

11 APR 26 PM 3:15

**FEC FORM 2
STATEMENT OF CANDIDACY**

| | | |
|--|--|---|
| 1. (a) Name of Candidate (in full) BRIAN KALK | | |
| (b) Address (number and street) PO BOX 365 | | <input type="checkbox"/> Check if address changed |
| (c) City, State and ZIP Code MCLEAN VA 22101 | | 2. Identification Number |
| 4. Party Affiliation REPUBLICAN PARTY | | 5. Office Sought Senate |
| 6. State & District of Candidate ND | | |
| 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | | |

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.

| |
|--|
| (a) Name of Committee (in full) KALK FOR SENATE |
| (b) Address (number and street) PO BOX 365 |
| (c) City, State and ZIP Code MCLEAN VA 22101 |

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.

| |
|---------------------------------|
| (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 BRIAN KALK <i>Brian A. Kalk</i> | Date 26 April 2011 |
|--|-----------------------|

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

11020202200

United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

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| FEDERAL EXPRESS | _____ | <input type="checkbox"/> |
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Date of Receipt

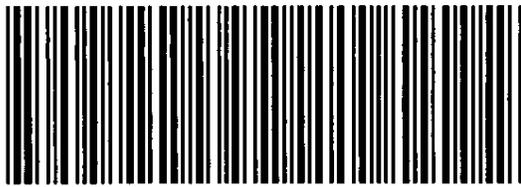
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PREPARER RD DATE PREPARED 04.26.11

11020202201



11020202202

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

SECRETARY OF THE SENATE

11 APR 26 PM 3:15

Office use only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines

12FE4M5

KALK FOR SENATE

ADDRESS (number and street)

PO BOX 365

(Check if address is changed)

MCLEAN

VA

22101

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

compliance@complianceconsultingva.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.KALKFORSENATE.COM

2. DATE 04 / 26 / 2011

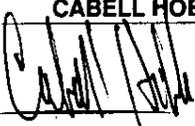
3. FEC IDENTIFICATION NUMBER C C00492207

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer CABELL HOBBS

Signature of Treasurer



Date

04 / 26 / 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

11020202203

5. TYPE OF COMMITTEE (Check One)

Candidate Committee:

- (a) 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. (Complete the candidate information below.)

Name of Candidate **BRIAN KALK**

Candidate Party Affiliation **REP** Office Sought: House Senate President State **ND** District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
- (f) In addition, this committee is a Lobbyist/Registrant PAC.
 - This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

| | | | |
|----|----------------------|---------------|-------------------------------|
| 1. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | C <input type="text"/> |

11020202204

Write or Type Committee Name

KALK FOR SENATE

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

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name

CABELL HOBBS

Mailing Address

PO BOX 365

MCLEAN

VA

22101

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

CABELL HOBBS

Mailing Address

PO BOX 365

MCLEAN

VA

22101

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number

11020202205

Full Name of Designated Agent

MELODIE JOHNSON

Mailing Address

PO BOX 365

MCLEAN

VA

22101

Title or Position

CITY

STATE

ZIP CODE

ASSISTANT TREASURER

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BBT

Mailing Address

1717 KING ST

ALEXANDRIA

VA

22314

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

CORNERSTONE BANK

Mailing Address

600 S 2ND STREET

BISMARCK

ND

58504

CITY

STATE

ZIP CODE

11020202206

United States Senate

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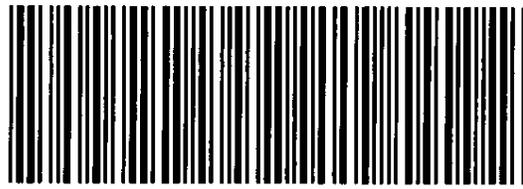
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11020202207



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