



# STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

94122003 25

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. 69598-50		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) <u>5, 7, 8, 9, 10</u>	
2. Full Name of Committee COMMITTEE TO ELECT DON BROWN		Date Change Took Place MAY 2, 1994 Month Day Year	
4. Candidate Name Office Sought (include district or jurisdiction served)		County of Residence Party (if applicable)	
5. Committee Street Address (street, city, state, zip code) 64647 NORWICH CIRCLE WASHINGTON MI 48095		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. Day Yr.	8. Full Name and Mailing Address of Treasurer DON BROWN 64647 NORWICH CIRCLE WASHINGTON MI 48095		Area Code and Phone (810)752-5968
7. Committee Area Code and Phone 810-752-5968			
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name Mailing Address Area Code/Phone			
10. REPORTING WAIVER SECTION <input type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.			
11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories).		12. This item applies only to a gubernatorial Candidate Committee. If this committee intends to seek qualifying contributions for public funding.	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Treasurer <u>DON BROWN</u> Type or Print Name		Signature <u>[Signature]</u> Date <u>05-02-94</u> Mo. Day Year	
Candidate <u>DON BROWN</u> Type or Print Name		Signature <u>[Signature]</u> Date <u>05-02-94</u> Mo. Day Year	
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)			
14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address	

FILED  
1994 MAY -2  
CARMILLA  
MAGOM  
MT. CLEVELAND



# STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. <b>69598-50</b>		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) <b>5,7,8,9,10</b>	
2. Full Name of Committee <b>COMMITTEE TO ELECT DON BROWN</b>		Date Change Took Place <b>MAY 22, 1994</b> Month Day Year	
4. Candidate Name  Office Sought (include district or jurisdiction served)		County of Residence  Party (if applicable)	
5. Committee Street Address (street, city, state, zip code) <b>64647 NORWICH CIRCLE WASHINGTON MI 48095</b>		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. Day Yr.	8. Full Name and Mailing Address of Treasurer <b>DON BROWN 64647 NORWICH CIRCLE WASHINGTON MI 48095</b>		Area Code and Phone <b>(810)752-5968</b>
7. Committee Area Code and Phone <b>810-752-5968</b>			
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name Mailing Address Area Code/Phone			
10. REPORTING WAIVER SECTION <input type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.			
11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories).		12. This item applies only to a gubernatorial Candidate Committee. Check if this committee intends to seek qualifying contributions for public funding.	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Treasurer <u><b>DON BROWN</b></u> Type or Print Name		/ <u><i>Don Brown</i></u> Signature	Date <u><b>05-02-94</b></u> Mo. Day Year
Candidate <u><b>DON BROWN</b></u> Type or Print Name		/ <u><i>Don Brown</i></u> Signature	Date <u><b>05-02-94</b></u> Mo. Day Year
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)			
14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address	

FILED  
1994 MAY 22 PM 1:00  
CARNELL S. MASON  
MICHIGAN COMMISSIONER  
MT. CLEMENS, MICHIGAN



# STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

9233703/0

MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

Type or Print Clearly

<p>1. Committee Identification No. <span style="font-size: 1.5em;">69598-50</span></p>	<p>3. Type of Filing  <input type="checkbox"/> Original  <input checked="" type="checkbox"/> Amendment to Item(s) <u>10</u></p>						
<p>2. Full Name of Committee <span style="font-size: 1.2em;">CTE DON BROWN</span></p>	<p>Date Change Took Place  <span style="font-size: 1.2em;">12 - 1 - 92</span>  <small>Month Day Year</small></p>						
<p>4. Candidate Name <span style="font-size: 1.2em;">DON BROWN</span></p> <p>Office Sought (include district or jurisdiction served) <span style="font-size: 1.2em;">13 DISTRICT COUNTY COMMISSIONER</span></p>	<p>County of Residence <span style="font-size: 1.2em;">MACOMB</span></p> <p>Party (if applicable) <span style="font-size: 1.2em;">REPUBLICAN</span></p>						
<p>5. Committee Street Address (street, city, state, zip code) <span style="font-size: 1.2em;">8854 N. STONY J-237 WASHINGTON MI. 48094</span></p>	<p>5a. Committee Mailing Address (if different from street address)</p>						
<p>6. Date Committee Was Formed  <small>Mo. Day Yr.</small>  <span style="font-size: 1.2em;">12 23 87</span></p>	<p>8. Full Name and Mailing Address of Treasurer  <span style="font-size: 1.2em;">DON BROWN 8854 N. STONY J-237 WASHINGTON MI 48094</span></p>						
<p>7. Committee Area Code and Phone <span style="font-size: 1.2em;">(313) 786-9131</span></p>	<p>Area Code and Phone <span style="font-size: 1.2em;">(313) 786-9131</span></p>						
<p>9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">Name</td> <td style="width: 40%; border: none;">Mailing Address</td> <td style="width: 30%; border: none;">Area Code/Phone</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table>		Name	Mailing Address	Area Code/Phone			
Name	Mailing Address	Area Code/Phone					

**10. REPORTING WAIVER SECTION**  
 The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.

<p>11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories).</p>	<p>12. This item applies only to a gubernatorial Candidate Committee.  <input checked="" type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.</p>
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13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

<p>Treasurer <u>DON BROWN</u> Type or Print Name</p>	<p><u>[Signature]</u> Signature</p>	<p>Date <u>12-1-92</u> <small>Mo. Day</small></p>
<p>Candidate <u>DON BROWN</u> Type or Print Name</p>	<p><u>[Signature]</u> Signature</p>	<p>Date <u>12-1-92</u> <small>Mo. Day</small></p>

**14. FOR OFFICEHOLDERS' USE ONLY** (Complete only if you have established an Officeholder Expense Fund)

<p>14a. Full Name and Address of Officeholder Expense Fund</p>	<p>14b. Full Name and Address of Treasurer of Officeholder Expense Fund</p>	<p>14c. Officeholder Expense Fund Depository Name and Address</p>



# STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

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MAY 4 12 10 PM '92  
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DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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Type or Print Clearly

1. Committee Identification No. <b>69598-50</b>		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) #4	
2. Full Name of Committee <b>CTE DON BROWN</b>		Date Change Took Place Month <u>5</u> Day <u>4</u> Year <u>92</u>	
4. Candidate Name <b>COUNTY COMMISSIONER DISTRICT 13</b>		County of Residence Party (if applicable)	
5. Committee Street Address (street, city, state, zip code)		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. Day Yr.	8. Full Name and Mailing Address of Treasurer		Area Code and Phone
7. Committee Area Code and Phone	9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name Mailing Address Area Code/Phone		

### 10. REPORTING WAIVER SECTION

The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.

11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories).

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 Check if this committee intends to seek qualifying contributions for public funding.

13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Treasurer _____ Type or Print Name	Signature _____	Date _____ Mo. Day Year
Candidate <u>Don Brown</u> Type or Print Name	Signature _____	Date <u>5 4 92</u> Mo. Day Year

### 14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

14a. Full Name and Address of Officeholder Expense Fund

14b. Full Name and Address of Treasurer of Officeholder Expense Fund

14c. Officeholder Expense Fund Depositor Name and Address



# STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

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Type or Print Clearly

1. Committee Identification No. <b>69598-50</b>		3. Type of Filing <b>JAN 31 1 27 PM '92</b> <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) <b>10-REPORTING WAIVER</b>	
2. Full Name of Committee <b>COMMITTEE TO ELECT DON BROWN</b>		Date Change Took Place <b>MACOMB COUNTY, MICHIGAN</b> Month <b>1</b> Day <b>20</b> Year <b>92</b>	
4. Candidate Name <b>DON BROWN</b>		County of Residence <b>MACOMB</b>	
Office Sought (include district or jurisdiction served) <b>12TH DISTRICT COUNTY COMMISSIONER</b>		Party (if applicable) <b>REPUBLICAN</b>	
5. Committee Street Address (street, city, state, zip code) <b>8854 N. STONG J-237 WASHINGTON MI. 48094</b>		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. <b>4</b> Day <b>25</b> Yr. <b>89</b>	8. Full Name and Mailing Address of Treasurer <b>DON BROWN 8854 N. STONG J-237 WASHINGTON MI. 48094</b>		Area Code and Phone <b>(313) 786-9131</b>
7. Committee Area Code and Phone <b>(313) 786-9131</b>			
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name _____ Mailing Address _____ Area Code/Phone _____			

### 10. REPORTING WAIVER SECTION

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Treasurer <u><b>DON BROWN</b></u> Type or Print Name	<u><b>Don Brown</b></u> Signature	Date <u><b>1 20</b></u> Mo Day
Candidate <u><b>DON BROWN</b></u> Type or Print Name	<u><b>Don Brown</b></u> Signature	Date <u><b>1 20</b></u> Mo Day Year

### 14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address
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# STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

Type or Print Clearly

1. Committee Identification No. <b>69598-50</b>		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) <b>4,5,5A,7,8,</b>	
2. Full Name of Committee <b>COMMITTEE TO ELECT DON BROWN</b>		Date Change Took Place <b>05 - 21 - 90</b> Month Day Year	
4. Candidate Name <b>DON BROWN</b>		County of Residence <b>MACOMB</b>	
Office Sought (include district or jurisdiction served) <b>12TH COUNTY COMMISSIONER DISTRICT</b>		Party (if applicable) <b>REPUBLICAN</b>	
5. Committee Street Address (street, city, state, zip code) <b>8854 NORTH STONY DR. J-237 WASHINGTON MI. 48094</b>		5a. Committee Mailing Address (if different from street address) <b>8854 NORTH STONY J-237 WASHINGTON MI. 48094</b>	
6. Date Committee Was Formed Mo. <b>12</b> Day <b>13</b> Yr. <b>87</b>	8. Full Name and Mailing Address of Treasurer <b>DON BROWN 8854 N. STONY J-237 WASHINGTON MI. 48094</b>		
7. Committee Area Code and Phone <b>(313) 786-9131</b>		Area Code and Phone <b>(313) 786-9131</b>	
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name Mailing Address Area Code/Phone			
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Treasurer Type or Print Name <b>DON BROWN</b>		Signature <i>Don Brown</i>	
Candidate Type or Print Name <b>DON BROWN</b>		Signature <i>Don Brown</i>	
Date Mo. Day Year <b>05 - 21 - 90</b>		Date Mo. Day Year <b>05 - 21 - 90</b>	
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)			
14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address	

FILED  
MAY 21 12 08 PM '90  
EDNA HILL  
MACOMB COUNTY  
MT. CLEMENS, MICHIGAN



# STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

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MICHIGAN DEPARTMENT OF STATE  
Elections Division

Type or Print Clearly

1. Committee Identification No. <p style="font-size: 1.5em; text-align: center;">69598-50</p>		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) <u>10</u> Effective Date of Amendment <p style="text-align: center;"> <span style="margin-right: 20px;">12</span> <span style="margin-right: 20px;">19</span> <span>88</span>              Month                      Day                      Year         </p>									
2. Full Name of Committee <p style="font-size: 1.2em;">COMMITTEE TO ELECT DON BROWN</p>		4. Candidate Name <p style="font-size: 1.2em;">DON BROWN</p> Office Sought <p style="font-size: 1.2em;">TRUSTEE - WASHINGTON TOWNSHIP</p>									
4. Candidate Name <p style="font-size: 1.2em;">DON BROWN</p> Office Sought <p style="font-size: 1.2em;">TRUSTEE - WASHINGTON TOWNSHIP</p>		County of Residence <p style="font-size: 1.2em;">MACOMB</p> Party (if applicable) <p style="font-size: 1.2em;">REPUBLICAN</p>									
5. Committee Street Address (street, city, state, zip code) <p style="font-size: 1.2em;">66692 VAN DYKE A-8 ROMEO MI. 48065</p>		5a. Committee Mailing Address (if different from street address) 									
6. Date Committee Was Formed Mo. <u>12</u> Day <u>13</u> Yr. <u>87</u>	8. Full Name and Mailing Address of Treasurer <p style="font-size: 1.2em;">MARY E. BROWN P.O. BOX 253 WASHINGTON, MI. 48094</p>		Area Code and Phone <p style="font-size: 1.2em;">(313) 781-6113</p>								
7. Committee Area Code and Phone <p style="font-size: 1.2em;">313 752-6280</p>		9. Identify the Principal Officers of this Committee, other than the Treasurer <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 30%;">Title or Position</th> <th style="width: 30%;">Mailing Address</th> <th style="width: 10%;">Area Code/Phone</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Name	Title or Position	Mailing Address	Area Code/Phone				
Name	Title or Position	Mailing Address	Area Code/Phone								
10. REPORTING WAIVER SECTION <input checked="" type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.											
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13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.											
Treasurer _____ Type or Print Name		_____ Signature									
Candidate <u>DON BROWN</u> Type or Print Name		_____ Signature									
Date _____ Mo.                      Day                      Year		Date <u>12</u> <u>19</u> <u>88</u> Mo.                      Day                      Year									
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)											
14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address									

SENATE  
 MACOMB COUNTY CLERK  
 MT. CLEMENS, MICHIGAN  
 DEC 22 1 32 PM '88  
 FILED



# STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

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MICHIGAN DEPARTMENT OF STATE  
Elections Division

Type or Print Clearly

1. Committee Identification No. <b>69598-50</b>		3. Type of Filing <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment to Item(s) _____ Effective Date of Amendment _____ Month _____ Day _____ Year _____										
2. Full Name of Committee <b>COMMITTEE TO ELECT DON BROWN</b>		4. Candidate Name <b>DON BROWN</b> Office Sought <b>TRUSTEE/WASHINGTON TWP.</b>										
4. Candidate Name <b>DON BROWN</b> Office Sought <b>TRUSTEE/WASHINGTON TWP.</b>		County of Residence <b>MACOMB</b> Party (if applicable) <b>REPUBLICAN</b>										
5. Committee Street Address (street, city, state, zip code) <b>66693 VAN DYKE A-8 ROMEO, MI. 48065</b>		5a. Committee Mailing Address (if different from street address)										
6. Date Committee Was Formed Mo. <b>12</b> Day <b>33</b> Yr. <b>87</b>	8. Full Name and Mailing Address of Treasurer <b>MARY E. BROWN 57033 PLYMOUTH WASHINGTON, MI 48094</b>	Area Code and Phone <b>313 752-6280</b>	DECEMBER 31 1987 FILED MACOMB COUNTY, MICHIGAN									
7. Committee Area Code and Phone <b>313-752-6280</b>		9. Identify the Principal Officers of this Committee, other than the Treasurer										
<table border="0" style="width: 100%;"> <tr> <th style="width: 30%;">Name</th> <th style="width: 30%;">Title or Position</th> <th style="width: 40%;">Mailing Address</th> </tr> <tr> <td><b>NANCY J. ALBERT</b></td> <td></td> <td><b>60942 CAMPGROUND WASHINGTON</b></td> </tr> <tr> <td><b>MICHAEL CAMACCI</b></td> <td></td> <td><b>7735 GARLAND WASHINGTON</b></td> </tr> </table>		Name	Title or Position	Mailing Address	<b>NANCY J. ALBERT</b>		<b>60942 CAMPGROUND WASHINGTON</b>	<b>MICHAEL CAMACCI</b>		<b>7735 GARLAND WASHINGTON</b>	Area Code/Phone...	
Name	Title or Position	Mailing Address										
<b>NANCY J. ALBERT</b>		<b>60942 CAMPGROUND WASHINGTON</b>										
<b>MICHAEL CAMACCI</b>		<b>7735 GARLAND WASHINGTON</b>										
10. REPORTING WAIVER SECTION <input checked="" type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.												
11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). <b>First Federal Bank &amp; Trust Washington MI, 48065 58765 Van Dyke Washington, MI 48094</b>		12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.										
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.												
Treasurer <b>MARY E. BROWN</b> <small>Type or Print Name</small>		<b>Mary E. Brown</b> <small>Signature</small>										
Date <b>12 13 87</b> <small>Mo. Day Year</small>		Date <b>12 13 87</b> <small>Mo. Day Year</small>										
Candidate <b>DONALD C. BROWN</b> <small>Type or Print Name</small>		<b>Donald C. Brown</b> <small>Signature</small>										
Date <b>12 13 87</b> <small>Mo. Day Year</small>		Date <b>12 13 87</b> <small>Mo. Day Year</small>										
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)												
14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address										