

STATEMENT OF DESIGNATION OF COUNSEL

Please use one form for each respondent

MUR 5361

NAME OF COUNSEL: Dennis Plews, ESQ

FIRM: _____

ADDRESS: 27 Fletcher Ave
SARASOTA, FL 34237

TELEPHONE: (941) 952-9999 x 108

FAX: (941) 399-9999

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 J Shelton
Print Name

6/9/03
Date

[Signature]
Signature

Title

RESPONDENT'S NAME: Michael J Shelton

ADDRESS: 426 Partridge Circle
SARASOTA, FL 34236

TELEPHONE: HOME

BUSINESS (941) 928-0567

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COUNSEL
JUN 11 2 03