

SECRETARY OF THE SENATE
11 MAR -8 AM 11:11

FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) <i>COLONEL MICHAEL MCCALISTER</i>		2. Candidate's FEC Identification Number <i>C00493056</i>	
(b) Address (number and street) <i>3201 FOXDEN LANE</i>		3. Is This Statement <input type="checkbox"/> New <input checked="" type="checkbox"/> Amended (N) OR (A)	
(c) City, State, and ZIP Code <i>PLANT CITY, FL, 33565</i>		4. Party Affiliation <i>REP</i>	
5. Office Sought <i>US SENATE</i>	6. State & District of Candidate <i>FLORIDA</i>		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

8. (a) Name of Committee (in full) <i>COLONEL MIKE MCCALISTER FOR SENATE</i>	
(b) Address (number and street) <i>3201 FOXDEN LANE</i>	
(c) City, State, and ZIP Code <i>PLANT CITY, FL 33565</i>	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

9. (a) Name of Committee (in full)	
(b) Address (number and street)	
(c) City, State, and ZIP Code	

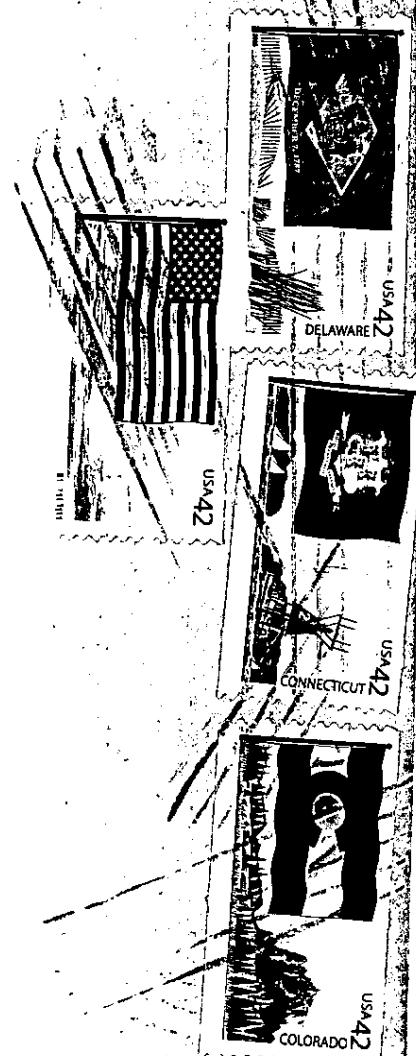
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate <i>Michael McCalister</i>	Date <i>2/20/2011</i>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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MIKE McCARTHER
TOXEN LANE
T CITY, FL 33565



SECRETARY OF THE SENATE
OFFICE OF PUBLIC RECORDS
PO BOX 2517
ALEXANDRIA, VA 22301-0517

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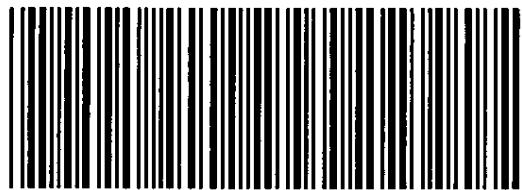
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