

JUL-20-04 TUE 10:30 AM

FAX NO.

P. 02

STATEMENT OF DESIGNATION OF COUNSEL

Please use one form for each respondent.

MUR 5476NAME OF COUNSEL: Cassandra Lentchner and Ezra ReeseFIRM: Perkins Coie LLPADDRESS: 607 Fourteenth Street, NW, Suite 800Washington, DC 20005-2011TELEPHONE: (202) 628-6600FAX: (202) 434-1690RECEIVED
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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.

John M. Botts

Print Name

7/20/04

Date

John M. Botts

Signature

TREASURER

Title

RESPONDENT'S NAME: NARAL PRO-CHOICE AMERICA PACADDRESS: 1156 15th Street NW, Suite 700WASHINGTON, DC 20005

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