PRECINCT (TO BE ENTERED BY CLERK)	NAME	RESIDENCE .	VERIFICATION (TO BE ENTERED BY CLERK)
	Print	Residence Address ONLY	
	6		
	Sign	City or Town	
	Print	Residence Address ONLY	
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	Sign	City or Town	

	Print	Residence Address ONLY	,
	8	O'h a Tana	
	Sign	City or Town	
	Daint	Residence Address ONLY	
	Print 9	Residence Address CHL1	
	Sign	City or Town	
	Print	Residence Address ONLY	
	10		
	Sign	City or Town	

AFFIDAVIT OF CIRCULATOR

(To be completed in circulator's own hand)

	(10 De completes in on		
1		_, declare that I am a registered voter of the district or	
PR	INT NAME		
political subdivision in which	the candidate is to be voted on. I have	ave been appointed as a circulator to secure	
signatures in the County of	Sacramento	to the nomination paper of	
	Gerald J. Klaas	as a	
	NAME OF CANDIDATE		
andidate for the office of	State Senate - 6th District		
	NAME OF OFFICE (including District or Division Number, if applicable)		
and belief, each signature is My residence address is:	the genuine signature of the person		
declare under penalty of pe	erjury under the laws of the State of C	California that the foregoing is true and correct.	
executed on:	DATE atPL	ACE OF SIGNING (including City and State)	
		SIGNATURE OF PETITION CIRCULATOR	
(TO BE ENTERED BY CLERK AFTER VERIFICATION) Number of Valid Signatures on this Section: Date: Deputy		WARNING: Every person acting on behalf of a candidate is guilty of a misdemeanor who deliberately fails to file at the proper time and in the proper place any nomination paper in his/her possession which is entitled to be filed under the provisions of the Elections Code. (Elections Code section 18202)	

SCSNP.2 12/97