

Image# 201908159162874681

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Olsen, Robert, , , / Olsen, Robert, D, ,			2. Candidate's FEC Identification Number H0AZ08080	
(b) Address (number and street) 13339 Blue Bonnet Dr		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Sun City West AZ 85375		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate AZ 08		

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) Friends of Bob Olsen 4 Congress		
(b) Address (number and street) 14955 W Bell Rd PO box 9367		
(c) City, State, and ZIP Code Surprise AZ 85374		

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 Olsen, Robert, D, , <i>[Electronically Filed]</i>	Date 08/15/2019
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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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