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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Olsen	Kristin	Michelle

1. Office, Agency, or Court

Agency Name
California State Legislature

Division, Board, Department, District, if applicable
Assembly District 12

Your Position
Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- [x] State
- [ ] Multi-County _____
- [ ] City of _____
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

3. Type of Statement *(Check at least one box)*

- [x] **Annual:** The period covered is January 1, 2012, through December 31, 2012.
  -or-
  The period covered is ____/____/_____, through December 31, 2012.
- [ ] **Assuming Office:** Date assumed ____/____/_____
- [ ] **Candidate:** Election year _____ and office sought, if different than Part 1: _____
- [ ] **Leaving Office:** Date Left ____/____/_____ *(Check one)*
  - ○ The period covered is January 1, 2012, through the date of leaving office.
  - ○ The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► *Total number of pages including this cover page:* 5

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [ ] **Schedule A-2** - *Investments* – schedule attached
- [ ] **Schedule B** - *Real Property* – schedule attached
- [ ] **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [x] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- [ ] **None** - *No reportable interests on any schedule*

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California th

Date Signed 03/01/2013
(month, day, year)

Signat

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Olsen

SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym): Rural County Representatives of California
ADDRESS (Business Address Acceptable): 1215 K Street, Suite 1650 Sacramento, Ca
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/18/12	$ 110.28	Food/Drink Reception
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): California Cotton Ginners Association
ADDRESS (Business Address Acceptable): 1785 N. Fine Ave., Fresno, Ca
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/29/12	$ 233.57	Meal Expense
02/29/12	$ 5.28	Kitchen Bag
02/29/12	$ 5.00	Handkerchief

► NAME OF SOURCE (Not an Acronym): Speaker John A. Perez
ADDRESS (Business Address Acceptable): Room 219, State Capitol, Sacramento, Ca
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Legislator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/04/12	$ 39.00	Engraved Box
12/02/12	$ 95.90	Personalized Bowl
/ /	$	

► NAME OF SOURCE (Not an Acronym): California Telecommunications Industry Association
ADDRESS (Business Address Acceptable): 400 Capitol Mall, Suite 1545, Sacramento, Ca
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/29/12	$ 92.31	Food/Drink Reception
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): California Chamber of Commerce
ADDRESS (Business Address Acceptable): 1215 K Street, Suite 1400, Sacramento, Ca
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/15/12	$ 33.33	Lunch
05/21/12	$ 36.57	Host Reception
/ /	$	

► NAME OF SOURCE (Not an Acronym): California Cut Flower Commission
ADDRESS (Business Address Acceptable): P.O. Box 90225, Santa Barbara, Ca
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/29/12	$ 60.00	Floral Arrangement
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Olsen

SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym): Oakdale Education Foundation
ADDRESS (Business Address Acceptable): 250 S. Oak Ave, Suite 4 Oakdale, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Education Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/29/12	$ 250.00	Tickets
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): Council for Legislative Excellence
ADDRESS (Business Address Acceptable): 2150 River Plaza Drive, Suite 150, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/07/12	$ 80.51	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): California Citrus Mutual
ADDRESS (Business Address Acceptable): 512 N. Kaweah Ave., Exeter, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/18/12	$ 9.65	Oranges
03/20/12	$ 8.65	Oranges
02/29/12	$ 3.66	Assorted Fruits

► NAME OF SOURCE (Not an Acronym): The Walt Disney Company
ADDRESS (Business Address Acceptable): 500 South Buena Vista St., Burbank, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Conglomerate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04/09/12	$ 412.00	Disney Tickets
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): California Citrus Mutual
ADDRESS (Business Address Acceptable): 512 N. Kaweah Ave., Exeter, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/03/12	$ 357.13	Food&Drink Reception
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): California Grape & Tree Fruit League
ADDRESS (Business Address Acceptable): 978 W. Alluvial Ave., Fresno, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/29/12	$ 9.00	Hat
08/22/12	$ 15.00	Box of Fruit
12/03/12	$ 31.75	Food&Drink Reception

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Olsen

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
CTIA-The Wireless Association

ADDRESS *(Business Address Acceptable)*
400 Capitol Mall, Suite 1545, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 29 / 12	$ 82.31	Reception
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Olsen

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

- **You must mark either the gift or income box.**
- **Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the $440 gift limit, but may result in a disqualifying conflict of interest.**

► NAME OF SOURCE (*Not an Acronym*)
Ed Voice
ADDRESS (*Business Address Acceptable*)
1107 9th Street, Suite 680
CITY AND STATE
Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Lobbyist Employer
DATE(S): 08/02/12 - 08/03/12 (If gift) AMT: $ 597.99
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE (*Not an Acronym*)
TechNet
ADDRESS (*Business Address Acceptable*)
1215 K Street, Suite 1900
CITY AND STATE
Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Lobbyist Employer
DATE(S): 12/12/12 - 12/13/12 (If gift) AMT: $ 593.41
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE (*Not an Acronym*)
State Legislative Leaders Foundation
ADDRESS (*Business Address Acceptable*)
1645 Falmouth Road, Building D
CITY AND STATE
Centerville, MA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): 07/09/12 - 07/12/12 (If gift) AMT: $ 3,610.75
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE (*Not an Acronym*)
ADDRESS (*Business Address Acceptable*)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): ___/___/___ - ___/___/___ (If gift) AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: