

FEDERAL ELECTION COMMISSION 1050 First Street, NE Washington, DC 20463

Digitally signed by Christal Dennis Date: 2018.04.23 09:21:04 -04'00'

STATEMENT OF DESIGNATION OF COUNSEL

Provide one form for each Respondent/Witness

EMAIL cela@fec.gov

FAX 202-219-3923

AR/MUR/RR/P-MUR#_7351				
Name of Counsel: E. Mark Braden				
Firm: Baker & Hostetler LLP				
Address: 1050 Connecticut Avenue, NW, Suite 1100				
Washington, DC 20036				
Office#: 202-861-1504 Fax#: 202-861-1783				
Mobile#:				
E-mail: mbraden@bakerlaw.com				
The above-named individual and/or firm 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				
Date (Signature - Respondent/Agent/Treasurer) To a Surver Title				
RESPONDENT:Cabell Hobbs, Treasurer, John Bolton Super PAC				
(Committee Name/ Company Name/Individual Named in Notification Letter)				
(Print Treasurer Name if Applicable)				
Mailing Address: 1730 M Street, NW (Please Print)				
Washington, DC 20036				
Home#: Mobile#:				
Office#:Fax#:				
E-mail:				

This form relates to a Federal Election Commission matter that is subject to the confidentiality provisions of 52 U.S.C. § 30109(a)(12)(A). This section prohibits making public any notification or investigation conducted by the Federal Election Commission without the express written consent of the person under investigation.



FEDERAL ELECTION COMMISSION 1050 First Street, NE Washington, DC 20463

Digitally signed by Christal Dennis Date: 2018.04.23 09:23:52 -04'00'

STATEMENT OF DESIGNATION OF COUNSEL

Provide one form for each Respondent/Witness

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AR/MUR/RR	VP-MUR# _7351		
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	Office#: _202-861-1504	Fax#: 202-861-1783	
	Mobile#:		
E-mail: mbra	aden@bakerlaw.com		
The above-name notifications and	ed individual and/or firm is hereby designated dother communications from the Commission	as my counsel and is auth	norized to receive any pefore the Commission
4-19-18 Date	(Signature - Respondent/Agent/Tr		Treasure
	(o.g.mate - Respondent/Agent/11	reasurer)	Title
RESPONDENT			
	(Committee Name/ Company Name/Individu	ual Named in Notification	Letter)
	Cabell Hobbs, Treasurer (Print Treasurer Name if Applicable)		
	(2 Time Treasurer Name ii Applicable)		
Mailing Address: (Please Print)	: 1730 M Street, NW		
(* 1-400 1 1411)	Washington, DC 20036	Š	
, i	Home#:	Mobile#:	
	Office#:		
E-mail:			

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