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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) TIMOTHY OLSON		
(b) Address (number and street) 201 JEFFERSON ST		2. Candidate's FEC Identification Number C00481325
(c) City, State, and ZIP Code BUHL, MN 55713		3. Is This Statement <input type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation IND	5. Office Sought CONGRESS	6. State & District of Candidate MN DIST 8

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) TIM OLSON FOR CONGRESS COMMITTEE	
(b) Address (number and street) P.O. BOX 118	
(c) City, State, and ZIP Code BUHL, MN 55713	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

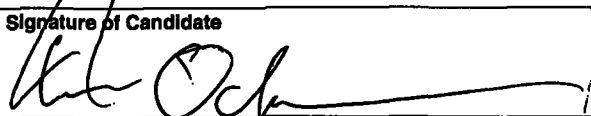
(Including Joint Fundraising Representatives)

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 	Date 7-13-10
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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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<input type="checkbox"/> No Postmark	
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