

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2
I.D. NUMBER (IF AMENDMENT)
980393

NAME OF COMMITTEE
KLAAS FOR SENATE

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

Libertarian

DISPOSITION OF SURPLUS FUNDS:

As allowed by law at time of closing

► **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.

**Statement of Organization
Candidate Committee**

STATEMENT OF ORGANIZATION
CALIFORNIA
1997 FORM
410
For Official Use Only

Amendment

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

980393

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

Committee Information

Date qualified as committee 3/6/98 Not yet qualified

NAME OF COMMITTEE KLAAS FOR SENATE

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

5109 Melvin Drive

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

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

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

4711 El Camino Ave Suite #222

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

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

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 3-6-98 DATE

By Gerald J. Klaas SIGNATURE OF TREASURER

Executed on 3-6-98 DATE

By Gerald J. Klaas SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ DATE

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

Executed on _____ DATE

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

2. Treasurer and Other Principal Officers

NAME OF TREASURER GERALD J. KLAAS

MAILING ADDRESS 5109 Melvin Drive

CITY Sacramento STATE CA ZIP CODE 95608 AREA CODE/DAYTIME PHONE 916-322-7057

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.