

STATEMENT OF DESIGNATION OF COUNSEL

Please use one form for each respondent.

MUR SS27

NAME OF COUNSEL: Charles A. Morse

FIRM: _____

ADDRESS: _____

TELEPHONE: (617) 277-7324

FAX: (617) 730-8449

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.

Charles A. Morse

Print Name

9/12/2004

Date

Charles A. Morse

Signature

Treasurer

Title

RESPONDENT'S NAME: Charles A. Morse

ADDRESS: _____

Brookline, MA 02446

TELEPHONE: HOME

BUSINESS (508) 994-5022

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