## STATEMENT OF

PAGE 1 / 4

**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. Vote Justin Olson 524 N 38th ST ADDRESS (number and street) (Check if address is changed) Mesa 85205 ΑZ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jolson2001@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.votejustinolson.com (Check if address is changed) DATE 09 2016 C00611574 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Olson, Justin, , , Type or Print Name of Treasurer Olson, Justin, , , [Electronically Filed] 01 2017 Signature of Treasurer Date 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. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC <b>F</b>	orm 1 (Revised 02/2009) Page 2
	COMMITTEE te Committee:
(a) <b>x</b>	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	Olson, Justin, , ,
Candidate Party Affilia	AZ  State  Office Sought:  House  Senate  President  District  District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	mmittee:  (National, State (Democratic,
(d)	This committee is a 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 is a
	Corporation Corporation w/o Capital Stock Labor Organization
	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 fund or party committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fun	draising Representative:
(g)	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.
(h)	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.
Cor	mmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number C
4	FEC ID number

FEC <b>Form 1</b> (Revised 0	2/2009)	Page <b>3</b>
Write or Type Committee Name		3
Vote Justin Olso	on	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
<ol> <li>Custodian of Records: Identi books and records.</li> </ol>	ify by name, address (phone number optional) and position of the person in p	cossession of committee
Olson, Just	in, , ,	
	524 N 38th Street	
Mailing Address		
	Mesa AZ 85205	5
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
3. <b>Treasurer:</b> List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	name and address of
Full Name Olson, Justi	n,,,	
Mailing Address	524 N 38th Street	
	<u> </u>	
	Mesa	<u>:                                    </u>
Title or Position	CITY STATE	ZIP CODE
Laboration		

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes  Name of Bank, Depo	vository, etc.  Vells Fargo	noids accounts, rents
safety deposit boxes Name of Bank, Depo	or maintains funds. sitory, etc.	
safety deposit boxes  Name of Bank, Depo	veils Fargo  100 W Washington ST  Phoenix  AZ 1850	
safety deposit boxes  Name of Bank, Depo	Phoenix  CITY  STATE	003
safety deposit boxes  Name of Bank, Depo	Phoenix  CITY  STATE	003 
safety deposit boxes  Name of Bank, Depo	Phoenix CITY  STATE  Ository, etc.	003 
safety deposit boxes  Name of Bank, Depo	Phoenix CITY  STATE  Ository, etc.	003 
safety deposit boxes  Name of Bank, Depo	Phoenix CITY  STATE  Ository, etc.	003 ZIP CODE