01/17/2012 11 : 37

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FEC FORM 1			TATEN RGAN							Offic	e Use (Only			
1. NAME OF COMMITTEE (in	n full)		Check if nam changed)	ne	Example over the	e:If typing, lines.	type	12F	E4M5						
KAREN K\	WIATK	SWC	KI FO	R C	ONG	RES	S								
ADDRESS (number a		PO BOX	156												
(Check if a	ddress														
is changed)	· I	PORT R	EPUBLIC					VA		2447	1				╛
				CIT	ΓΥ			STATE	<u>.</u>		ZII	P COI	DΕ		
COMMITTEE'S E-MA	AL ADDRESS		provide only karenkforcon			s)		1 1 1		1 1	1 1		1 1	1 1	
(Check if is change															
COMMITTEE'S WEB (Check if is change	address	,	RL) enkforcongre	ss.com											
2. DATE 0°	M / D D D 17	/ Y	2012												
3. FEC IDENTIFIC	CATION NUM	1BER	C	C004	199582										
4. IS THIS STATE	MENT X	NEW	(N) C	DR		AMENDE	ED (A)								
I certify that I have e	examined this	Stateme	nt and to the	e best of	my knov	vledge and	d belief it	is true,	correct	t and o	comple	te.			
Type or Print Name	of Treasurer	Gregory	Alan Kwiatko	owski											_
Signature of Treasure	Gregory A	lan Kwiat	kowski		[El	ectronically	y Filed]	Date	01	M /	17] ′ [Y Y 20	012	Y
NOTE: Submission of			omplete inforn			•					enalties	of 2	U.S.C	. §437	g.
Office				П	For	further info	ormation co	ontact:			EC	F05		1	

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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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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FEC Form 1 (Rev		Page 3
Write or Type Committee		-00
	ATKOWSKI FOR CONGRE	
. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundra	aising Representative, or Leadership PAC Sponsor
NONE		
Mailing Address		
Ü		
	CITY	STATE ZIP CODE
Dalatianakin Danu	and Commission Desirated Commission Desirated	Fundacione Decreased in D. Landardhia DAC Cranes
Relationship: Conr	ected Organization	Fundraising Representative Leadership PAC Sponso
books and records.	ndenuty by name, address (phone number optional	II) and position of the person in possession of committe
Full Name		
Mailing Address		
Title or Position	CITY	STATE ZIP CODE
	Tele	ephone number
Treasurer: List the name any designated agent (e and address (phone number optional) of the treas e.g., assistant treasurer).	surer of the committee; and the name and address of
Full Name Greg	ory Alan Kwiatkowski	
Mailing Address	1785 Deerhead Road	
	Mount Jackson	VA 22842
Title or Position	CITY	STATE ZIP CODE
Treasurer	Tala	ophono number 540 477 2821

1 20 101	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
-	poxes or maintains funds. Depository, etc.	
safety deposit b	Depository, etc. Stellarone Bank 1P.O Box 600	
safety deposit b Name of Bank,	Depository, etc. Stellarone Bank P.O Box 600	
safety deposit b Name of Bank,	Depository, etc. Stellarone Bank 1P.O Box 600	58
safety deposit b Name of Bank,	Depository, etc. Stellarone Bank P.O Box 600	58
safety deposit b Name of Bank, Mailing Address	Depository, etc. Stellarone Bank P.O Box 600 Christiansburg VA 2406	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Stellarone Bank P.O Box 600 Christiansburg CITY STATE Depository, etc.	
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. Stellarone Bank P.O Box 600 Christiansburg CITY STATE Depository, etc.	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Stellarone Bank P.O Box 600 Christiansburg CITY STATE Depository, etc.	
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. Stellarone Bank P.O Box 600 Christiansburg CITY STATE Depository, etc.	
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