

FEC FORM 2

STATEMENT OF CANDIDACY

RECEIVED
FEC MAIL
OPERATIONS CENTER

1. (a) Name of Candidate (In full) NORM OLSEN		2006 APR 26 A 7 49 CHZCO02122	
(b) Address (number and street) 3879 E 120th AVE PMB 166		2. Identification Number	
(c) City, State, and ZIP Code THORNTON CO 80233-1658		3. Is This Statement ☒ New (N) OR ☐ Amended (A)	
4. Party Affiliation LIB	5. Office Sought HOUSE	6. State & District of Candidate CO - 2	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ 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) NORM OLSEN FOR CONGRESS		[C00401638]
(b) Address (number and street) 3879 E 120th AVE PMB 166		
(c) City, State, and ZIP Code THORNTON CO 80233-1658		

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

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A		for the primary election, and
9B		for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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 Norm T. Olsen	Date 14 APR 2006
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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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