

*Representative*STATEMENT OF DESIGNATION OF ~~OFFICIAL~~

MUR _____

NAME OF ~~PERSON~~*Representative*DAVID GOLDING

FIRM: _____

ADDRESS: 22815 NW 66TH AVE #406ISOCRA RATION, FL.

TELEPHONE: _____

FAX: _____

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

12-3-00

Date

William L. Golding

Signature

NAME: William L. GoldingADDRESS: 1160 SAN JUAN DR.Meeritt Island, FL32952

TELEPHONE: HOME _____

BUSINESS _____

Dec 12 1 44 PM '00

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COMMISSION
OFFICE OF GENERAL
COUNSEL

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