

FEB 25 2014

COVER PAGE

BY: B. J. H.

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Legislature

Division, Board, Department, District, if applicable

Assembly District 12

Your Position

State Assemblymember

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- or-  Leaving Office: Date Left \_\_\_\_\_ (Check one)
- Assuming Office: Date assumed \_\_\_\_\_  The period covered is January 1, 2013, through the date of leaving office.
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  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: 7

- Schedule A-1 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-  None - No reportable interests on any schedule

5. (c)(1)

I have used all reasonable diligence in preparing this statement. I have reviewed it 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 that

Date Signed 2/15/14 (month, day, year)

Signature (c)(1)

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
Kristln Olsen

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
2104 La Jolla Court

CITY  
Modesto

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 13      DISPOSED      /      / 13

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_       \_\_\_\_\_  
Yrs. remaining      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
\_\_\_\_\_

CITY  
\_\_\_\_\_

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 13      DISPOSED      /      / 13

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_       \_\_\_\_\_  
Yrs. remaining      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_%       None      TERM (Months/Years) \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_%       None      TERM (Months/Years) \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Kristin Olsen

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Think Tank Learning</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>5104 Old Ironsides Dr #113,Bdg #4,Santa Clara,CA</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Education Consulting</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>Spouse: Vice President</u>	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, <i>list each source of \$10,000 or more</i>  <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, <i>list each source of \$10,000 or more</i>  <input type="checkbox"/> Other _____ <small>(Describe)</small>

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____	INTEREST RATE _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> <small>City</small>	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	<input type="checkbox"/> Guarantor _____	
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____ <small>(Describe)</small>	

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
 Kristin Olsen

▶ NAME OF SOURCE (Not an Acronym)  
 International Paper

ADDRESS (Business Address Acceptable)  
 1121 L Street, Suite 404, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 11 / 13	\$ 83.00	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 California Citrus Mutual

ADDRESS (Business Address Acceptable)  
 512 N. Kaweah Ave, Exeter, CA 93221

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 10 / 13	\$ 58.58	Dinner
02 / 27 / 13	\$ 1.95	Fruit
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 Rural County Representatives of California

ADDRESS (Business Address Acceptable)  
 1215 K Street, #1650, Sacramento, CA 95815

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 16 / 13	\$ 105.60	Plaque
01 / 16 / 13	\$ 43.15	reception
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 Toy Industry Association

ADDRESS (Business Address Acceptable)  
 1115 Broadway, St 400, New York, NY 10010

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 14 / 13	\$ 104.00	Dinner
05 / 15 / 13	\$ 29.40	Reception
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 DMB Pacific Ventures LLC

ADDRESS (Business Address Acceptable)  
 1415 L Street #1200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 22 / 13	\$ 287.61	Tejon Ranch Ride
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 California State Protocol Foundation

ADDRESS (Business Address Acceptable)  
 11355 West Olympic Blvd, Los Angeles, CA 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Charitable Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 06 / 13	\$ 80.50	Dinner
/ /	\$	
/ /	\$	

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
 Kristin Olsen

▶ NAME OF SOURCE (Not an Acronym)  
 Western Agricultural Processors

ADDRESS (Business Address Acceptable)  
 1785 N. Fine Avenue, Fresno, CA 93727

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 27 / 13	\$ 249.53	Dinner
02 / 27 / 13	\$ 5.28	Kitchen Bag
02 / 27 / 13	\$ 8.82	Walnuts & Almonds

▶ NAME OF SOURCE (Not an Acronym)  
 California Cotton Ginners & Growers Association

ADDRESS (Business Address Acceptable)  
 1785 N. Fine Avenue, Fresno, CA 93727

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Political Action Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 15 / 13	\$ 45.00	Towel Set
02 / 27 / 13	\$ 16.25	Cotton Bales
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 California Healthcare Institute

ADDRESS (Business Address Acceptable)  
 1201 K Street #1840, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 19 / 13	\$ 91.37	Lunch
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 California Correctional Peace Officers

ADDRESS (Business Address Acceptable)  
 755 Riverpoint Drive, West Sacramento, CA 95605

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 18 / 13	\$ 139.20	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 Classic Wines of California

ADDRESS (Business Address Acceptable)  
 6342 Bystrum Rd, Arroyo, CA 95307

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Wine company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 13 / 13	\$ 200.00	wine
/ /	\$	
/ /	\$	

▶ 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: \_\_\_\_\_

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

Name  
 Kristin Olsen

- 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)  
 CA Foundation on the Environment & the Economy

ADDRESS (Business Address Acceptable)  
 Pier 35, Suite 202

CITY AND STATE  
 San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Environmental Public Policy Group

DATE(S): 02 / 07 / 13 02 / 08 / 13 AMT: \$ 90.94  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Participated in a conference on Transportation and Infrastructure issues

▶ NAME OF SOURCE (Not an Acronym)  
 CA Foundation on the Environment & the Economy

ADDRESS (Business Address Acceptable)  
 Pier 35, Suite 202

CITY AND STATE  
 San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Environmental Public Policy Group

DATE(S): 09 / 19 / 13 09 / 29 / 13 AMT: \$ 11,700.52  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
participated in a Educational Trip to Scandinavia

▶ NAME OF SOURCE (Not an Acronym)  
 CA Foundation on the Environment & the Economy

ADDRESS (Business Address Acceptable)  
 Pier 35, Suite 202

CITY AND STATE  
 San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Environmental Public Policy Group

DATE(S): 10 / 29 / 13 10 / 30 / 13 AMT: \$ 977.90  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Participated in a conference on Water

▶ NAME OF SOURCE (Not an Acronym)  
 Griffith Insurance Education Foundation

ADDRESS (Business Address Acceptable)  
 7100 N. High Street #200

CITY AND STATE  
 Worthington, OH 43085

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Educational Organization

DATE(S): 03 / 14 / 13 03 / 15 / 13 AMT: \$ 326.68  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Participated in a insurance seminar

Comments: \_\_\_\_\_

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

Name  
 Kristin Olsen

- 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)  
Independent Voter Project

ADDRESS (Business Address Acceptable)  
101 West Broadway #1460

CITY AND STATE  
San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Public Policy Organization

DATE(S): 11 / 17 / 13 - 11 / 21 / 13 AMT: \$ 2,761.15  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Participated in a business and leadership conference

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (if gift)

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): \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (if gift)

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): \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Comments: \_\_\_\_\_

K. OLSEN

MAR 10 2014

BY: RSJ

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
**SCHEDULE D**  
Income - Gifts  
2014 MAR 11 AM 9:36

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

▶ NAME OF SOURCE (Not an Acronym)  
Women in California Leadership

ADDRESS (Business Address Acceptable)  
400 Capitol Mall, 22nd Fl, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
501(c)(3) foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08/21/13</u>	<u>\$ 70.52</u>	<u>Catering Event</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

**Filer's Verification**

Print Name Kristin Olsen

Office, Agency or Court California State Legislature

Statement Type  2013/2014 Annual  Assuming  Leaving  
 \_\_\_\_\_ Annual  Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any 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.

Date Signed 3/10/14

Filer's Signature (c)(1)

Comments: \_\_\_\_\_

RECEIVED

MAR 25 2014

BY: [Signature]

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
**SCHEDULE D**  
Income - Gifts

2014 MAR 25 PM 12:27

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

▶ NAME OF SOURCE (Not an Acronym)  
Environmental Defense Fund  
ADDRESS (Business Address Acceptable)  
123 Mission Street #28, San Francisco, CA 94105  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 26 / 13</u>	<u>\$ 62.80</u>	<u>Reception</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)  
The Nature Conservancy  
ADDRESS (Business Address Acceptable)  
201 Mission Street 6th Fl, San Francisco, CA 94105  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Conservation Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 26 / 13</u>	<u>\$ 62.80</u>	<u>Reception</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ 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)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ 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)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ 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)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

**Filer's Verification**

Print Name Kristin Olsen

Office, Agency or Court California State Legislature

Statement Type  2013/2014 Annual  Assuming  Leaving  
 Annual  Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any 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.

Date Signed 3/25/14

Filer's Signature (c)(1)

Comments: \_\_\_\_\_