

STATEMENT OF DESIGNATION OF COUNSEL

Provide one form for each Respondent/Witness

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AR/MUR/RR/P-	MUR# 607	-	
	Stuart A. Se		
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	101 New York An Washington, I Office#: 202-678-419	79 _{Fax#:} 202-	628-4177
	Mobile#:		
E-mail:	Sears e scherte	rlaw com	
The above-named	individual and/or firm is hereby designa	ted as my counsel and is autho	orized to receive any
notifications and o	ther communications from the Commiss	ion and to act on my behalf be	efore the Commission.
4.10.19	mheelx		
Date	(Signature - Respondent/Agent	Treasurer)	Title
	Michelle Ke (Name - Please Print)	2019 -	
	A A 2		
RESPONDENT:	(Please print Committee Name/ Compar	4. Koury	Notification Latter)
	(Please print Committee Name/ Compar	ty Name/Individual Named in	Notification Detter)
Mailing Address:			
(Please Print)	midal etom.	NY 10941	
	Home#: Office#: 845 - 703 - 6103 DUCLE CALCTAIVU	Fax#: 82+5-70	3-6203
E-mail: M	DUNI e CAICTAINU	nhealthcare	·. 60m

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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