

Political Organization Notice of Section 527 Status

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: <input type="checkbox"/> Initial notice <input type="checkbox"/> Amended notice <input type="checkbox"/> 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

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)

15a Name	15b Title	15c Address

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