

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

OLSON FOR CONGRESS COMMITTEE

ADDRESS (number and street)

3950 THIRD ST. N.

(Check if address is changed)

SUITE 200

ST. CLOUD

MN

56303-

CITY A

STATE A

ZIP CODE A

COMMITTEE'S E-MAIL ADDRESS

bob@bobolson.org

info@bobolson.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.bobolson.org

COMMITTEE'S FAX NUMBER

763-463-9315

candidate ID#

H4MN03050

2. DATE

07 19 2007

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

X

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

Edward A. Neuenfeldt

Signature of Treasurer

[Handwritten Signature]

Date

09 10 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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

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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 ROBERT A OLSON

Candidate Party Affiliation DEM Office Sought: House Senate President State MN District 06

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

Name of Candidate ROBERT A OLSON

- (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

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

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Write or Type Committee Name

Olson for Congress Committee

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 EDUARD A. NEUENFELDT

Mailing Address 3950 THIRD ST N

SUITE 200

ST CLOUD MN 56303-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 320-259-9560

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 EDUARD A. NEUENFELDT

Mailing Address 3950 THIRD ST N

SUITE 200

ST CLOUD MN 56303-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 320-259-9560

Full Name of Designated Agent EDUARD A. NEUENFELDT

Mailing Address 3950 THIRD ST N

SUITE 200

ST CLOUD MN 56303-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 320-259-9560

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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.

NORTHEAST BANK

Mailing Address

200 COON RAPIDS BOULEVARD

COON RAPIDS

MM

55433-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
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 FOR INCOMING DOCUMENTS**

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