

Candidate Intention Statement

REGISTRATION AND ELECTIONS DIV
 Date Stamp
 2016 MAR 11 AM 10:45
 STANISLAUS COUNTY
 CLERK-RECORDER

CALIFORNIA FORM 501
 For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional)
 OLSEN, KRISTIN M. (209) 968-9386 ()
 STREET ADDRESS CITY _____
 [REDACTED]

OFFICE JURISDICTION: STANISLAUS CO. SUPERVISOR STANISLAUS CO. BOARD OF SUPERVISORS DISTRICT NUMBER, if applicable. 1 NON-PARTISAN PARTY:
 State (Complete Part 2.)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2016 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

_____/_____/_____ Primary/general election _____/_____/_____ Special/runoff election
 (Year of Election) (Year of Election)

(Check one box)
 I accept the voluntary expenditure ceiling for the election stated above.
 I do not accept the voluntary expenditure ceiling for the election stated above.
 Amendment:
 I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)
 On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3/11/2016 Signature [REDACTED]
 (month, day, year)