

STATEMENT OF DESIGNATION OF COUNSEL

Provide one form for each Respondent/Witness

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AR/MUR/RR/P	-MUR#	8146		
Name of Counsel:	Jason 7	orchinsky		
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9/25/2023 Date		(Signature - Respond on Phillips (Name - Plea		Treasurer Title
RESPONDENT:	Laxalt (Please	for Senate print Committee Name	/ Company Name/Individual Na	nmed in Notification Letter)
Mailing Address: (Please Print)	PO Box	751102		
	Las Ve	gas, NV 89136		
	Home#:		Mobile#:	
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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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