



COMMITMENT TO SUBMIT TO ADR

ADR # ADR 701

I confirm that I read the material describing the Federal Election Commission's (FEC) Alternative Dispute Resolution (ADR) program and request that my case be considered for this program. I agree to the following conditions:

1. To engage in the FEC's ADR process;
2. To participate in good faith in negotiations to resolve the case, and, if unsuccessful, to engage in mediation with the aim of achieving a mutually acceptable resolution; and
3. All parties and their representatives or counsel agree that all proceedings during negotiations to resolve the matter, including any statements made or documents prepared by any party, attorney or representative, may not be disclosed for any purpose; and
4. To toll the statute of limitations for any civil enforcement action that the FEC might bring in my case pursuant to 2 U.S.C. § 437g(a)(6) for the same number of days my case is being processed in the Commission's ADR Program; and
5. To designate the representative named below to receive all communications from the FEC on behalf of Respondents in this case and to authorize the named representative to participate in the FEC's ADR program on behalf of Respondents, including negotiating on behalf of Respondents with the full authority to make and/or accept settlement offers and legally bind Respondents upon the execution of a written agreement formalizing the settlement of this case.

NAME OF RESPONDENT: Maune Brown
 ADDRESS: Augusta Ga 30907
 TELEPHONE: _____
 EMAIL ADDRESS: _____

STATEMENT OF DESIGNATION OF REPRESENTATIVE/COUNSEL

NAME OF REPRESENTATIVE/COUNSEL: _____
 FIRM NAME: _____
 ADDRESS: _____
 TELEPHONE: _____
 EMAIL ADDRESS: _____

2 April 2014
DATE

[Signature]
SIGNATURE OF RESPONDENT



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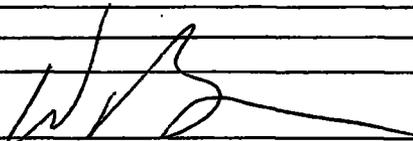
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NAME OF RESPONDENT: WayneWorks, LLC
 ADDRESS: 2091 Hudson Place
Augusta GA 30907
 TELEPHONE: 706 737 7687
 EMAIL ADDRESS: _____

STATEMENT OF DESIGNATION OF REPRESENTATIVE/COUNSEL

NAME OF REPRESENTATIVE/COUNSEL: _____
 FIRM NAME: _____
 ADDRESS: _____
 TELEPHONE: _____
 EMAIL ADDRESS: _____

DATE



 SIGNATURE OF RESPONDENT