

# Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

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CALIFORNIA FORM **460**

Page 1 of 26

A For Official Use Only

Statement covers period

from 01/01/2009

through 06/30/2009

Date of Election if applicable:

(Month, Day, Year)

## 1. Type of Recipient Committee:

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Candidate Officeholder Committee

## 2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
1279322

COMMITTEE NAME

FRIENDS OF KRISTIN OLSEN

STREET ADDRESS (NO P.O. BOX)  
2104 LA JOLLA CT

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MODESTO	CA	95350	(209) 524-3475

STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS  
( ) /

## Treasurer(s)

NAME OF TREASURER  
SALLY OLSEN

STREET ADDRESS  
2104 LA JOLLA CT

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MODESTO	CA	95350	(209) 988-0790

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 07/29/2009  
DATE

Executed on 07/29/2009  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By *Sally Olsen*  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By *Kristin Olsen*  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee  
 Campaign Statement  
 Cover Page - Part 2

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
 KRISTIN OLSEN  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
 City Council Member, District 5, CITY OF MODESTO  
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE  
 2104 LA JOLLA CT MODESTO CA 95350

**Related Committees Not Included in this Statement:** *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**  
 NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Candidate/Officeholder Committee**

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

Campaign Disclosure Statement  
Summary Page

Statement covers period	CALIFORNIA FORM <b>460</b>
from 01/01/2009	
through 06/30/2009	Page 3 of 26

NAME OF FILER KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN	I.D. NUMBER 1279322
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	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 36,213.00	\$ 36,213.00
2. Loans Received ..... Schedule B, Line 7	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 36,213.00	\$ 36,213.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	3,189.06	3,189.06
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 39,402.06	\$ 39,402.06

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received ....	\$ 0	0
21. Expenditures Made .....	\$ 0	0

	Column A	Column B
6. Cash Payments ..... Schedule E, Line 4	\$ 5,050.09	\$ 5,050.09
7. Loans Made ..... Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 5,050.09	\$ 5,050.09
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	260.10	260.10
10. Nonmonetary Adjustment ..... Schedule C, Line 3	3,189.06	3,189.06
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 8,499.25	\$ 8,499.25

**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditure Made\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 862.42
13. Cash Receipts ..... Column A, Line 3 above	36,213.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	2.89
15. Cash Payments ..... Column A, Line 8 above	5,050.09
16. <b>ENDING CASH BALANCE</b> ..... Lines 12+13+14, less Line 15	\$ 32,028.22

*If this is a Termination Statement, Line 16 must be zero.*

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ 0.00
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents .....	\$ 0.00
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column C above	\$ 260.10

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>01/01/2009</u>	
through <u>06/30/2009</u>	Page <u>4</u> of <u>26</u>
I.D. NUMBER <u>1279322</u>	

NAME OF FILER **KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN**

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 DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
02/11/2009	A. TEICHERT & SON, INC. P.O. BOX 15002 SACRAMENTO, CA 95851-1002	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	
05/21/2009	SHANNON APPELEGATE 3918 TRILLIUM AVENUE MODESTO, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CO-OWNER  APPELEGATE JOHNSTON, INC.	150.00	150.00	
04/29/2009	DEAN B. ARAKELIAN 7412 RIVER NINE DRIVE MODESTO, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE  BERBERIAN COMPANIES	200.00	200.00	
04/29/2009	MECHELLE ARAKELIAN 4559 NORTH CEDAR FRESNO, CA 93726	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	200.00	200.00	
06/04/2009	ARCHITECTURE PLUS, INC 1207 13TH STREET SUITE 6 MODESTO, CA 95354	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	

**SUBTOTAL \$ 2,200.00**

**Schedule A Summary**

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 32,924.00
- Amount received this period - unitemized monetary contributions of less than \$100.  
..... \$ 3,289.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 36,213.00**

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>	CALIFORNIA FORM <b>460</b> Page <u>5</u> of <u>26</u> I.D. NUMBER <u>1279322</u>
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NAME OF FILER KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN

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 DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
06/04/2009	BASIC RESOURCES, INC. P.O. BOX 3191 MODESTO, CA 95353	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00	750.00	
05/26/2009	JULIE D. BASORE 2029 LAKE WIND CT MODESTO, CA 95355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	150.00	150.00	
05/26/2009	J ALLEN BEEBE 6900 CORTE DEL SOL MODESTO, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RESTAURANT OWNER  J ALLEN BEEBE	500.00	500.00	
02/18/2009	DAVID P. BENN 2600 VAN GOGH DRIVE MODESTO, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOSPITAL CEO  SUTTER HEALTH	250.00	250.00	
05/15/2009	BILL ZOSLOCKI CONSTRUCTION CO., INC. 121 RUE DE YOE MODESTO, CA 95354	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	
06/15/2009	GARY BLOM 1009 STRATFORD LANE MODESTO, CA 95350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FINANCIAL ADVISOR  MERRILL LYNCH	100.00	100.00	

**SUBTOTAL \$** 1,900.00

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <u>KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN</u>	
I.D. NUMBER <u>1279322</u>	

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 DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/28/2009	LOUISE M. BOGETTI 10565 MAZE BOULEVARD MODESTO, CA 95358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR  LYONS INVESTMENTS	150.00	150.00	
05/28/2009	M L. BOGETTI 10565 MAZE BOULEVARD MODESTO, CA 95358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR  LYONS INVESTMENTS	150.00	150.00	
02/02/2009	CARL BOYETT 3304 FLUER DE LIS DR MODESTO, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PETROLEUM DISTRIBUTOR BOYETT PETROLEUM	500.00	500.00	
02/02/2009	KIRSTIE BOYETT 419 SMITH AVENUE MODESTO, CA 95354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MARKETING  BOYETT PETROLEUM	500.00	500.00	
06/04/2009	BRITTON KOYNENBURG PARTNERS 6401 STODDARD ROAD MODESTO, CA 95356	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
06/04/2009 06/04/2009	BURNSIDE BODY SHOP P.O. BOX 4456 MODESTO, CA 95352	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		99.00 150.00	249.00	

<b>SUBTOTAL \$</b>				1,649.00		
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2009</u>	through <u>06/30/2009</u>	
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NAME OF FILER **KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN**

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 DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/22/2009	ANTHONY CANNELLA 704 SARAH THERESE WAY MODESTO, CA 95351	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER  NORTH STAR ENGINEERING	100.00	100.00	
05/26/2009	LORRAINE L. CARDOZA 1230 E ORANGEBURG AVE, SUITE A MODESTO, CA 95350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REALTOR  PMZ REALTY	150.00	150.00	
05/29/2009	CARDOZA FAMILY PARTNERSHIPS, L.P. 2020 STANDIFORD AVE, STE. D3 MODESTO, CA 95350	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
05/26/2009 05/28/2009	SHEILA CARROLL 912 LEVELAND LANE MODESTO, CA 95350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER  ROSS F. CARROLL, INC.	500.00 500.00	1,000.00	
01/16/2009	CHOPRA DEVELOPMENT ENTERPRISES, INC. 313 BANNER COURT MODESTO, CA 95356	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	
06/04/2009	JOAN T. CLENDENIN 2713 YUKON DRIVE MODESTO, CA 95350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	100.00	

**SUBTOTAL \$ 3,350.00**

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>	<b>CALIFORNIA FORM 460</b>
Page <u>8</u> of <u>26</u>	I.D. NUMBER <u>1279322</u>

NAME OF FILER **KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN**

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 DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/29/2009	COGDILL & GIOMI, INC. 1317 I STREET, STE A MODESTO, CA 95354	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	
06/02/2009	JAMES CONFORTI 1361 MERLE COURT RIPON, CA 95366	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO  MEMORIAL HOSPITAL, MODESTO	100.00	100.00	
05/28/2009	JANE E. CONOVER 10565 MAZE BOULEVARD MODESTO, CA 95358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR  LYONS INVESTMENTS	150.00	150.00	
01/12/2009	DENISE COSTA 1204 COUNTRY VIEW DRIVE MODESTO, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BOOKKEEPER  RIPON ROLLER HOCKEY	500.00	500.00	
02/11/2009	DENA A. LENSER, M.D., A PROFESSIONAL CORPORATION 1400 FLORIDA AVENUE, STE 202 MODESTO, CA 95350	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
06/10/2009	PAM DENNEY 7013 HYE PARK DR MODESTO, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE  MERCER FOODS	150.00	150.00	

**SUBTOTAL \$ 2,200.00**

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>01/01/2009</u>	
through <u>06/30/2009</u>	Page <u>9</u> of <u>26</u>
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NAME OF FILER KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN

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 DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/29/2009	DENTON, INC. P.O. BOX 3513 MODESTO, CA 95352	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	
06/02/2009	PAUL DRAPER 1020 TENTH STREET, STE 300 MODESTO, CA 95354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REPRESENTATIVE  CENTERRA CAPITAL	1,000.00	1,000.00	
05/30/2009	RONALD EMERZIAN 3100 BUCKINGHAM COURT MODESTO, CA 95350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	150.00	150.00	
06/02/2009	EXPRESS EMPLOYMENT PROFS. 2020 STANDIFORD AVENUE #2 MODESTO, CA 95350	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	
03/20/2009	FOOD PAC 1415 L STREET, STE 410 SACRAMENTO, CA 95814-3963	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 1307967	500.00	500.00	
04/27/2009	KENNI FRIEDMAN 508 ANDOVER LANE MODESTO, CA 95350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	500.00	500.00	

**SUBTOTAL \$ 2,450.00**

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>	<b>CALIFORNIA FORM 460</b>
Page <u>10</u> of <u>26</u>	I.D. NUMBER 1279322

NAME OF FILER KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN

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 DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
06/01/2009	GALAXY PROPERTIES 7218 HILLCREST DRIVE MODESTO, CA 95356	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
04/29/2009	ALYSSA GAZARIAN 4324 ALSACE LANE MODESTO, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	200.00	200.00	
04/29/2009	ARNOLD H. GAZARIAN 7655 N VAN NESS BLVD FRESNO, CA 93711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DENTIST  ARNOLD GAZARIAN, DDS	200.00	200.00	
04/29/2009	DIANNE BERBERIAN GAZARIAN 7655 N VAN NESS BLVD FRESNO, CA 93711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	200.00	200.00	
06/02/2009	GEORGE BEACH INSURANCE MARKETING P.O. BOX 576157 MODESTO, CA 95357	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
05/12/2009	CURTIS R. GRANT 717 SCENIC VIEW COURT MODESTO, CA 95354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	150.00	150.00	

**SUBTOTAL \$ 1,500.00**

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>01/01/2009</u>	
through <u>06/30/2009</u>	Page <u>11</u> of <u>26</u>
I.D. NUMBER 1279322	

NAME OF FILER KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN

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 DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/21/2009	PAUL HARMON 4308 SAVOIE COURT MODESTO, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BROKER  PMZ REAL ESTATE	150.00	150.00	
06/01/2009	DOUGLAS HARMS 1033 SPRINGFIELD COURT MODESTO, CA 95355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ASSESSOR  STANISLAUS COUNTY	100.00	100.00	
03/05/2009	HOMEWOOD VILLAGE 1101 SYLVAN AVENUE, STE B-24 MODESTO, CA 95350	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		600.00	600.00	
02/24/2009	HUTCHESON INVESTMENT PARTNERS, LLC 520 S. GRAND AVENUE, STE 665 LOS ANGELES, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
06/04/2009	MICHELE JALLI 2608 REMBRANDT PLACE MODESTO, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TEACHER  LAKEWOOD ELEMENTARY	150.00	150.00	
06/29/2009	JIM RIDENOUR FOR MAYOR P.O. BOX 3286 MODESTO, CA 95354	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 1255519	500.00	500.00	

**SUBTOTAL \$ 2,000.00**

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>12</u> of <u>26</u>

NAME OF FILER KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN	I.D. NUMBER 1279322
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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 DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/23/2009	PETER JOHANSEN 1212 PRINCETON AVENUE MODESTO, CA 95350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	150.00	150.00	
06/04/2009	ANDREW KATAKIS P.O. BOX 1747 MODESTO, CA 95353	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER  GLOBAL DISCOVERIES, LTD.	150.00	150.00	
06/04/2009	JAMES KING 7021 GROVE POINTE WAY MODESTO, CA 95350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER  WOODLAND CONSTRUCTION	150.00	150.00	
05/14/2009	MARY L. KUCKER 2405 OAKHURST DR OAKDALE, CA 95361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE RECRUITER NEILSEN SEARCH ASSOCIATES	300.00	300.00	
05/13/2009	ROSS W. LEE 4637 VIVIAN RD MODESTO, CA 95358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY  CURTIS & ARATA	150.00	150.00	
05/28/2009	CHARLES M. LYONS 10565 MAZE BOULEVARD MODESTO, CA 95358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SALESMAN  LYONS INVESTMENTS	150.00	150.00	

**SUBTOTAL \$ 1,050.00**

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>01/01/2009</u> through <u>06/30/2009</u>	
Page <u>13</u> of <u>26</u>	
I.D. NUMBER 1279322	

NAME OF FILER KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN

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 DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/28/2009	EDWARD M. LYONS 10565 MAZE BOULEVARD MODESTO, CA 95358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FARMER  LYONS INVESTMENTS	150.00	150.00	
05/28/2009	WILLIAM J. LYONS 10565 MAZE BOULEVARD MODESTO, CA 95358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FARMER  LYONS INVESTMENTS	150.00	150.00	
05/27/2009	GARRAD MARSH 3700 MCHENRY AVE MODESTO, CA 95336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER  MCHENRY BOWL	150.00	150.00	
04/29/2009	JANALEE MELIKIAN 43856 CROOM PLACE MADERA, CA 93636	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	200.00	200.00	
05/20/2009	JEANNE L. MIERSMA 3901 MONDRAIN DR MODESTO, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	100.00	100.00	
06/04/2009	MODESTO CITY FIREFIGHTERS P.O. BOX 393 MODESTO, CA 95353	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 745550	300.00	300.00	

**SUBTOTAL \$ 1,050.00**

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>	<b>CALIFORNIA FORM 460</b>
Page <u>14</u> of <u>26</u>	I.D. NUMBER <u>1279322</u>

NAME OF FILER KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN

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 DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/07/2009	MODESTO M.H.P., LTD 28632 ROADSIDE DRIVE, STE 220 AGOURA HILLS, CA 91301	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
05/29/2009	RICHARD MONTEITH 532 CORMORANT DRIVE MODESTO, CA 95354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SUPERVISOR  STANISLAUS COUNTY	150.00	150.00	
05/13/2009	NEVER BORING DESIGN ASSOCIATES 1016 14TH STREET MODESTO, CA 95354	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	
04/01/2009	NEWMAN-ROMANO, LLC 1020 10TH STREET, STE 310 MODESTO, CA 95354	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
05/27/2009	DAVID OLSEN 3817 MONDRIAN DR MODESTO, CA 95350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSTRUCTION MANAGEMENT CALVARY COMMUNITY CHURCH	150.00	150.00	
06/30/2009	GEORGE PETRULAKIS 1300 WOODSTONE DR MODESTO, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY  PETRULAKIS JENSEN & FRIEDRICH	1,000.00	1,000.00	

**SUBTOTAL \$ 2,200.00**

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 15 of 26
NAME OF FILER KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN		I.D. NUMBER 1279322

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 DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/01/2009	PHILIP S. TROMPETTER, PH. D, A PSYCHOLOGICAL CORPORATION 1518 K STREET MODESTO, CA 95354	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	
04/30/2009	REDEV, INC 2020 STANDIFORD STE D5 MODESTO, CA 95350	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
05/21/2009	CHRIS RONSON P.O. BOX 422 ESCALON, CA 95320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	100.00	
04/29/2009	WAYNE RUTLEDGE 7123 N. FANSLER FRESNO, CA 93711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CO-OWNER  UNCLE HARRY'S NEW YORK BAGELRY	200.00	200.00	
04/25/2009	SAFEWAY, INC. 5918 STONERIDGE MALL ROAD PLEASANTON, CA 94588	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
03/14/2009	SENTINEL ROCK REALTY TRUST 1120 13TH STREET MODESTO, CA 95354	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	

**SUBTOTAL \$ 1,625.00**

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

Statement covers period  
 from 01/01/2009  
 through 06/30/2009

CALIFORNIA FORM 460  
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NAME OF FILER KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN I.D. NUMBER 1279322

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 DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/27/2009	TIMA SEWARD 22837 W. BLOSS AVENUE HILMAR, CA 95324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VICE PRESIDENT WESTAMERICA BANK	100.00	100.00	
05/21/2009	RAYMOND C. SIMON 3309 WORTHINGTON DRIVE MODESTO, CA 95350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT PEGASUS RISK MANAGEMENT	500.00	500.00	
05/15/2009	BETTE B. SMITH 415 SYCAMORE MODESTO, CA 95354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COMMUNITY RELATIONS US BANK	150.00	150.00	
02/19/2009	SOLECON INDUSTRIAL CONTRACTORS, INC 1401 MCWILLIAMS WAY MODESTO, CA 95351	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
04/07/2009	STANISLAUS FOOD PRODUCTS P.O. BOX 3951 MODESTO, CA 95354	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
05/30/2009	DON SUTTON 1325 PALOMAR WAY MODESTO, CA 95353	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	150.00	150.00	

**SUBTOTAL \$ 2,900.00**

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>01/01/2009</u>	
through <u>06/30/2009</u>	Page <u>17</u> of <u>26</u>
I.D. NUMBER 1279322	

NAME OF FILER KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN

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 DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
06/03/2009	TERRY SWEHLA 1235 PRINCETON AVENUE MODESTO, CA 95350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FINANCIAL PLANNER  WAYPOINT FINANCIAL ADVISORS	150.00	150.00	
06/30/2009	TAXPAYERS FOR DAVE COGDILL 1317 I STREET, STE A MODESTO, CA 95354	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 1294641	500.00	500.00	
02/27/2009	THE STRINGER COMPANY, INC. 350 RAILROAD AVENUE, STE 210 DANVILLE, CA 94526	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
05/14/2009	BRUCE VALENTINE 2908 LONDONDERRY COURT MODESTO, CA 95350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DENTIST  VALENTINE DENTISTRY	150.00	150.00	
05/26/2009	VALLEY LEXUS 4320 MCHENRY AVE MODESTO, CA 95356-1500	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	
06/20/2009	STEPHEN VEGLIA 3312 WYCLIFFE DRIVE MODESTO, CA 95355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SENIOR TECHNOLOGY MANAGER BANK OF AMERICA	150.00	150.00	

**SUBTOTAL \$ 1,600.00**

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

Statement covers period  
 from 01/01/2009  
 through 06/30/2009

CALIFORNIA FORM **460**

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NAME OF FILER KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN I.D. NUMBER 1279322

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 DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/15/2009	DARLENE J. VIENT 2409 HARCOURT AVE MODESTO, CA 95350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT D.C. VIENT, INC.	200.00	200.00	
05/22/2009	MARY ANNE VIENT 1306 WOODSTONE DRIVE MODESTO, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	150.00	150.00	
02/24/2009	JOHN WATKINS 6374 PARK RIDGE DRIVE ANDERSON, CA 96007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REPRESENTATIVE DRY CREEK MOBILE ESTATES	500.00	500.00	
04/30/2009	WELSH - VINTAGE COMMONS 4350 BAKER ROAD, STE 400 MINNEAPOLIS, MN 55343	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	
05/27/2009	CARL P. WESENBERG JR 1005 COUNTRY CLUB DRIVE MODESTO, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARCHITECT WESENBERG DEV. SERVICE	150.00	150.00	
05/28/2009	JAMES WEST 224 PATRICIA LANE MODESTO, CA 95354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EGG PRODUCTION J.S. WEST	150.00	150.00	

**SUBTOTAL \$ 1,450.00**

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Statement covers period  
from 01/01/2009  
through 06/30/2009

CALIFORNIA FORM **460**

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NAME OF FILER KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN

I.D. NUMBER  
1279322

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 DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
02/24/2009	WESTERN MANUFACTURED HOUSING COMMUNITIES ASSOCIATION PAC 455 CAPITOL MALL, STE 800 SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 742422	2,500.00	2,500.00	
06/04/2009	SANDY WILD 1027 WELLESLEY AVENUE MODESTO, CA 95358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	150.00	150.00	
06/04/2009	DENNIS WILSON 1227 PRINCETON AVENUE MODESTO, CA 95350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT  HORIZON CONSULTING	250.00	250.00	
05/12/2009	DAVID J. WRIGHT JR 2200 MCHENRY AVENUE, STE A MODESTO, CA 95350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INSURANCE AGENT  WRIGHT INSURANCE AGENCY	150.00	150.00	
02/24/2009	DOROTHY J. ZEMEL 800 AIRPORT BOULEVARD, STE 510 BURLINGAME, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TRUSTEE  GROVE MHP	750.00	750.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$ 3,800.00**

Schedule C  
Nonmonetary Contributions Received

Statement covers period  
from 01/01/2009  
through 06/30/2009

CALIFORNIA  
FORM **460**

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NAME OF FILER KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN

I.D. NUMBER  
1279322

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)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/04/2009	TONY BRUNO 1807 LADD ROAD MODESTO, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER  TURLOCK DAIRY & REFRIGERATION	EVENT ITEMS	1,594.53	1,594.53	
06/04/2009	CHRIS TYLER 3208 WYCLIFFE DRIVE MODESTO, CA 95355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE CONSULTANT TERRAVEST CAPITAL ADVISORS, LLC	EVENT ITEMS	1,594.53	1,594.53	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

**SUBTOTAL \$ 3,189.06**

**Schedule C Summary**

- 1. Amount received this period - itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 3,189.06
- 2. Amount received this period - Unitemized nonmonetary contributions of less than \$100.  
..... \$ 0.00
- 3. Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 3,189.06

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>01/01/2009</u>	
through <u>06/30/2009</u>	
<b>Page</b> <u>21</u> <b>of</b> <u>26</u>	<b>I.D. NUMBER</b>  1279322

NAME OF FILER KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/17/2009	REPUBLICAN PARTY OF STANISLAUS COUNTY	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		500.00	500.00	
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
<b>SUBTOTAL \$</b>				500.00		

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... \$ 500.00
- Unitemized contribution and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 500.00

Schedule E  
Payments Made

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>22</u> of <u>26</u>
I.D. NUMBER 1279322	

NAME OF FILER KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers salaries                                 |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
AMERICAN EXPRESS P.O. BOX 360001 FORT LAUDERDALE, FL 33336-0001		See below for Credit Card Payees	974.58
YOSEMITE DNC PARKS & RESORTS AT YOSEMITE, INC. 6771 NORTH PALM AVENUE FRESNO, CA 93704	T	974.58 Travel by: KRISTIN OLSEN 03/13/2009-03/15/2009 to YOSEMITE NATIONAL PARK, CA Total Cost: 974.58	
<b>SUBTOTAL \$</b>			<b>974.58</b>

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$	<u>4,933.09</u>
2. Unitemized payments made this period of under \$100. ....	\$	<u>117.00</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 1, Column(e).) .....	\$	<u>0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .... <b>TOTAL</b>	\$	<u>5,050.09</u>

**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>01/01/2009</u>	<b>Page</b> <u>23</u> <b>of</b> <u>26</u>
through <u>06/30/2009</u>	
I.D. NUMBER 1279322	

NAME OF FILER KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers salaries                                 |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OR		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
MERIDIAN PACIFIC, INC. 925 UNIVERSITY AVENUE SACRAMENTO, CA 95825	CMP		1,273.56
MODESTO CHAMBER OF COMMERCE PO BOX 844 MODESTO, CA 95353	CVC		100.00
MTA BROWN MAIL MASTERS PLUS 2613 EDWARD AVE MODESTO, CA 95350	LIT		1,850.00
REPUBLICAN PARTY OF STANISLAUS COUNTY 4754 WEST SERVICE RD MODESTO, CA 95358 ID# 741618	CTB		500.00

**SUBTOTAL \$ 3,723.56**

Schedule E  
(Continuation Sheet)  
Payments Made

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>24</u> of <u>26</u>
I.D. NUMBER 1279322	

NAME OF FILER KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers salaries                                 |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			AMOUNT PAID
	CODE	OR DESCRIPTION OF PAYMENT	
US POSTMASTER 715 KEARNEY AVENUE MODESTO, CA 95350	POS		234.95

**SUBTOTAL \$ 234.95**

**Schedule F  
Accrued Expenses (Unpaid Bills)**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>01/01/2009</u>	<b>Page</b> <u>25</u> <b>of</b> <u>26</u>
through <u>06/30/2009</u>	
I.D. NUMBER <u>1279322</u>	

NAME OF FILER KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers salaries                                 |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NEVER BORING DESIGN ASSOCIATES 1016 14TH STREET MODESTO, CA 95354	CMP	0.00	260.10	0.00	260.10

**SUBTOTALS \$ 0.00 \$ 260.10 \$ 0.00 \$ 260.10**

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for payments for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTAL** ... \$ 260.10
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTAL** ... \$ 0.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET** ... \$ 260.10

Schedule I  
Miscellaneous Increases to Cash

Statement covers period	<b>CALIFORNIA FORM 460</b>
from <u>01/01/2009</u>	
through <u>06/30/2009</u>	Page <u>26</u> of <u>26</u>

NAME OF FILER <b>KRISTIN OLSEN, FRIENDS OF KRISTIN OLSEN</b>	I.D. NUMBER <b>1279322</b>
--	-------------------------------

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME &amp; ADDRESS)</small>	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

**SUBTOTAL \$ 0.00**

**Schedule I Summary**

1. Itemized increases to cash this period. ....	\$ <u>0.00</u>
2. Unitemized increases to cash under \$100 this period. .....	\$ <u>2.89</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .....	\$ <u>0.00</u>
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .....	<b>TOTAL \$ <u>2.89</u></b>

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200 - 84216.5)

Date Stamp  
**RECEIVED**  
MODESTO CITY CLERK  
09 SEP 24 PM 2:18

**CALIFORNIA FORM 460**

Page 1 of 8  
A For Official Use Only

**Statement covers period**  
from 07/01/2009  
through 09/19/2009

**Date of Election if applicable:**  
(Month, Day, Year)  
11/08/2009

**1. Type of Recipient Committee:**

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored
- Primarily Formed Candidate Officeholder Committee

**2. Type of Statement:**

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1279322

COMMITTEE NAME

OLSEN FOR COUNCIL 2009

STREET ADDRESS (NO P.O. BOX)

2104 LA JOLLA CT

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MODESTO</u>	<u>CA</u>	<u>95350</u>	<u>(209) 620-2295</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

( ) /

**Treasurer(s)**

NAME OF TREASURER

SALLY OLSEN

MAILING ADDRESS

3817 MONDRIAN DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MODESTO</u>	<u>CA</u>	<u>95356</u>	<u>(209) 521-6626</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
			( )

OPTIONAL: FAX/E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 09/23/2009  
DATE

Executed on 09/23/2009  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By *Sally Olsen*  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By *[Signature]*  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

**Recipient Committee  
Campaign Statement  
Cover Page - Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

KRISTIN OLSEN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member, District 5, CITY OF MODESTO

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

2104 LA JOLLA CT MODESTO CA 95350

**Related Committees Not Included in this Statement:** *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT

OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

Campaign Disclosure Statement  
Summary Page

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from 07/01/2009	Page 3 of 8
through 09/19/2009	
I.D. NUMBER 1279322	

NAME OF FILER KRISTIN OLSEN, OLSEN FOR COUNCIL 2009

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 825.00	\$ 37,038.00
2. Loans Received ..... Schedule B, Line 7	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 825.00	\$ 37,038.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	0.00	3,189.06
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 825.00	\$ 40,227.06

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

1/1 through 6/30    7/1 to Date

20. Contributions Received .... \$ 0    0

21. Expenditures Made ..... \$ 0    0

**Expenditures Made**

6. Cash Payments ..... Schedule E, Line 4	\$ 9,555.08	\$ 14,605.17
7. Loans Made ..... Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 9,555.08	\$ 14,605.17
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	(260.10)	0.00
10. Nonmonetary Adjustment ..... Schedule C, Line 3	0.00	3,189.06
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 9,294.98	\$ 17,794.23

**Expenditure Limit Summary for State Candidates**

**22. Cumulative Expenditure Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 32,028.22
13. Cash Receipts ..... Column A, Line 3 above	825.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	1.37
15. Cash Payments ..... Column A, Line 8 above	9,555.08
16. <b>ENDING CASH BALANCE</b> ..... Lines 12+13+14, less Line 15	\$ 23,299.51

If this is a Termination Statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ 0.00
---	---------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents .....	\$ 0.00
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column C above	\$ 0.00

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>07/01/2009</u>	
through <u>09/19/2009</u>	Page <u>4</u> of <u>8</u>
NAME OF FILER <u>KRISTIN OLSEN, OLSEN FOR COUNCIL 2009</u>	
I.D. NUMBER <u>1279322</u>	

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 DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
07/10/2009	BIACC PAC 455 CAPITOL MALL, STE 801 SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 802446	250.00	250.00	
08/12/2009	BARBARA DELAMARE-CREMER 3601 COYE OAK DR. MODESTO, CA 95355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP/CFO  DELAMARE-FULTZ ENGINEERING	100.00	100.00	100.00
08/12/2009	KURT SPYCHER 14827 W. HARDING ROAD TURLOCK, CA 95380	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER  SPYCHER BROTHERS	100.00	100.00	100.00
09/14/2009	DONALD SWATMAN 1213 COFFEE ROAD, STE. L MODESTO, CA 95355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DENTIST  DONALD SWATMAN, D.D.S.	200.00	200.00	200.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$ 650.00**

**Schedule A Summary**

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$ <u>650.00</u>
2. Amount received this period - unitemized monetary contributions of less than \$100. .....	\$ <u>175.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$ <u>825.00</u></b>

**Schedule E  
Payments Made**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>07/01/2009</u>	<b>Page <u>5</u> of <u>8</u></b>
through <u>09/19/2009</u>	
I.D. NUMBER <b>1279322</b>	

NAME OF FILER **KRISTIN OLSEN, OLSEN FOR COUNCIL 2009**

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers salaries                                 |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
AMERICAN CANCER SOCIETY 1604 FORD AVENUE, STE. 8 MODESTO, CA 95350	MTG		230.00
CITY OF MODESTO - CITY CLERK 10TH STREET PLACE MODESTO, CA 95354	FIL		500.00
MERIDIAN PACIFIC, INC. 925 UNIVERSITY AVENUE SACRAMENTO, CA 95825	CMP		7,034.87
<b>SUBTOTAL \$</b>			<b>7,764.87</b>

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$ <u>9,166.28</u>
2. Unitemized payments made this period of under \$100. ....	\$ <u>388.80</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 1, Column(e).) .....	\$ <u>0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .... <b>TOTAL</b>	<b>\$ <u>9,555.08</u></b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>07/01/2009</u>	
through <u>09/19/2009</u>	Page <u>6</u> of <u>8</u>
I.D. NUMBER 1279322	

NAME OF FILER KRISTIN OLSEN, OLSEN FOR COUNCIL 2009

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers salaries                                 |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| IND Independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
MICHAEL'S 3151 GREER ROAD TURLOCK, CA 95380	CMP		281.31
NEVER BORING DESIGN ASSOCIATES 1016 14TH STREET MODESTO, CA 95354	CMP		260.10
THE PAPER HABIT 1700 MCHENRY AVE., STE. A-13 MODESTO, CA 95350	CMP		110.00
SANDRA WILLIAMS 5714 FOLSOM BLVD., #190 SACRAMENTO, CA 95819	WEB		750.00

**SUBTOTAL \$ 1,401.41**

**Schedule F  
Accrued Expenses (Unpaid Bills)**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>07/01/2009</u>	
through <u>09/19/2009</u>	
Page <u>7</u> of <u>8</u>	
I.D. NUMBER	
1279322	

NAME OF FILER KRISTIN OLSEN, OLSEN FOR COUNCIL 2009

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers salaries                                 |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NEVER BORING DESIGN ASSOCIATES 1016 14TH STREET MODESTO, CA 95354	CMP	260.10	0.00	260.10	0.00
<b>SUBTOTALS \$</b>		260.10 \$	0.00 \$	260.10 \$	0.00

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for payments for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTAL** ... \$ 0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTAL** ... \$ 260.10
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET** ... \$ (260.10)

**Schedule I  
Miscellaneous Increases to Cash**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>07/01/2009</u>	
through <u>09/19/2009</u>	
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I.D. NUMBER 1279322	

NAME OF FILER KRISTIN OLSEN, OLSEN FOR COUNCIL 2009

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME &amp; ADDRESS)</small>	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

**SUBTOTAL \$ 0.00**

**Schedule I Summary**

1. Itemized increases to cash this period. ....	\$ <u>0.00</u>
2. Unitemized increases to cash under \$100 this period. .....	\$ <u>1.37</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e)) .....	\$ <u>0.00</u>
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .....	<b>TOTAL \$ <u>1.37</u></b>