Only

PAGE 1 / 4 •

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Chase Oliver for President 3939 Lavista Rd ADDRESS (number and street) Ste E #368 (Check if address is changed) Tucker 30084 GΑ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS timhagan-fec@yahoo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.votechaseoliver.com (Check if address is changed) DATE 07 2023 C00837625 FEC IDENTIFICATION NUMBER > 3. IS THIS STATEMENT 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. Hagan, Timothy, , , Type or Print Name of Treasurer Hagan, Timothy, , , [Electronically Filed] 04 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	C Form 1 (Revised 03/2022)	Page 2			
	TYPE OF COMMITTEE:				
	Candidate Committee:				
	(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 can information below.)	ndidate			
	Name of Candidate Oliver, Chase, Russell, ,	<u> </u>			
	Party Affiliation LIB Sought: House Senate President	State istrict			
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate				
	Party Committee:				
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.)	Party			
Political Action Committee (PAC):					
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	janization is a:			
	Corporation Corporation w/o Capital Stock Labor Organiz	zation			
	Membership Organization Trade Association Cooperative				
	In addition, this committee is a Lobbyist/Registrant PAC.				
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee. (i.e., nonconnected committee)	d or party			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	(g) This committee is an independent expenditure-only political committee (Super PAC).				
	In addition, this committee is a Lobbyist/Registrant PAC.				
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).				
	In addition, this committee is a Lobbyist/Registrant PAC.				
	Joint Fundraising Representative:				
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.				
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
	Committees Participating in Joint Fundraiser				
	1				

	FEC Form 1	1 (Revised 02/2009)	Page <b>3</b>		
W	/rite or Type Comr	mittee Name			
	Chase C	Oliver for President			
6.	=	connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor		
	NONE				
	Mailing Address				
			1-1 1		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Relationship:	Connected Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponsor		
7.	Custodian of Re books and record	ecords: Identify by name, address (phone number optional) and position of the person in possess	sion of committee		
		Hagan, Timothy, , ,			
	Full Name		1		
	Mailing Address	7086 Orange Grove Ln			
			1		
		Las Vegas   NV   89119			
	Title or Decition	CITY ▲ STATE ▲	ZIP CODE ▲		
	Title or Position				
	Treasurer	Telephone number 702	433 - 0947		
3.	Treasurer: List the	the name and address (phone number optional) of the treasurer of the committee; and the nagent (e.g., assistant treasurer).	ame and address of		
	Full Name of Treasurer	Hagan, Timothy, , ,	1		
	or freasurer	<sub>1</sub> 7086 Orange Grove Ln			
	Mailing Address	7000 Orange Grove Lis			
		Las Vegas NV 89119			
		CITY ▲ STATE ▲	ZIP CODE ▲		
Title or Position ▼					
	Treasurer		433 - 0947		

FEC Form	(Revised 02/2009)		Page <b>4</b>			
Full Name of Designated Agent	Brown, Tarnell, , ,					
Mailing Address	6508 Bimini Dr					
	Forest Park	, , GA , , ;	30297			
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲			
Assistant Treasu	rer Telephone	number				
	<b>Depositories:</b> List all banks or other depositories in which the com- xes or maintains funds.	mittee deposits funds	s, holds accounts, rents			
Name of Bank, [	Name of Bank, Depository, etc.					
	Truist Bank					
Mailing Address	4098 Lavista Rd					
	Tucker	J GA 3	30084			
	CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Bank, [	Name of Bank, Depository, etc.					
	PayPal					
Mailing Address	2211 N 1st St					
		1 1 1 1 1 1 1				
	San Jose	CA     9	5131			
	CITY A	STATE ▲	ZIP CODE ▲			