

FEC FORM 1

STATEMENT OF ORGANIZATION

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

BRIAN KLOCK FOR CONGRESS

ADDRESS (number and street) 118703 POINT LOOKOUT DRIVE MASSAU BAY MASSAU BAY TX 77058 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS KLOCKFORCONGRESS CHARLES.SIENACKLOCKFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL) KLOCKFORCONGRESS.COM

COMMITTEE'S FAX NUMBER 281-335-1952

2. DATE 01/14/2008

3. FEC IDENTIFICATION NUMBER C00441790

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 ROBERT J. WILSON

Signature of Treasurer [Signature] Date 01/14/2008

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.

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5. TYPE OF COMMITTEE (Check One)

- (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 ROBERT BRIAN KLOCK

Candidate Party Affiliation  REP Office Sought:  House  Senate  President State  TX District  12

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

Name of Candidate \_\_\_\_\_

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

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

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Write or Type Committee Name

BRIAN KLOCK FOR CONGRESS

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 ROBERT WILSON

Mailing Address 2311 PECAN VALLEY CT

MISSOURI CITY TX 77459

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 281-770-9270

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 ROBERT WILSON

Mailing Address 2311 PECAN VALLEY CT

MISSOURI CITY TX 77459

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 281-770-9270

Full Name of Designated Agent CHARLES SENA

Mailing Address 1315 NASA HWY #151

HOUSTON TX 77058

Title or Position CITY STATE ZIP CODE

MANAGER

Telephone number 281-486-5562

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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.

GUARANTY BANK

Mailing Address

14550 MEMORIAL DRIVE

HOUSTON TX 77079-5433

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission  
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No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

  
PREPARER

1/22/08

DATE PREPARED

28039592325