## 13031140856

FEC FORM 1

## STATEMENT OF ORGANIZATION

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NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
[Don Brown For Congress		1 1 1 1 1 1 1 1	L_	
		<u> </u>		
ADDRESS (number and street)	495 N <sub>I</sub> Lakeside			·
(Check if address is changed)			; 	
	Vidor		LTX 7	7662
COMMITTEE'S E-MAIL ADDRES	SS		ļ.	
(Check if address	donbrown4tx14@gt.ri	r.com		
أَمْمُ is changed)	Optional Second E-Mail Add dbrown46@gt.rr.com	ress		
	<u> </u>	<del></del>	· · · · · · · · · · · · · · · · · · ·	
COMMITTEE'S WEB PAGE ADD	PRESS (URL)			
(Check if address is changed)	www.donbrown4tx14	<b>org</b>		
(Common 15 Origing Cod)				
			<u> </u>	
2. DATE 11 12			; ;	
3. FEC IDENTIFICATION NU	MBER ▶ C	เกราะเลย เลขาลาย เลขาะ เลข เลขาะ เลขาะ เล		
4. IS THIS STATEMENT X	.NEW (N) OR	AMENDED (A)	· :	
I certify that I have examined thi	s Statement and to the best of	of my knowledge and belief it	is true, correct and	d complete.
Type or Print Name of Treasurer	Kristen Wilson-Frazie	er	l	
Signature of Treasurer	and.		Date 11	12 2013
NOTE: Submission of false, errone	ous, or incomplete information many CHANGE IN INFORMATIO			penalties of 2 U.S.C. §437g.
Office Use		For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

		COMMITTEE e Committee:				
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)				
(p)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Nam Can	e of lidate	[Donald Brown				
	lioate Affiliat	ion Dem Sought: X House Senate President  District  District				
(c)	X	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand	e of lidate	Donald Browh				
Parl	y Cor	nmittee:				
(d)		This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.				
Poli	tical A	Action Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify commected organization on line 6.) Its connected organization is a:				
		Corporation w/o Capital Stock Labor Organization				
		Membership Organization Trade Associatioe 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.)				
Join	t Func	draising 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.				
	Com	nmittees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number C				
	3.	FEC ID number C				
	4.					

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Write or Type Committee Nam	е	,
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
1		
Mailing Address		:: :
		· · · · · · · · · · · · · · · · · · ·
		: 
	CITY STATE	ZIP CODE
Relationship:	d Organization Affiliated Committee Joint Fundraising Representat	tive :
il port	्रे स्टब्स् वर्ष	. g~e;
7. Custodian of Records: Ide	ntify by name, address (phone number optional) and position of the pe	erson in possession of committee
books and records.		
Full Name Kristen	ı Wilson Fraizeri <u>i i i i i i i i i i i i i i i i i i </u>	
Mailing Address	7938 Fleather Springs Dr. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Walling Addiess		
	[ Houston   4   4   4   4   4   4   4   4   4	77095    -
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 28	31,   -   463   -  2040
<ol><li>Treasurer: List the name an any designated agent (e.g.,</li></ol>	nd address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
Full Name	Miles Families	
of Treasurer Kristen	ı Wi son-Frazjer	
Mailing Address	7938 Feather Springs Dr.	
•		<u> </u>
	Houston	77095
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 28	1,

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			1
Full Name of Designated Agent			<u> </u>
Mailing Address			
		<u> </u>	
·	СПҮ	STATE	ZIP CODE
Title or Position			11÷1 1 - 1 - 1 - 1 - 1
		elephone number : !	<b>J</b> i <del>liiiii</del> :
Barlin or Other Person	itories: List all banks or other depositories in whic	h the committee deposits fun	de holde accounte ronte
safety deposit boxes or i	maintains funds.	in the committee deposits full	us, noids accounts, tents
Name of Bank, Deposito	ry, etc.		ı
<u></u>		<del></del>	
Mailing Address		1 1 1 1 1 1 1 1 1	·
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		ا ليا ليي	
	CITY	STATE	ZIP CODE
Name of Bank, Deposito	ory, etc.		
Lil		<u>                                     </u>	
Mailing Address			
			<b>_</b>
	CITY	STATE	ZIP CODE



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