	· · · · · ·	RECEIVED
		2011 JUN - 1 AM 11:
FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in full)	(Check if name Example: if typying, type is changed) over the lines	12FE4M5
ADDRESS (number and street) (Check if address is changed)	<u> PO BOX 365 PO L L L L L L L L L L L L L L L L L</u>	· · · · · · · · · · · · · · · · · · ·
. '		
COMMITTEE'S E-MAIL AD	DRESS (Please provide only one e-mail address)	
COMMITTEE'S WEB PAG (Check If address is changed)	E ADDRESS (URL)	
 2. DATE	in the second	
I certify that I have examined to Type or Print Name of Treas Signature of Treasurer	his Statement and to the best of my knowledge and belief it is true, corresurer	Date
	rroneous, or incomplete information may subject the person signing this ANY CHANGE IN INFORMATION SHOULD BE REPORT	Statement to the penalties of 2 U.S.C. §437g.
Office Use Only	For further Informal Federal Election Con Toll Free 800-424-95 Local 202-694-1100	tion contact: minission 530 (Revised 02/2009)

11030612038

.

`

ŗ.

Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

1

•

÷

.

.

.

.

FEC	Form 1 (Revised 02/2009)	Page 2
5. TYPE OF C	OMMITTEE (Check One)	
Candidate	Committee:	
(a) <u>X</u>	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Comple information below.)	te the candidate
Name of Candidate		
Candidate Party Affiliat	ion REP Office X House Senate Presiden	State ND tt District 00
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com	nittee:	
(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
Political Ac	tion Committee (PAC):	······································
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a:
Lv.al	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization	Cooperative .
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	ated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundr	alsing Representative:	<u> </u>
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more politica!
(h) {	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Con	nmittees Participating in Joint Fundraiser	
	1 FEC ID number	ng - angenanger e grann grun grun g I Ingen will santierer 1 an alaan - 1 m a'
	2 FEC ID number	agna ann ghair a sha an an sharan far an sh Ann ann a sharan far ann far an far an sh

••••

•

FEC ID number

3.

,

.

(C)

FEC Form 1	(Revised	02/2009)
------------	----------	----------

Write or Type Committee Name

KALK FOR US HOUSE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

٠.

Page 3

KALK FOR SENATE			
Mailing Address	PO BOX 365		
	MCLEAN		22101 j - L
	CITYA	STATE	ZIP CODE
Relationship:	ation X Affiliated Committee Joint F	undraising Representative	Leadership PAC Sponsor
	Identify by name, address, (phone number – ittee books and records.	optional), and position of th	e person in
Full Name			
Mailing Address	PO BOX 365		
	MCLEAN	VA	22101 _
Title or Position ♥	CITY A	STATE	
TREA	SURER	Telephone number	
name and address o	ame and address (phone number optional) of f any designated agent (e.g., assistant treasure ABELL HOBBS		ttee; and the
Mailing Address	PO BOX 365		
	MCLEAN	· _ VA	22101 -
Title or Position ¥	CITY A	STATE	
TREA	SURER		

· <u>...</u>

Telephone number

.

____ ~ ____

.

.

FEC Form 1 (Revise	ed 02/2009)		Page 4
Full Name of Designated Agent	MELODIE JOHNSON		
Mailing Address	PO BOX 365		·
	MCLEAN	VA	22101 -
Title or Position ▼	CITY A	STATE 🛦	
ASSIST	Tel	ephone number	~
Banks or Other Deposite safety deposit boxes or ma Name of Bank, Depository	aintains funds. y, etc.	committee deposits funds, h	olds accounts, rents
safety deposit boxes or ma	aintains funds. y, etc. 3T	committee deposits funds, f	olds accounts, rents
safety deposit boxes or ma Name of Bank, Depository	aintains funds. y, etc.	committee deposits funds, f	
safety deposit boxes or ma Name of Bank, Depository	aintains funds. y, etc. 3T	committee deposits funds, f	
safety deposit boxes or ma Name of Bank, Depository	aintains funds. y, etc. 3T	committee deposits funds, f	iolds accounts, rents
safety deposit boxes or ma Name of Bank, Depository	aintains funds. y, etc. 3T 1717 KING ST 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
safety deposit boxes or ma Name of Bank, Depository	aintains funds. y, etc. 3T 1717 KING ST 4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
safety deposit boxes or ma Name of Bank, Depository Mailing Address Name of Bank, Depository	aintains funds. y, etc. 3T 1717 KING ST 4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
safety deposit boxes or ma Name of Bank, Depository Mailing Address Name of Bank, Depository	y, etc. 3T 1717 KING ST ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓		
Safety deposit boxes or ma Name of Bank, Depository Mailing Address Name of Bank, Depository	aintains funds. y, etc. 3T 1717 KING ST 1717 KING ST ALEXANDRIA CITY ▲ y, etc. CITY ▲		
Safety deposit boxes or ma Name of Bank, Depository Mailing Address Name of Bank, Depository	aintains funds. y, etc. 3T 1717 KING ST 1717 KING ST ALEXANDRIA CITY ▲ y, etc. CITY ▲		

-

٠

.

·

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** 5/26/11 Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked USPS Express Mail Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify):** Next Business Day Delivery **Date of Receipt Received from House Records & Registration Office** Date of Receipt **Received from Senate Public Records Office** Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED PREPARER (3/2005)