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STATEMENT OF DESIGNATION OF COUNSEL

Please use one form for each respondent

MUR 5393NAME OF COUNSEL: James LambFIRM: Ryan, Phillips, Utrecht & MacKinnonADDRESS: 1133 Connecticut Ave, NW
300Wash. DC 20036TELEPHONE: (202) 778-4012FAX: (202) 293-3411

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.

Miriam Mitchell

Print Name

11/19/03
DateMiriam Mitchell
SignatureTreasurer
TitleRESPONDENT'S NAME: Miriam Mitchellfor
Carden for Congress

ADDRESS: _____

26 Park StreetMontclair, NJ 07042

TELEPHONE: HOME _____

BUSINESS (973) 744-3200 (Mr. Carden)

25 04 44 0361