (restens way, 1	3. Is This   New Amended
St. Cloud, MN 56301	Statement (N) OR (A)
4. Party Affiliation 5. Office Sought 6. State & District	t of Candidate
Democratic U.S. House of Rep. MN-6	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2008 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)	
(a) Name of Committee (in full)  Olson for Congress Committee  (b) Address (number and street)  3950 3rd St., N, Su, He 200  (c) City, State, and ZIP Code	
(b) Address (number and street)	
3950 3rd St. N, Sn; te 200  (c) City, State, and ZIP Code	
St. Cloud, MN 563	
5t. Cloud, 1410 563	303
DESIGNATION OF OTHER AUTHORIZED COMMITTEES	
(Including Joint Fundraising Representatives  8. I hereby authorize the following named committee, which is NOT my principal campaign committee.)	
candidacy.	miles, to receive and expenditures on bental or my
NOTE: This designation should be filed with the principal campaign committee.	
(a) Name of Committee (in full)	
(a) realite or committee (in tan)	
(b) Address (number and street)	
(b) Address (Idiliber and Street)	
(a) Oh. Oata and 710 Onda	
(c) City, State, and ZIP Code	
DECLARATION OF INTENT TO EXPEND PERSONAL FUN	IDS (House or Senate Only)
9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by	
9A , O. Q.O.	for the primary election, and .
98	for the general election.
The same of the transfer of the same of th	ioi the general election.
If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.	
I certify that I have examined this Statement and to the best of my knowledge an Signature of Candidate	d belief it is true, correct and complete.
Signature of Candidate	Date
Kabert Allsen	7-20-07
NOTE: Submission of false exposure or incomplete information may subject the seven signing this Statement to panelties of 2 U.S.C. \$427g.	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	
FERANCE DES	
FE3AN039.PDF	FEC FORM 2 (REV. 02/2003)

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(3/2005)

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label Postmarked **USPS Express Mail** 7/20/07 Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 7/23/17 **PREPARER** DATE PREPARED