

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <p style="font-size: 1.2em; text-align: center;"><i>FORTON FOR U.S. SENATE</i></p>	2. DATE <p style="font-size: 1.2em; text-align: center;"><i>July 7, 2000</i></p>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <p style="font-size: 1.2em; text-align: center;"><i>P.O. Box 427</i></p>	3. FEC Identification Number 
(c) City, State and ZIP Code <p style="font-size: 1.2em; text-align: center;"><i>STERLING HIGTS MI 48311-0427</i></p>	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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**5. TYPE OF COMMITTEE (Check one)**

- (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<br><i>MARK A. FORTON</i> | Candidate Party Affiliation<br><i>REFORM PARTY</i> | Office Sought<br><i>U.S. SENATE</i> | State/District<br><i>MI 10TH</i> |
|--|--|-------------------------------------|----------------------------------|
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

- Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

<small>Full Name</small>	<small>Mailing Address</small>	<small>Title or Position</small>
<i>DIANE A PATROSKE</i>	<i>52679 BELLE PTC CT. SHELBY TWP 48311</i>	<i>TREASURER</i>

**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).

<small>Full Name</small>	<small>Mailing Address</small>	<small>Title or Position</small>
<i>DIANE A PATROSKE</i>	<i>52679 BELLE PTC, SHELBY TWP, 48311</i>	<i>TREASURER</i>
<i>SANDRA J STEINER</i>	<i>40758 IRVAL DR, STER. HIGTS, MI 48313</i>	<i>ASST. TREAS.</i>

**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.

<small>Name of Bank, Depository, etc.</small>	<small>Mailing Address and ZIP Code</small>
<i>TCF NATIONAL BANK</i>	<i>401 E. LIBERTY STREET ANN ARBOR MI 48107-8600</i>

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 <i>DIANE A PATROSKE</i>	SIGNATURE OF TREASURER <i>Diane A Patroske</i>	DATE <i>7-7-00</i>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-219-3420

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FEC FORM 1

(revised 4/87)

