

Officeholder, Candidate, and Controlled Committee Campaign Statement - Long Form

Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE - LONG FORM

INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- Pre-election Statement
- Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- Special Odd-Year Campaign Report
- Semi-annual Statement
- Termination Statement (Attach a completed Form 415 to this statement.)

Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

GERALD J. KLAAS

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

STATE SENATE DISTRICT 6

RESIDENTIAL OR BUSINESS ADDRESS

4711 El Camino Ave Suite #222

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

CARMICHAEL CA 95608 (916) 322-7057

COMMITTEE NAME

KLAAS FOR SENATE

COMMITTEE ADDRESS

4711 El Camino Ave Suite #222

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

CARMICHAEL CA 95608 (916) 482-0208

NAME OF TREASURER

GERALD J. KLAAS

PERMANENT ADDRESS OF TREASURER

5109 MELVIN DRIVE

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

CARMICHAEL CA 95608 (916) 482-0208

Verification

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

Executed on 3-20-98 At SACRAMENTO CA CITY AND STATE

DATE CITY AND STATE

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the information contained herein and in the 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.

Executed on 3-20-98 At SACRAMENTO CA CITY AND STATE

DATE CITY AND STATE

Executed on _____ At _____ CITY AND STATE

DATE CITY AND STATE

Executed on _____ At _____ CITY AND STATE

DATE CITY AND STATE

Date Stamp

Statement covers period

from 1/1/98

through 3/17/98

Date of election if applicable:

(Month, Day, Year)

6/2/98

Page 1 of 5

For Official Use Only

Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS

(NO. AND STREET)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS

(NO. AND STREET)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

By Gerald J. Klaas SIGNATURE OF TREASURER

By Gerald J. Klaas SIGNATURE OF CANDIDATE/OFFICEHOLDER

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

Campaign Disclosure Statement Summary Page

Type or print in Ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

GERALD HLAAS / HLAAS FOR SENATE

Statement covers period

from 1/1/98
through 3/17/98

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I.D. NUMBER

980393

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3 \$ 223.00		\$ 223.00
2. Loans Received	Schedule B, Line 7 \$ 865.00		\$ 865.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 1088.00		\$ 1088.00
4. Non-monetary Contributions	Schedule C, Line 3 \$ 0		\$ 0
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4 \$ 1088.00		\$ 1088.00
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7 \$ 0		\$ 0
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6 \$ 1088.00		\$ 1088.00
Expenditures Made			
8. Cash Payments (Other than Loans Made)	Schedule E, Line 5 \$ 1000.32		\$ 1000.32
9. Loans Made	Schedule H, Line 7 \$ 0		\$ 0
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9 \$ 1000.32		\$ 1000.32
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5 \$ 0		\$ 0
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11 \$ 1000.32		\$ 1000.32

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17 \$ 0
14. Cash Receipts	Column A, Line 3 above \$ 1088.00
15. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0
16. Cash Payments	Column A, Line 10 above \$ 1000.32
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16 \$ 87.68

If this is a termination statement, Line 17 must be zero.

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b) \$ 0	1/1 through 6/30	7/1 to Date
Cash Equivalents and Outstanding Debts			
19. Cash Equivalents	See instructions on reverse \$ 0		
21. Contributions Received	\$ 0		
22. Expenditures Made	\$ 0		

**Schedule B - Part I
Loans Received**

SCHEDULE B - Part I

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 1/1/98
through 3/17/98

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

GERALD KLAAS / KLAAS FOR SENATE

I.D. NUMBER

980393

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION		
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE	
2/13/98	GERALD J. KLAAS 5109 Melvin Drive Carmichael CA 95608 <input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor*	Programmer STATE OF CALIFORNIA	DUE DATE 12/1/98 INTEREST RATE 0 %	\$ 300.	CALENDAR YEAR 365 OTHER 0		CALENDAR YEAR OTHER	
2/14/98	GERALD J. KLAAS 5109 Melvin Drive Carmichael CA 95608 <input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor*	Programmer STATE OF CALIFORNIA	DUE DATE 12/1/98 INTEREST RATE 0 %	\$ 200.	CALENDAR YEAR 565 OTHER 0		CALENDAR YEAR OTHER	
2/16/98	GERALD J. KLAAS 5109 Melvin Drive Carmichael CA 95608 <input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor*	Programmer STATE OF CALIFORNIA	DUE DATE 12/1/98 INTEREST RATE 0 %	\$ 300.	CALENDAR YEAR 865 OTHER 0		CALENDAR YEAR OTHER	

*See important instructions on reverse.

SUBTOTAL \$

\$

Enter (b) on Summary Page, Line 18 only.

Loans Received - Part I Summary

Loans of \$100 or more received this period. (Include all Loans Received - Part I (a) subtotals.) \$ 800.00
 Loans under \$100 received this period. (Do not itemize.) \$ 65.00
TOTAL \$ 865.00

Loans Received - Part II Summary

Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ 0
 Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$ 0
TOTAL \$ (0)

Schedule E Payments and Contributions (Other Than Loans) Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

GERARD HLAAS / HLAAS FOR SENATE

Statement covers period

from 1/1/98
through 3/17/98

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I.D. NUMBER

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CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- "C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
- "B" -- BROADCAST ADVERTISING
- "G" -- GENERAL OPERATIONS AND OVERHEAD
- "I" -- INDEPENDENT EXPENDITURES
- "N" -- NEWSPAPER AND PERIODICAL ADVERTISING
- "T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- "L" -- LITERATURE
- "O" -- OUTSIDE ADVERTISING
- "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES
- "F" -- FUNDRAISING EVENTS

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OR		DESCRIPTION OF PAYMENT	AMOUNT PAID
	CODE	OR		
Freely Creative Inc P.O. Box 1363 Stowe VT 05672-1363	0	2/15/98	Purchase bumper stickers	230.00
Tony Doom Supply Inc P.O. Box 525 Marshall MN 56258-0525	0	2/16/98	Purchase yard signs	325.00
ET ENTERPRISES - SACTO.COM 5109 Melvin Drive Carmichael CA 95608	L		Web page services	300.00

IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E
REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 855.00
2. Payments made this period of under \$100. (Do not itemize.)	\$ 145.32
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ 0
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ 0
SUBTOTAL	\$