

Expenditure Ceiling Statement

Date Stamp

CALIFORNIA 500  
1997 FORM  
For Official Use Only

Please type or print in ink.

Amendment, check only if applicable.

I. Candidate Information:

NAME OF CANDIDATE

Gerald J. Klags

DAYTIME TELEPHONE NUMBER

(916) 322-7057

FAX NUMBER

(916) 972-8070

MAILING ADDRESS

5109 Melvin Drive Carmichael CA

ZIP CODE

95608

OFFICE SOUGHT AND AGENCY NAME

State Senate District 6

DISTRICT NUMBER, IF APPLICABLE

6

OFFICE JURISDICTION (Check one box)

State

City of \_\_\_\_\_

County of \_\_\_\_\_

Multi-County \_\_\_\_\_

II. Declaration:

Local, primary, special election:

06/02/98  
(Election Date)

General, runoff election - If applicable:

11/03/98  
(Election Date)

(Check one box)

I accept the voluntary expenditure ceiling in Section 85400 for the election(s) stated above.

I do not accept the voluntary expenditure ceiling in Section 85400 for the election(s) stated above.

Amendment:

General, runoff election: \_\_\_\_\_  
(Election Date)

I accept the voluntary expenditure ceiling in Section 85400 for the election stated above. I did not exceed the expenditure ceiling in the primary or special election held on: \_\_\_\_\_  
(Election Date)

III. Ceiling Threshold: (Check applicable boxes)

I reached 65% of the expenditure ceiling on: \_\_\_\_\_  
(month, day, yr)

I exceeded 75% of the expenditure ceiling on: \_\_\_\_\_  
(month, day, yr)

IV. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_ 19\_\_\_\_  
(month, day) (year)

SIGNATURE \_\_\_\_\_  
(Candidate)