

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

1 Name of organization		Employer identification number
2 Mailing address (P.O. box or number, street, and room or suite number)		
City or town, state, and ZIP code		
3 Check applicable box: ☐ Initial notice ☐ Amended notice ☐ Final notice		
4a Date established	4b Date of material change	
5 Email address of organization		
6a Name of custodian of records	6b Custodian's address	
7a Name of contact person	7b Contact person's address	
8 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number		
City or town, state, and ZIP code		
9a Election authority	9b Election authority identification number	

Part II Notification of Claim of Exemption From Filing Certain Forms (see instructions)

- 10a** Is this organization claiming exemption from filing **Form 8872**, Political Organization Report of Contributions and Expenditures, as a qualified state or local political organization? ☐ **Yes** ☐ **No**
- 10b** If "Yes," list the state where the organization files reports:
- 11** Is this organization claiming exemption from filing **Form 990** (or 990-EZ), Return of Organization Exempt from Income Tax, as a caucus or association of state or local officials? ☐ **Yes** ☐ **No**

Part III Purpose

- 12** Describe the purpose of the organization
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Part IV List of All Related Entities (see instructions)

13 Check if the organization has no related entities ☐

14a Name of related entity	14b Relationship	14c Address

Part V **List of All Officers, Directors, and Highly Compensated Employees** (see instructions)

[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as a tax-exempt organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that I am the official authorized to sign this report, and I am signing by entering my name below.

**Sign
Here**

Name of authorized official

Date _____



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Form **8871** (Rev. 7-2003)