

Recipient Committee

Amendment

Check box if an Amendment and enter I.D. number:

INSTRUCTIONS ON REVERSE

File original and one copy with:
Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

County and City Committees file a copy with:
Local filing officer who will receive the original disclosure statements.

Type or print in ink

Copy Original mailed 1-31-98

1. Committee Information

Date qualified as committee _____ / _____ / _____ Not yet qualified

NAME OF COMMITTEE KLAAS FOR SENATE

ADDRESS OF COMMITTEE NO. AND STREET (NO P.O. BOX)
5109 Melvin Drive

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER
Carmichael CA 95608 916-482-0208

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
SACRAMENTO

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
4711 El Camino Ave Suite #222

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER
Carmichael CA 95608 916-482-0208

OPTIONAL: AREA CODE/FAX NUMBER E-MAIL ADDRESS
916-972-8070 gklaas@sacto.com

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 2-13-98 DATE

Executed on _____ DATE

Executed on _____ DATE

Executed on _____ DATE

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

For Technical Assistance: 916/322-5660

STATEMENT OF ORGANIZATION

DATE STAMP
RECEIVED AND FILED
In the office of the Secretary of State of the State of California
FEB 13 1998
BILL JONES, Secretary of State

CALIFORNIA 1997 FORM **410**
For Official Use Only

2. Treasurer and Other Principal Officers

NAME OF TREASURER
GERALD J. KLAAS

MAILING ADDRESS
5109 Melvin Drive

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Carmichael CA 95608 916-322-705

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

OPTIONAL: AREA CODE/FAX NUMBER E-MAIL ADDRESS

Attach additional information on appropriately labeled continuation sheets.

By Gerald J. Klaas SIGNATURE OF TREASURER

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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NAME OF COMMITTEE

KLAAS FOR SENATE

I.D. NUMBER (IF AMENDMENT)

4. Type of Committee: Complete all the applicable sections.

➤ **Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any.
- List the political party with which each officeholder or candidate is affiliated. An officeholder or candidate not holding or seeking a partisan office must indicate "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.
- List the disposition of surplus funds.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT:

GERALD KLAAS

ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)

STATE SENATE DISTRICT 6

PARTY

Liberlaria

DISPOSITION OF SURPLUS FUNDS:

➤ **Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election.

CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

	CHECK ONE	
	SUPPORT	OPPOSE

➤ **General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box: CITY Committee COUNTY Committee STATE Committee
PROVIDE BRIEF DESCRIPTION OF ACTIVITY

➤ **Small Contributor Committee** Check one, if applicable.

Date qualified as a small contributor committee: _____ / _____ / _____
(Month, Day, Year)

No longer qualifies as a small contributor committee.