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2004 JUN -1 P 12: 48

STATEMENT OF DESIGNATION OF COUNSEL

Please use one form for each respondent.

MUR 5445

NAME OF COUNSEL: DON McLaughlin

FIRM: _____

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OFFICE OF GENERAL
COUNSEL

2004 JUN -1 P 2: 13

The above-named individual is hereby designated as my counsel and is authorized to receive any notifications and other communications from the Commission and to act on my behalf before the Commission.

Geoff Davis for Congress

Print Name

5/10/04

Date



Signature

Candidate

Title

RESPONDENT'S NAME: Geoff Davis for Congress

ADDRESS: P.O. Box 17192

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