

Candidate Intention

Type or Print in Ink.

CANDIDATE INTENTION

Check One: Initial Amendment Termination

CALIFORNIA 1997/98 FORM 501

I Candidate Information				Office Use Only
FULL NAME OF CANDIDATE (LAST, FIRST, MIDDLE) <i>Klaas, Gerald J.</i>				
ADDRESS (NO. AND STREET) <i>5109 Melvin Drive</i>		DAYTIME PHONE <i>(916) 322-7057</i>		
CITY <i>Carmichael</i>	STATE <i>CA</i>	ZIP CODE <i>95608</i>	FAX NUMBER <i>(916) 972-8070</i>	

II Office Sought		DISTRICT NUMBER <i>6</i>	YEAR OF ELECTION <i>1998</i>
OFFICE SOUGHT (POSITION TITLE) <i>State Senator</i>		TYPE OF ELECTION (Check One if Applicable) <input type="checkbox"/> Special <input type="checkbox"/> Recall	
PUBLIC AGENCY NAME <i>State Senate</i>		JURISDICTION OF ELECTIVE OFFICE SOUGHT (Check One)	
<input checked="" type="checkbox"/> State <input type="checkbox"/> County of _____		<input type="checkbox"/> Multi-County <input type="checkbox"/> City of _____	

III Verification

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

Executed on *12-30-97* DATE By *Gerald J. Klaas* SIGNATURE OF CANDIDATE

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

FPPC Form 501 (1997)
For Technical Assistance: 916/322-5660

Campaign Bank Account

Type or Print in Ink.

CAMPAIGN BANK ACCT.

Check One: Initial Redesignate the Account for Future Election to the Same Office
 Amendment Termination (Note: In addition, file a Form 501 if you are no longer soliciting or receiving contributions.)

CALIFORNIA 1997/98 FORM 502

I Candidate Information				Office Use Only
FULL NAME OF CANDIDATE (LAST, FIRST, MIDDLE)				
ADDRESS (NO. AND STREET)		DAYTIME PHONE		
CITY	STATE	ZIP CODE	FAX NUMBER	
OFFICE SOUGHT AND AGENCY NAME			YEAR OF ELECTION	TYPE OF ELECTION (Check One if Applicable) <input type="checkbox"/> Special <input type="checkbox"/> Recall

II Account Information			ACCOUNT NUMBER
FINANCIAL INSTITUTION			DATE OPENED (Month/Day/Year)
ADDRESS (NO. AND STREET)		DAYTIME PHONE	
CITY	STATE	ZIP CODE	

III Verification

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

Executed on _____ DATE By _____ SIGNATURE OF CANDIDATE