

**Statement of Organization
Recipient Committee**

Statement Type Initial
Not yet qualified or
_____/_____/_____
Date qualified as committee

Amendment
List I.D. number:
1384440
_____/_____/_____
Date qualified as committee
(if applicable)

Termination - See Part 5
List I.D. number:

_____/_____/_____
Date of Termination

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
MAR 06 2017

CALIFORNIA FORM 410
ELECTIONS DIV
2017 MAR 13 PM 4:00
STANISLAUS COUNTY
CLERK-RECORDER

1. Committee Information

NAME OF COMMITTEE
Kristin Olsen for Supervisor 2016
STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
bryan@politicalfinancesolutions.com
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Stanislaus Stanislaus

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Bryan Burch
STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
Rebecca Luby
STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

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 _____

Executed on 3/1/2017 By _____ ASSISTANT TREASURER
DATE
Executed on 3/1/2017 By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
DATE
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
DATE
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
DATE

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME Kristin Olsen for Supervisor 2016	I.D. NUMBER 1384440
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION US Bank	AREA CODE/PHONE (213) 615-6625	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY [REDACTED]	STATE ZIP CODE [REDACTED]

4. Type of Committee Complete the applicable sections.

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
Kristin Olsen	County Supervisor: Stanislaus County District 1	2020	<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