

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified  or List I.D. number: # \_\_\_\_\_  
 Date qualified as committee 03/11/2016 Date qualified as committee (If applicable) # \_\_\_\_\_  
 Date of Termination # \_\_\_\_\_

REGISTRATION AND ELECTIONS DIV	CALIFORNIA FORM <b>410</b>
2016 MAR 25 AM 11:20	For Official Use Only
STANISLAUS COUNTY CLERK-RECORDER	

NAME OF COMMITTEE <b>OLSEN FOR SUPERVISOR 2016</b>	NAME OF TREASURER <b>SALLY OLSEN</b>
STREET ADDRESS (NO P.O. BOX) [REDACTED]	STREET ADDRESS (NO P.O. BOX) [REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED] (209)968-9386	CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED] (209)988-0790
MAILING ADDRESS (IF DIFFERENT) [REDACTED]	NAME OF ASSISTANT TREASURER, IF ANY
FAX / E-MAIL ADDRESS <b>kristin@kristinolsen.org</b>	STREET ADDRESS (NO P.O. BOX)
COUNTY OF DOMICILE <b>STANISLAUS</b>	CITY STATE ZIP CODE AREA CODE/PHONE
JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)
	STREET ADDRESS (NO P.O. BOX)
	CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3/24/2016 By [REDACTED] TREASURER  
 Executed on 3/24/2016 By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
**OLSEN FOR SUPERVISOR 2016**

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <b>MODESTO COMMERCE BANK</b>	AREA CODE/PHONE <b>(209)521-4100</b>	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]		

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
<b>KRISTIN OLSEN</b>	<b>STANISLAUS CO. SUPERVISOR #1</b>	<b>2016</b>	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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COMMITTEE NAME  
**OLSEN FOR SUPERVISOR 2016**

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I.D. NUMBER

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee    COUNTY Committee    STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

**Small Contributor Committee**

Date qualified

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.