Image# 10932107767 FEC FORM 2 STATEMENT OF CANDIDACY

. (a) Name of Candidate (in full)			
John W Olver			
(b) Address (number and stree	et)	Check if address changed	2. Identification Number
1333 West Street	# 28		H2MA01020
(c) City, State and ZIP Code			3. Is This New Amended
Amherst	MA	01002-3341	Statement (N) OR (A)
. Party Affiliation	5. Office Sought	6. State & Dis	strict of Candidate
DEMOCRATIC PARTY	House	MA 01	
	DESIGNATION OF F	PRINCIPAL CAMPAIGN	
. I hereby designate the following na	amed political committee as n	ny Principal Campaign Committee	e for the <u>2012</u> election(s). (year of election)
NOTE: This designation should	d be filed with the appropria	te office listed in the instruction	S.
(a) Name of Committee (in full))		
Citizens for John Olver for			
(b) Address (number and stree	et)		
PO Box 819			
(c) City, State and ZIP Code			
	(Including	01004-0819 OTHER AUTHORIZED C g Joint Fundraising Representa	tives)
	DESIGNATION OF C (Including amed committee, which is NC	DTHER AUTHORIZED C g Joint Fundraising Representa DT my principal campaign commit	
. I hereby authorize the following na candidacy.	DESIGNATION OF C (Including amed committee, which is NC d be filed with the principal o	DTHER AUTHORIZED C g Joint Fundraising Representa DT my principal campaign commit	tives)
. I hereby authorize the following na candidacy. NOTE:This designation should	DESIGNATION OF C (Including amed committee, which is NC d be filed with the principal (DTHER AUTHORIZED C g Joint Fundraising Representa DT my principal campaign commit	tives)
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I hereby authorize the following na candidacy. NOTE: This designation should (a) Name of Committee (in full) (b) Address (number and streed (c) City, State and ZIP Code	DESIGNATION OF C (Including amed committee, which is NC d be filed with the principal () et)	DTHER AUTHORIZED C g Joint Fundraising Representa DT my principal campaign committ campaign committee.	tives) tee, to receive and expend funds on behalf of my
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I hereby authorize the following na candidacy. NOTE: This designation should (a) Name of Committee (in full) (b) Address (number and stree (c) City, State and ZIP Code I certify that I have Signature of Candidate John W Olver	DESIGNATION OF C (Including amed committee, which is NC d be filed with the principal o) et) e examined this Statement a	DTHER AUTHORIZED C g Joint Fundraising Representa DT my principal campaign committ campaign committee.	tives) tee, to receive and expend funds on behalf of my e and belief it is true, correct, and complete. Date 12/14/2010
I hereby authorize the following na candidacy. NOTE: This designation should (a) Name of Committee (in full) (b) Address (number and stree (c) City, State and ZIP Code I certify that I have ignature of Candidate John W Olver	DESIGNATION OF C (Including amed committee, which is NC d be filed with the principal o) et) e examined this Statement a	DTHER AUTHORIZED C g Joint Fundraising Representa DT my principal campaign committ campaign committee.	tives) tee, to receive and expend funds on behalf of my e and belief it is true, correct, and complete. Date