



COMMITMENT TO SUBMIT TO ADR

569

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. 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.

DATE 6/20/2011

SIGNATURE [Handwritten Signature]

NAME OF RESPONDENT:
ADDRESS:
TELEPHONE:
FACSIMILE:
EMAIL ADDRESS:

NATIONAL NURSES UNITED FOR PATIENT PROTECTION
9630 FENTON STREET SUITE 1100
SILVER SPRING, MD 20910
(510) 273-2242
(510) 663-2771
nlighty@nationalnursesunited.org

STATEMENT OF DESIGNATION OF REPRESENTATIVE/COUNSEL

NAME OF REPRESENTATIVE OR COUNSEL:
FIRM NAME:
ADDRESS:
TELEPHONE:
FACSIMILE:
EMAIL ADDRESS:

LAURENCE E. GOLD
TRISTER ROSS SCHADLER + GOLD PLLC
1666 CONNECTICUT AVE. N.W. SUITE 500
WASHINGTON DC 20009
(202) 328-1666 x 1352
(202) 328-9162
lgold@tristorross.com

THE ABOVE-NAMED INDIVIDUAL IS HEREBY DESIGNATED AS MY REPRESENTATIVE/COUNSEL AND IS AUTHORIZED TO RECEIVE ANY NOTIFICATIONS AND OTHER COMMUNICATIONS FROM THE FEC AND TO ACT ON MY BEHALF BEFORE THE FEC.

DATE 6/20/2011

SIGNATURE [Handwritten Signature]

FEDERAL ELECTION COMMISSION, ALTERNATIVE DISPUTE RESOLUTION OFFICE
928 E STREET N.W., WASHINGTON, DC 20463
TELEPHONE 202.694.1665 FAX 202.219.0613

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