

STATEMENT OF DESIGNATION OF COUNSEL

Please use one form for each respondent

MUR 5266

NAME OF COUNSEL: Michael D. Rossi, Esq.

FIRM: Guarnieri & Secrest

ADDRESS: 151 E. Market Street

P.O. Box 4270

Warren, OH 44482

TELEPHONE: (330) 393-1584

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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.

Michael D. Rossi

Print Name

5/15/02
Date


Signature

Respondent's Attorney
Title

RESPONDENT'S NAME: Dennis A. Rossi

ADDRESS: 420 High Street, NE

Warren, OH 44481

TELEPHONE HOME()

BUSINESS(330) 373-1200

May 28 1 49 PM '02

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