Recipient Committee Campaign Statement			Date Stamp	CALIFORNIA 460
Cover Page (Government Code Sections 84200-84216.5)		- ·	RECEIVED	FORM TOO
	Statement covers period from01/01/2017	Date of election if applicable: (Month, Day, Year)	JUL 31 2017	Page 1 of 19 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through06/30/2017	STA	ELECTIONS NISLAUS COUNT	~
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		•
▼ Officeholder, Candidate Controlled Committee □ ○ State Candidate Election Committee □ ○ Recall (Also Complete Part 5) □ General Purpose Committee □ ○ Sponsored □ ○ Small Contributor Committee □ ○ Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 To	Specia Supple Supple Staten	erly Statement al Odd-Year Report emental Preelection nent - Attach Form 495
3. Committee Information	I.D. NUMBER 1384440	Treasurer(s)		
Kristin Olsen for Supervisor 2020 STREET ADDRESS (NO P.O. BOX)	<u></u>	Bryan Burch MAILING ADDRESS CITY	STATE ZIP CO	DE AREA CODE/PHONE (916) 476-6926
CITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	(916) 476-6926 D. BOX	Rebecca Luby MAILING ADDRESS	·	
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	· STATE ZIP CO	DE AREA CODE/PHONE (916) 476-6926
OPTIONAL: FAX/E-MAIL ADDRESS bryan@politicalfinancesolutions.com		OPTIONAL: FAX / E-MAIL ADDR	RESS	
4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of California.				s is true and complete. I certify
Executed on	Ву			
Executed on	BySign			
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	<u> </u>
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	 FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

COVER	PAGE - PART 2
CALIFORNIA FORM	460
Page2	of19

Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballo	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	 		
Kristin Olsen			·			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT
County Supervisor: Stanislaus County Distric	: 1					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	Y STATE ZIP		Identify the controlling off	iceholder, ca	indidate, or state meas	ure proponent, if any
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PI	ROPONENT	
Related Committees Not Included in this Sta	amanti III					
not included in this statement that are controlled by you o contributions or make expenditures on behalf of your can	r are primarily formed to receive		OFFICE SOUGHT OR HELD	-	DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER				<u></u>	
Olsen for Assembly 2014	1353676		•			
NAME OF TREASURER Bryan Burch	CONTROLLED COMMITTEE?	7.	Primarily Formed Cano officeholder(s) or candidate(s			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	х)		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HE	LD
COMMITTEE NAME	(916)476-6926					SUPPORT OPPOSE
Assembly Member Olsen 2014 Officeholder Account	I.D. NUMBER 1379462		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT
Bryan Burch	X YES NO					OPPOSE
COMMITTEE ADDRESS (NO P.O. BO	X)					
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attac	ch continuati	ion sheets if necessary	•
	(916)476-6926			•	• .	

Recipient Committee Campaign Statement 5. Related Committees Not Included in this Statement (Continued)

CALIFORNIA FORM

Page ____3 __ of ___19

COMMITTEE NAME/I.D. NUMBER Olsen for Senate 2018 ID# 1373374

NAME OF TREASURER Bryan Burch

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE ZIP CODE AREA CODE/PHONE 916-476-6926

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period

Page ___4 ___ of ___19

CALIFORNIA FORM 01/01/2017

06/30/2017

through _

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kristin Olsen for Supervisor 2020

I.D. NUMBER
1384440
mary for Candidates e State Primary and

Contributions Received		COlumn A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	14,271.00	\$	14,271.00	
2. Loans Received Schedule B, Line 3		0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	14,271.00	\$	14,271.00	20. Contributions Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	, , , , , , , , , , , , , , , , , , , ,
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	14,271.00	\$	14,271.00	21. Expenditures
Expenditures Made	-		•		Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	38,760.34	\$	38,760.34	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	00 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 0000
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	38,760.34	\$	38,760.34	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	38,760.34	\$	38,760.34	/\$
Current Cash Statement				· · · · · ·	/ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	125.04	To	calculate Column B. add	
13. Cash Receipts Column A, Line 3 above		14,271.00	am	ounts in Column A to the	
14. Miscellaneous Increases to Cash Schedule I, Line 4		32,053.51		responding amounts m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		38,760.34		oort. Some amounts in lumn A may be negative	reported in Column B.
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	7,689.21	figi	ures that should be	
If this is a termination statement, Line 16 must be zero.			pe	otracted from previous riod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	e first report being filed this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts			fro	m Lines 2, 7, and 9 (if	
18. Cash Equivalents	\$	0.00	an	y).	
19. Outstanding Debts	\$	0.00			
			l		FPPC Form 460 (Jan/20
4					FPPC Advice: advice@fppc.ca.gov (866/275-3

72) www.fppc.ca.gov

Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement cove	ers period	CALIF	SCHEDULE
				from01/01/20	017		ORM 400
SEE INSTRUCTIO	DNS ON REVERSE			through _06/30/20	017	Page .	5 of 19
NAME OF FILER		1000		·		I.D. NU	MBER
Kristin Olse	en for Supervisor 2020					13844	40
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
01/09/2017	Don Barton	⊠IND □COM □OTH □PTY □SCC	Farmer Gold River Orchards	300.00	3	00.00	•
01/09/2017	Louis Brichetto	IND COM OTH PTY SCC	Farmer Brichetto Farms	1,000.00	1,0	00.00	
01/10/2017	Gary DeLong	⊠IND □COM □OTH □PTY □SCC	President TMSI	500.00	. 5	00.00	
01/10/2017	Dominic Palma	XIND COM OTH PTY SCC	Farmer Depalma Farms	100.00	1	00.00	
01/10/2017	J. David Wright	⊠IND □COM □OTH □PTY □SCC	Insurance Broker The Wright Insurance Agency	150.00	1	50.00	
			SUBTOTAL\$	2,050.00			
1. Amount re	A Summary received this period – itemized monetary contributions.		\$	11,796.00	IND-	ibutor C ndividua - Recipie	

2. Amount received this period – unitemized monetary contributions of less than \$100\$

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

PTY - Political Party

(other than PTY or SCC) OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

2,475.00

3. Total monetary contributions received this period.

Schedule A (Continuation Sheet)

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole		Statement cove	•		FORNIA 460
				through 06/30/	2017	Page _	6 of <u>19</u>
NAME OF FILER				-	,	I.D. NU	MBER
Kristin Olse	n for Supervisor 2020	,				13844	40
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
01/25/2017	Daniel Aydenian	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Dental Technician Daniel's Dental Ceramics	100.00	1	.00.00	
01/25/2017	Vicki Bayley	⊠IND □COM □OTH □PTY □SCC	Financial Advisor Wells Fargo	198.00		198.00	
01/25/2017	Lorraine Cardoza		Realtor PMZ Real Estate	250.00	.2	250.00	
01/25/2017	JKB Energy Corp.	☐IND ☐COM 図OTH ☐PTY ☐SCC		500.00	Ę	500.00	
01/25/2017	Loretelli Farms	□IND □COM 図OTH □PTY □SCC		250.00	2	250.00	
	· ·		SUBTOTAL	\$ 1,298.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY – Political Party SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

wonetary	Contributions Received	to whole dollars.		from01/01/2017		FORM 460		
				through06/30/	2017	Page _	7 of19	
NAME OF FILER						I.D. NU	MBER	
Kristin Olse	n for Supervisor 2020					13844	40	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)	
01/25/2017	Robert Martin	IND COM OTH PTY SCC	Owner Woodland Construction Builders, Inc.	50.00	15	50.00		
01/25/2017	Gary Osmundson	☑IND □COM □OTH □PTY □SCC	Owner Calf Ranch, LLC	99.00	19	98.00		
01/25/2017	Gary Osmundson		Owner Calf Ranch, LLC	99.00	15	98.00		
01/25/2017	V.A. Rodden, Inc.	☐IND ☐COM 図OTH ☐PTY ☐SCC		1,000.00	1,00	00.00		
01/25/2017	Carl Wesenberg	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Developer Wesenberg Development	500.00	5(00.00		
			SUBTOTAL	\$ 1,748.00	3) 4 . 7.2 (1) 9			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded

COLLEGIA		CTHOO
SCHEDULE	A	(CONT.)

Monetary	Contributions Received	to whole o		from01/01/	2017	CALIF FO	ORM 460
				through 06/30/	2017	Page	8 of 19
NAME OF FILER				•		I.D. NUM	MBER
Kristin Olse	n for Supervisor 2020					138444	10
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	:AR	PER ELECTION TO DATE (IF REQUIRED)
01/25/2017	Woodland Construction Builders Inc.	□IND □COM ☑OTH □PTY □SCC		100.00	19	50.00	
02/01/2017	Merna Hertle	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Farmer Hertle Dairy	100.00	10	00.00	
02/07/2017	Craig Lewis	XIND ☐COM ☐OTH ☐PTY ☐SCC	Realtor Search Results BHHS Drysdale Properties	100.00	10	00.00	
02/13/2017	Thomas McKernan	⊠IND □COM □OTH □PTY □SCC	Chairman Automobile Club of California	2,000.00	·	00.00	
05/10/2017	Michael Hayde	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Investor Western National Group	4,400.00	4,40	00.00	
			SUBTOTAL	\$ 6,700.00		41.1	

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 37,981.85
2. Unitemized payments made this period of under \$100 \$ 778.49
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 38,760.34

Schedule E	
(Continuation Sheet))
Payments Made	

Amounts may be rounded to whole dollars.

	SCHEDULE E (CON I.
Statement covers period	CALIFORNIA 460
from01/01/2017	FORM TOO
through 06/30/2017	Page 10 of 19
	I.D. NUMBER
	1384440

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Kristin Olsen for Supervisor 2020 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. RAD radio airtime and production costs MBR member communications CNS campaign consultants meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating t.v. or cable airtime and production costs PET candidate filing/ballot fees FIL РНО phone banks candidate travel, lodging, and meals fundraising events staff/spouse travel, lodging, and meals FND polling and survey research TRS independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor IND POS TSF LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings WEB information technology costs (internet, e-mail) print ads NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR **DESCRIPTION OF PAYMENT** AMOUNT PAID Capital Development Strategies CNS 831.64 Costco OFC 102.33 Southwest Airlines TRC 03/10-Travel, 1, Sacramento/Ontario, RT, Candidate 517.90 Present Verizon Wireless OFC 262.67 Andy Gharakhani 3,000.00 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 4,714.54

> FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Amounts may be rounded to whole dollars

SCHEDULE E (CONT.)

CALIFORNIA

Statement covers period

DDES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. More ampaign parapherollarinise. More medicing and appearances More performed medicing and meals The condition travel lodging, and meals In a manufacture and mailings More medicine and production costs More performed medicines More performed medi	Payments Made	to whole do	llars.		from01/01/2	FOR	RM TOO
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MR campaign parapheralishmise. MRR remeter communications	EE INSTRUCTIONS ON REVERSE			·	through 06/30/2	D17 Page	of
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. APP campaign paraphernalishmise. APP campaign consultants MAR member communications MAR member controlled members MAR condidate fired controlled costs MAR condidate fired condidate fire	IAME OF FILER	,				I.D. NUME	BER
Ampliant paraphenalismisc. MER member communications Ke campaign on paraphenalismisc. MIG meetings and appearances Ke campaign on consultants Ke campaign on campaign consultants Ke campaign on campaign	Kristin Olsen for Supervisor 2020					138444	0
PRO professional services (legal, accounting) NOT voter registration campaign literature and mailings PRO print ads CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID CNS CNS CNS CNS AMOUNT PAID AMOUNT PAID AND ADDRESS OF PAYEE (PCOMMITTE, ALSO ENTERLD, NOMBER) CNS CNS CNS CNS AND ADDRESS OF PAYEE (PCOMMITTE, ALSO ENTERLD, NOMBER) CNS CNS CNS AND ADDRESS OF PAYEE (PCOMMITTE, ALSO ENTERLD, NOMBER) CNS CNS CNS AND ADDRESS OF PAYMENT AMOUNT PAID AND ADDRESS OF PAYMENT AMOUNT PAID CNS AND ADDRESS OF PAYMENT AMOUNT PAID CNS CNS CNS CNS CNS CNS CNS CN	CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CL candidate filing/ballot fees CND fundraising events	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s	munications d appearance ses lating survey researe	s	RAD radio airtime an RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production costs butions ters' salaries time and production cost f, lodging, and meals tivel, lodging, and meals	
CNS 2,500.00 Public Square Partners. LLC CNS 3,000.00 TRC 03/14-Lodging, 1, Ontario, CA Candidate Present 250.64 Expital Development Strategies CNS 1,755.46	EG legal defense	PRO professional			TSF transfer betwee VOT voter registration	en committees of the sai	,
Aublic Square Partners, LLC CNS 3,000.00 TRC 03/14-Lodging, 1, Ontario, CA Candidate Present 250.64 Equital Development Strategies CNS 1,755.46	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DES	CRIPTION OF PAYMENT		AMOUNT PAID
TRC 03/14-Lodging, 1, Ontario, CA Candidate Present 250.64 Expital Development Strategies CNS 1,755.46	Tessica Millan Patterson		CNS				3,500.00
TRC 03/16-Lodging, 1, Sacramento, CA Candidate Present 156.44 Capital Development Strategies CNS 1,755.46	Public Square Partners, LLC		CNS			·	3,000.00
Capital Development Strategies CNS 1,755.46	Holiday Inn Ontario		TRC	03/14-Lodging, 1,	Ontario, CA Candi	date Present	250.64
	lyatt Regency		TRC	03/16-Lodging, 1,	Sacramento, CA Ca	ndidate Present	156.44
Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 8,662.54	Capital Development Strategies		CNS				1,755.46
	Payments that are contributions or independent expenditure	s must also be summarized on	Schedule D.			SUBTOTAL	8,662.54

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

	SCHEDOLE E (CONT.						
Statement covers period	CALIFORNIA 460						
from 01/01/2017	FORM TOO						
through	Page 12 of 19						
	I.D. NUMBER						

			"""—	,,,	·	
SEE INSTRUCTIONS ON REVERSE			through	06/30/2017	Page	12 of 19
NAME OF FILER					I.D. NUMBE	
Kristin Olsen for Supervisor 2020					1384440	1
	munications I appearance ses ating urvey researd very and mes	S	RAD ra RFD re SAL ca TEL t.v TRC ca TRS st TSF tra VOT vo	escribe the paymer dio airtime and production turned contributions ampaign workers' salarity. or cable airtime and pandidate travel, lodging, aff/spouse travel, lodgingnsfer between committoter registration formation technology co	on costs es roduction costs and meals g, and meals ees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DES	SCRIPTION C		oto (internet, e	AMOUNT PAID
Andy Gharakhani	CNS.				-	3,000.00
						•
Sandra Loza	OFC			·		132.21
					į	
Jessica Millan Patterson		CNS, MTG		, <u></u>		7,570.63
Public Square Partners, LLC	-	CNS, MTG				3,551.40
The Monaco Group	LIT					5,727.12
* Payments that are contributions or independent expenditures must also be summarized on	Schedule D.				SUBTOTAL \$	19,981.36
· · · · · · · · · · · · · · · · · · ·						

Schedule E
(Continuation Sheet)
Payments Made

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.			from	01/01/2017	CALIFOR	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				throu	gh06/30/2017	Page1	.3 of 19	
Kristin Olsen for Supervisor 2020						1384440		
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munication I appearan ses ating urvey rese very and r	s cces		describe the payment radio airtime and production returned contributions campaign workers' salarie t.v. or cable airtime and pro- candidate travel, lodging, a staff/spouse travel, lodging, transfer between committee voter registration information technology cos-	on costs s oduction costs and meals g, and meals es of the same	•	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID	
Verizon Wireless		OFC					275.58	
JSPS		POS					76.00	
Verizon Wireless		OFC					394.79	
Political Finance Solutions		PRO	,				1,548.52	
Capital Development Strategies		CNS		-			150.00	
Payments that are contributions or independent expenditures must a	lso be summarized on S	Schedule I	D.		S	UBTOTAL \$	2,444.89	
					· · · · · · · · · · · · · · · · · · ·			

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may be to whole do			from_	01/01/20 01/01/20 03h 06/30/20	017 017 F	SCHEDULE E (CONT.) ALIFORNIA 460 FORM 19 Page 14 of 19 D. NUMBER
Kristin Olsen for Supervisor 2020							L384440
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearance ises lating survey resear ivery and me	es	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime an returned contrit campaign work t.v. or cable airt candidate trave staff/spouse tra transfer betwee voter registratio	d production cost butions ers' salaries time and production I, lodging, and me vel, lodging, and en committees of	on costs eals meals the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
Verizon Wireless		OFC			,		322.60
Capital Development Strategies		CNS					150.00

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Verizon Wireless	OFC			322.60
Capital Development Strategies	CNS		· · · · · · · · · · · · · · · · · · ·	150.00
Political Finance Solutions	PRO			218.20
Modesto Republican Women Federated	MTG			150.00
Political Finance Solutions	PRO		<u> </u>	365.86
* Payments that are contributions or independent expenditures must also be summarized	on Schedule I	 o.	SUBTOTAL	\$ 1,206.66

Schedule E
(Continuation Sheet)
Payments Made

	 (CONT.)
M.HEL	 11.1.11

Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.		Statement covers period		FORNIA 460	
EE INSTRUCTIONS ON REVERSE				through06/30/2017	— Page	15 of 19
AME OF FILER Kristin Olsen for Supervisor 2020					I.D. NUMBE 1384440	
	as the neument		to a the conde Other			
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications I appearance ses ating urvey researd very and mes	S	RAD radio airtime and product RFD returned contributions SAL campaign workers' salated t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodg TSF transfer between common VOT voter registration web information technology	ction costs aries production costs g, and meals ging, and meals oittees of the sam	-
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	PR DES	CRIPTION OF PAYMENT		AMOUNT PAID
erizon Wireless		OFC				222.60
Fundraising Connections			Credit Card Proce	essing Fees		201.78
Payments that are contributions or independent expenditures must al	so be summarized on	Schedule D.	<u> </u>		SUBTOTAL \$	424.38

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	nt Amounts may be rounded to whole dollars.				nt covers period 01/01/2017	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	·			through	06/30/2017	Page16	
Kristin Olsen for Supervisor 2020 NAME OF AGENT OR INDEPENDENT CONTRACTOR						1384440	
Jessica Millan Patterson							i
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also	MBR member color meetings a OFC office experience petition circle phone bank POL polling and postage, de PRO professional print ads	mmunications and appearance cases culating as survey resea elivery and mal services (le	es rch essenger services gal, accounting)	RAD radio ai RFD returne SAL campai TEL t.v. or c TRC candida TRS staff/sp TSF transfer VOT voter re	ribe the paymer rime and production d contributions gn workers' salaries able airtime and protecte travel, lodging, an ouse travel, lodging, between committee gistration technology cost	duction costs and meals and meals as of the same	,
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R DES	SCRIPTION OF PAY	MENT		AMOUNT PAID
A Karaoke DJ Rental		MTG					1,200.00
Hyatt Regency		MTG					2,870.63
						·	

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

4,070.63

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from01/01/2017	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through06/30/2017	- Page <u>17</u> of <u>19</u>
NAME OF FILER			I.D. NUMBER
Kristin Olsen for Supervisor 2020			1384440
Public Square Partners, LLC CODES: If one of the following codes accurately describ	es the payment, you may enter the code. (Otherwise, describe the payme	nt.
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, at Staff/spouse travel, lodging	n costs duction costs d meals , and meals es of the same candidate/sponsor

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DR DESCRIPTION OF PAYMENT	AMOUNT PAID
tter Club	MTG		551.4
		· · · · · · · · · · · · · · · · · · ·	
tach additional information on appropriately labeled continuation sheets.			TOTAL* \$ 551.

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	An	nounts may be to whole doll		from	Statement covers period	CALIFO: FOR	
SEE INSTRUCTIONS ON REVERSE				thro	ough06/30/2017	Page 1	8 of <u>19</u>
NAME OF FILER Kristin Olsen for Supervisor 2020 NAME OF AGENT OR INDEPENDENT CONTRACTOR The Monaco Group						I.D. NUMBE	R
CODES: If one of the following codes accurately describe	es the payme	ent, you may	enter the code	. Otherwise	e, describe the paymer	nt.	<u></u>
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must als	MBR member meeting office of petition phone polling postag PRO print actions.	er communication gs and appeara expenses on circulating banks and survey restended to the control of the contro	ns nces earch messenger services (legal, accounting)	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro candidate travel, lodging, ar staff/spouse travel, lodging, transfer between committee voter registration information technology cost	n costs duction costs nd meals and meals es of the same	•
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR .	DESCRIPTION	OF PAYMENT		AMOUNT PAID
		- - 	· r·				

	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ISPS		POS		733.0
		·		
			**	
	•			
ttach additiona	al information on appropriately labeled continuation sl	heets.	ТО	TAL* \$ 733.0

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule	!					8	CHEDULE I
Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.		Statement covers period from01/01/2017		CALIFORNIA 460	
OFF WOTDLOTIO	NIO 0 1 0 7 1 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1			through06/30	/2017	Page19 of _	19
SEE INSTRUCTION NAME OF FILER	NS ON REVERSE				I.D. NUMBER		
Kristin Olse	en for Supervisor 2020					1384440	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		DE	SCRIPTION OF RECEIPT		AMOUNT O	
03/06/2017	Olsen for Assembly 2014 (ID# 1379462)		Transfer of Fund	ds from Affiliated	l Committee		32,053.51
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				, , , , , , , , , , , , , , , , , , , 			
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<u> </u>							
		•					
Attach add	ditional information on appropriately labeled continuation sheets.				SUBTOTAL \$		32,053.51
Schedule	I Summary		· · · · · · · · · · · · · · · · · · ·		,		
1. Itemized	increases to cash this period.			\$	32,053.51		
2. Unitemize	ed increases to cash of under \$100 this period			\$	0.00		
3. Total of a	ll interest received this period on loans made to others. (Sc	hedule H, Col	ımn (e).)	\$	0.00		
	cellaneous increases to cash this period. (Add Lines 1, 2, Page, Line 14.)			TOTAL \$	32,053.51		
						EDDC Form 46	00 / 1 10040