

Image# 202007279260820466

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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Olson, Nancy, Lynn, ,		
(b) Address (number and street) 98820 Iho Place E		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Aiea		HI 96701
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
		6. State & District of Candidate HI 01
2. Candidate's FEC Identification Number H0HI01280		
3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A)		

### 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) <b>Nancy Olson</b>		
(b) Address (number and street) 98-820 Moanalua Rd Sp 5-234		
(c) City, State, and ZIP Code Aiea HI 96701		

### 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)		
(b) Address (number and street)		
(c) City, State, and ZIP Code		

*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 Olson, Nancy, Lynn, ,	Date 07/27/2020
[Electronically Filed]	

**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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