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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Barbara F. Olschner		2. Candidate's FEC Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed 176 Nightcap Street		
(c) City, State, and ZIP Code Santa Rosa Beach FL 32459		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation Republican	5. Office Sought House Representatives	6. State & District of Candidate Florida District 2

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 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) Committee for Barbara Olschner for Congress
(b) Address (number and street) 174 WaterColor Way Ste 343
(c) City, State, and ZIP Code Santa Rosa Beach FL 32459

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 Barbara F. Olschner	Date 2/11/2010
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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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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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 PREPARER

2/19/10
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