

From: [Sally Steffen](#)
To: [CELA](#)
Cc: [Holly Schadler](#)
Subject: Re: MUR 7854: Respondent CEIR Designation of Counsel Forms
Date: Tuesday, December 1, 2020 7:37:30 PM
Attachments: [MUR 5874 CEIR Counsel Designation Schadler 12-1-20\[1\].pdf](#)
[MUR 5874 CEIR Counsel Designation Steffen 12-1-20\[1\].pdf](#)

Dear Ms. Ross,

Attached please find “Statement of Designation of Counsel” forms designating Holly Schadler of Trister, Ross, Schadler & Gold, PLLC and myself as counsel for respondent Center for Election Innovation & Research (“CEIR”).

Please let me know if you have any questions. Thank you.

Sally Steffen



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

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# 7854

Name of Counsel: Holly Schadler

Firm: Trister, Ross, Schadler & Gold, PLLC

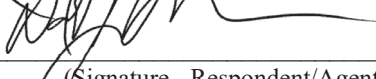
Address: 1666 Connecticut Ave., N.W., 5th Floor
Washington, D.C. 20009

Office#: (202) 329-1666 (gen'l) Fax#: (202) 204-5946

Mobile#: (office direct)

E-mail: hschadler@tristerross.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.

12/1/20  Executive Director
Date Signature - Respondent/Agent/Treasurer Title

David J. Becker
(Name - Please Print)

Center for Election Innovation & Research

RESPONDENT: _____
(Please print Committee Name/ Company Name/Individual Named in Notification Letter)

Mailing Address: 1120 Connecticut Ave., N.W., Ste. 1040
(Please Print) Washington, DC 20036

Home#: _____ Mobile#: _____

Office#: (202) 780-1600 Fax#: N/A

E-mail: dbecker@electioninnovation.org

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.



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AR/MUR/RR/P-MUR# _____

Name of Counsel: _____

Firm: _____

Address: _____

Office#: _____ Fax#: _____

Mobile#: _____

E-mail: _____

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)

Title

(Name - Please Print)

RESPONDENT:

(Please print Committee Name/ Company Name/Individual Named in Notification Letter)

Mailing Address: _____
(Please Print)

Home#: _____ Mobile#: _____

Office#: _____ Fax#: _____

E-mail: _____

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