

NAUGHTON LAW FIRM

Dennis J. Naughton
1175 8th Avenue, P.O. Box 488
Marion, IA 52302 USA
djnaughton@gmail.com

RECEIVED
2013 JUL 11 AM 11:07
FEC MAIL CENTER

July 9, 2013

Federal Election Commission
999 E. Street
Washington, D.C. 20463

Re: Swati Dandekar for Congress

Ladies and Gentlemen:

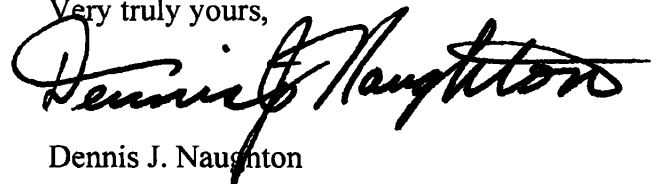
I am Treasurer for Swati Dandekar for Congress.

Please file the enclosed FEC Forms 1, Statement of Organization, and Form 2, Statement of Candidacy, and assign a number to the candidacy of Mrs. Dandekar.

Please feel free to contact us if you have any questions or need any additional information.

Thank you for your assistance.

Very truly yours,



Dennis J. Naughton

13031083374

FEC FORM 1

STATEMENT OF ORGANIZATION

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2013 JUL 11 AM 11:07

Office Use Only CENTER

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

SWATI DANDEKAR FOR CONGRESS

ADDRESS (number and street)

2731 28TH AVENUE

(Check if address is changed)

MARION

IA

52302 - 1341

CITY

STATE

ZIP CODE

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

ajdandekar@aol.com

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.swatidandekarforcongress.com

(Check if address is changed)

2. DATE

07 / 09 / 2013

3. FEC IDENTIFICATION NUMBER

C

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

MR. DENNIS J. NAUGHTON

Signature of Treasurer

Dennis J. Naughton

Date

07 / 09 / 2013

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)

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5. TYPE OF COMMITTEE

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 **SWATI ARVIND DANDEKAR**

Candidate Party Affiliation

DEM

Office Sought:

House

Senate

President

State

IA

District

01

- (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
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) 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. FEC ID number **C**
2. FEC ID number **C**
3. FEC ID number **C**
4. FEC ID number **C**

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Write or Type Committee Name

SWATI DANDEKAR FOR CONGRESS

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

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

TREASURER

Mailing Address

_____ - _____

Title or Position

CITY

STATE

ZIP CODE

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

MR. DENNIS J. NAUGHTON

Mailing Address

NAUGHTON LAW FIRM

1175 8TH AVENUE

MARION

CITY

IA

STATE

52302

ZIP CODE

Title or Position

Telephone number

319 - 377 - 9441

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Full Name of Designated Agent

CHARLES E. KRESS

Mailing Address

2745 HEATHER VIEW DRIVE

MARION

CITY

IA

STATE

52302

ZIP CODE

Title or Position

Telephone number

319-377-5055

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.

BANKERS TRUST

Mailing Address

400 BLAIRS FERRY ROAD

CEDAR RAPIDS

CITY

IA

STATE

52402

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13031083378

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *UPS* Shipping Date
7/9/17
 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

Am N
 PREPARER
 (3/2005)

7/17/17
 DATE PREPARED

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