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STATEMENT OF DESIGNATION OF COUNSEL

Please use one form for each respondent.

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NAME OF COUNSEL: Myraux Chafflon

FIRM: Sonnenschein Nath & Rosenthal LLP

ADDRESS: 1721 Avenue of the Americas

New York, NY 10020

TELEPHONE: (212) 768-6700

FAX: (212) 768-6800

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.

Rob. H. Weinstein
Print Name

7/15/04
Date

[Signature]
Signature

Title

RESPONDENT'S NAME: Rob. H. Weinstein

ADDRESS:

375 Greenwich Street

New York, NY 10013

TELEPHONE: HOME(...)

BUSINESS(212) 941-4030