

FEC FORM 1

STATEMENT OF ORGANIZATION

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2020 JAN 22 AM 10:15

Office Use Only

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

12FE4M5

JEFF OLSON FOR CONGRESS

ADDRESS (number and street)

PO BOX 85190

(Check if address is changed)

HALLANDALE

CITY

FL

STATE

330081

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

JEFFOLSON7@AOL.COM

Optional Second E-Mail Address

JEFFOLSONFORCONGRESS@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

01 / 14 / 2020

3. FEC IDENTIFICATION NUMBER

C110FL22142

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

JEFF OLSON

Signature of Treasurer

Jeff Olson

Date

01 / 08 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (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.)

Amended

Name of Candidate: JEFFREY E OLSON

Candidate Party Affiliation: GOP Office Sought: CONGRESS House X Senate President

State: FLORIDA District: 23

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

Name of Candidate: [Empty grid]

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation
 - Corporation w/o Capital Stock
 - Labor Organization
 - Membership Organization
 - Trade Association
 - Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

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

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- 1. [] FEC ID number: C
- 2. [] FEC ID number: C
- 3. [] FEC ID number: C
- 4. [] FEC ID number: C

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

JEFFREY OLSON

Mailing Address

P.O. BOX 85190

[Empty grid lines for mailing address]

HALLANDALE FL 33008

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE 23RD DIST

Telephone number

305-419-5126

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

[Empty grid lines for treasurer name]

Mailing Address

[Empty grid lines for treasurer address]

[Empty grid lines for treasurer address]

[Empty grid lines for treasurer address]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid lines for treasurer title]

Telephone number

[Empty grid lines for treasurer phone number]

NONDISCRIMINATION

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

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.

WELLS FARGO BANK

Mailing Address

1202 E HALILANDALE BEACH BLVD

[Grid for Mailing Address Line 2]

HALILANDALE FL 33009

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

NONPROFIT CORPORATION

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE).

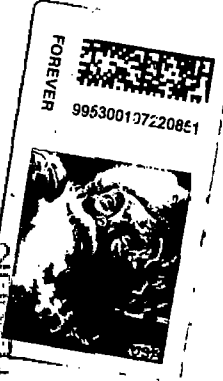
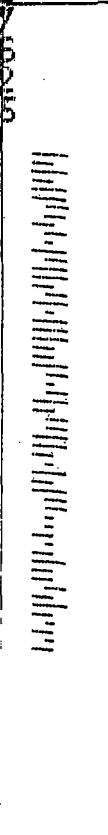
NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> Initial Filing of Form Re-filing to Change: <input checked="" type="checkbox"/> Treasurer/Deputy <input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party					
2. Name of Candidate (in this order: First, Middle, Last) JEFFREY E OLSON			3. Address (include post office box or street, city, state, zip code) P.O. BOX 85190 HALLANDALE, FL. 33008		
4. Telephone (305) 619-5126		5. E-mail address JEFFOLSON7@AOL.COM			
6. Office sought (include district, circuit, group number) CONGRESS DISTRICT 23 <i>Amended</i>			7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> My intent is to run as a Write-In candidate.		
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a <input type="checkbox"/> Write-In <input type="checkbox"/> No Party Affiliation <input checked="" type="checkbox"/> <u>REPUBLICAN</u> Party candidate.					
9. I have appointed the following person to act as my <input type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer					
10. Name of Treasurer or Deputy Treasurer JEFFREY OLSON					
11. Mailing Address P/O BOX 85190 HALLANDALE, FL. 33008				12. Telephone (305) 619-5126	
13. City HALLANDALE,		14. County BROWARD		15. State FL.	16. Zip Code 33008
17. E-mail address JEFFOLSON7@AOL.COM					
18. I have designated the following bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository					
19. Name of Bank <i>Wells Fargo Bank</i>			20. Address <i>1201 EAST HALLANDALE BEACH BL</i>		
21. City <i>HALLANDALE FL</i>		22. County <i>BROWARD</i>		23. State <i>FLORIDA</i>	24. Zip Code <i>33009</i>
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.					
25. Date <i>Jan 10, 2020.</i>			26. Signature of Candidate <i>X Jeffrey E Olson</i>		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)					
I, _____, do hereby accept the appointment (Please Print or Type Name)					
designated above as: <input type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer.					
_____ Date			X _____ Signature of Campaign Treasurer or Deputy Treasurer		

85
X 85

Waldale, FL,
33008.



FEDERAL ELECTIONS COMMISSION

1050 FIRST ST N.E.

WASHINGTON, D.C.

20463

ended
Form 1

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FEC MAIL CENTER
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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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt 1/22/20
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
JM	1/22/20
PREPARER	DATE PREPARED

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS