PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. KAREN KWIATKOWSKI FOR CONGRESS 1785 Deerhead Road ADDRESS (number and street) (Check if address is changed) Mount Jackson 22842 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS karen@karenkforcongress.com (Check if address is changed) Optional Second E-Mail Address |hapkins@shentel.net COMMITTEE'S WEB PAGE ADDRESS (URL) www.karenkforcongress.com (Check if address is changed) DATE 2012 C00499582 FEC IDENTIFICATION NUMBER > 3. X 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. Gregory Alan Kwiatkowski Type or Print Name of Treasurer Gregory Alan Kwiatkowski [Electronically Filed] 07 12 2012 Signature of Treasurer Date 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. FEC FORM 1

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

F	EC Fo	orm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
	didate	Committee:	\
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Name Candi		KAREN Ú KWIATKOWSKI	
Candi	date	Office	State
	Affiliati		District 06
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District.
Name Candi			
		nmittee:	
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
	ical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	onected organization is a:
(0)	Н	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 s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	nmittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number C	
	3.	FEC ID number	
	4.	FEC ID number	

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Write or Type Committee I	Name		
KAREN KWI	ATKOWSKI FOR COI	NGRESS	
6. Name of Any Connect	ted Organization, Affiliated Committee, J	oint Fundraising Representat	ive, or Leadership PAC Sponsor
NONE			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Conn	nected Organization Affiliated Committee	Joint Fundraising Represe	entative Leadership PAC Sponsor
7. Custodian of Records: books and records.	: Identify by name, address (phone number	optional) and position of th	e person in possession of committee
I	EN U KWIATKOWSKI		
Full Name	1785 DEERHEAD ROAD		
Mailing Address			
	MT JACKSON	, , VA	, ,22842
	WT JACKSON		
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	540 - 477 - 2821
Treasurer: List the nam any designated agent (e	e and address (phone number optional) e.g., assistant treasurer).	of the treasurer of the commit	tee; and the name and address of
Full Name Gregor of Treasurer	ory Alan Kwiatkowski		
Mailing Address	1785 Deerhead Road		
	Mount Jackson	VA	22842 - -
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	540 - 477 - 2821

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Full Name of Designated			
Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telepho	one number	
	ellarone Bank		
Ste	ellarone Bank		
Ste	P.O Box 600	VA	68
Ste	ellarone Bank	VA 240	68
Ste	P.O Box 600	VA 240 STATE	68 ZIP CODE
Ste	P.O Box 600 Christiansburg CITY		
Ste Mailing Address Name of Bank, Deposit	P.O Box 600 Christiansburg CITY		
Ste Mailing Address Name of Bank, Deposit	P.O Box 600 Christiansburg CITY	STATE	
Ste Mailing Address Name of Bank, Deposit	P.O Box 600 Christiansburg CITY tory, etc.	STATE	
Ste Mailing Address Name of Bank, Deposit	P.O Box 600 Christiansburg CITY tory, etc. Theres and Merchants Bank 161 South Main Street	STATE	ZIP CODE
Ste Mailing Address Name of Bank, Deposit	P.O Box 600 Christiansburg CITY tory, etc.	STATE	ZIP CODE