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## FEC FORM 2 STATEMENT OF CANDIDACY

2011 OCT 13 PM 12: 01

FEC MAIL CENTER

1. (a) Name of Candidate (in hull) KARIN LYNN SWANSON	
(b) Address (number and street) AAAE 2. Candidate's FEC Identification Number	•
(c) Clip, State, and ZIP Code  Amended  Statement (N) OR (A)	
4. Party Affliation  REPURLICAN TRESIDENT TEXAS POTTER COUNTY	/
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE	
7. I hereby designate the following named political committee as my Principal Committee for the 20/2 election(s).	
Aom comments.	
NOTE: This designation should be filed with the appropriety office listed in the instructions.	
(a) Name of Committee (in full)	,
COMMITTEE TO ELECT KARIN L. SWANS  (b) Address (number 2013 about)	ON
(b) Address (number and street) FOR PAGSIAE VT	•
7460 SABAE TRAIL	
(c) City, State, and ZIP Code	
AMARILLO, TX 79/24	
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 filled with the principal compalgn converitee.	-
NOTE: This designation should be filed with the principal compaign committee.  (a) Marine of Committee (in full)	•
NOTE: This designation should be filed with the principal compalgn consents.	
NOTE: This designation should be filed with the principal compaign consmittee.  (a) Making of Consmitting (in full)  (b) Address (number and street)	
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NOTE: This designation should be filed with the principal compalge convenities.  (a) Name of Consmitter (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I cartify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.	
NOTE: This designation should be filled with the principal compalgn committee.  (a) Name of Consmitter (in full)  (b) Address (ruimber and times)  (c) City, State, and ZIP Code  I cartify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Table  Table	
NOTE: This designation should be filed with the principal compalge committee.  (a) Name of Covaminary (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I cartify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Condidate  Date	
NOTE: This designation should be filled with the principal compalgn consents.  (a) Name of Consents (in full)  (b) Address (number and times)  (c) City, State, and ZIP Code  I cartify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Table  Ta	

(3/2005)

## **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** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Fed ERP 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): 10/13/11 PREPARER