

STATEMENT OF DESIGNATION OF COUNSEL

Please use one form for each respondent

MUR 5380

NAME OF COUNSEL: Donald McGahn

FIRM: _____

ADDRESS: 320 First Street, SE
Washington, DC 20003

TELEPHONE: (202) 429 3069

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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.

Tom DeLay

Print Name

9/4/03
Date

Tom DeLay
Signature

Member of Congress
Title

RESPONDENT'S NAME: The Honorable Tom DeLay

ADDRESS: 10227 Corporate Drive
Suite 130
Stafford, TX 77477

TELEPHONE: HOME() _____

BUSINESS(281) 491-8663