

FEC
FORM 1

STATEMENT OF
ORGANIZATION

SECRETARY OF THE SENATE
07 APR 20 AM 10:40

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12FE4MS

ROB WALSH FOR U.S. SENATE

ADDRESS (number and street) 5 Mills 330

(Check if address is changed) 12233 University Ave
St Paul, MA 05511-1

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
Rob.walsh@senate.gov

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 04/02/2007

3. FEC IDENTIFICATION NUMBER (C) Applied for

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Lee Conerton

Signature of Treasurer [Signature] Date 04/02/2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 9437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only For further information contact: Federal Election Commission Toll Free 800-424-9630 Local 202-594-1100

FEC FORM 1
(Revised 02/2003)

27020181534

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate ROB OLSON

Candidate Party Affiliation DEM Office Sought: House Senate President State MA District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

MA _____

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

ROB OLSON FOR US SENATE

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name Wae Connerian

Mailing Address Suite 330
2233 University Ave
St Paul MA 05542

Title or Position Treasurer CITY STATE ZIP CODE Telephone number

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Wae Connerian

Mailing Address Suite 330
2233 University Ave
St Paul MA 05542

Title or Position CITY STATE ZIP CODE Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE Telephone number

27020161536

MA

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

US BANK

Mailing Address

151 FIFTH ST

DALLAS TEXAS 75202

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

27020181537

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 FLAT RATE POSTAGE
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 DOMESTIC USE ONLY

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Revised Date of Delivery

Months Day

Standard Term of Delivery AM 1PM

Delivery and Day and Day

Initials of Delivery Clerk

Postage \$

Return Receipt Fee \$

COOL Fee \$

Insurance Fee \$

Total Postage & Fees \$

Occupancy Emp. Initials

FROM (CUSTOMER USE ONLY)

FROM (customer name) PHONE #

FOR PICKUP OR TRACKING

WWW.USPS.COM

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Address

Time AM PM

Endorsement Signature

Delivery Address

Time AM PM

Employee Signature

Delivery Date

Time AM PM

Employee Signature

MO. Day

MO. Day

CUSTOMER USE ONLY

NO DELIVERY Initials Signature

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NO. & R.R. ADDRESS (S.A.), DO NOT WRITE (FOR POSTAL USE ONLY)

FOR ADDITIONAL INFORMATION, WRITE OR CALL (SEE LISTING) \$E5TIGT02042

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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USPS EXPRESS MAIL _____

04-17-07

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NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

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RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

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Date of Receipt

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Date of Receipt or Postmark

PREPARER

RD

DATE PREPARED

04-20-07

27020161539

27020181540

