Form **8871** (Rev. July 2003)

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Department of the Treasury Internal Revenue Service

		-								
Pa		General Informa	ation							
1	Name o	f organization						<u></u>	mploye	r identification number
2	Mailing	address (P.O. box of	ss (P.O. box or number, street, and room or suite number)							
	City or t	town, state, and ZIP	code				ction			
3	Check a	applicable box:	Initial not	ice	nded notice [Final notice			114.	
4a	Date es	tablished			4b Date of	material chang		il	<i>(</i>	
5	Email ad	ddress of organizatio	on					Sio.		ije,
6a	Name o	f custodian of record	ds		6b Custod	ian Saddress	7 %			¹ 602
7a	Name o	f contact person			7b Contac	t person's addr	OF TOTAL		ile,	
8	Busines	s address of organiz	zation (if di	ferent from ma	iling address s	shown above). N	Number, street,	, and rooi	m or suit	e number
	City or t	town, state, and ZIP	code	Kat	Y	70	8) 		
9a	Election	authority		8 1.	9b Election	authority iden	tification numb	20,		
Pai	t II	Notification of	Claim of	Exemption	From Filin	g Certain Fo	orms (see in	nstruction	ons)	
					A .		\sim			penditures, as a qualified
IVa	state or	local political organi	ization	Yes	No	U. 10.	Mepatrol Col	ILIDULIOIS	s and Ex	periolitures, as a qualified
10b	If "Vas "	' list the state where	theorgan	ation files res	onts	5 5	0),			
11	Is this o	organization claiming	exemption	n from filing	rm 990 (or 50	0-EZ), Return o	Organization	Exempt 1	from Inco	ome Tax, as a caucus or
	associai	tion of state or local	officals?	☐ Yes	□ Ng\	<u>.ن ره:</u>				
Pai	t III	Purpose A				U. 70.				
12	Describe	e the purpose of the	organizati	on 🔗	an en	Jest 1				
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	:.0	d dil	15,1	.o x	orts rm 990 (or 89					
		CI, V		SSS	<u>,0</u> ,					
Pa	įΨ,	Vist of All Rela	ted Enti	res (see ins	troctions)					_
13	Check		s no relate	111/19	?` 					> L
14a	Name o	of related entity	~~ d	4b Relation	nship	14c Address	S			
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		^	, na							

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

Part V			mpensated Employees (see instructions)
15a Name		15b Title	15c Address
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	Under penalties of periury. The	lare 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	t I have examined this notice, inclu	iding accompanying schedules and statements, and to the best of my knowledge
	and belief, it is true, correct, and below.	complete. I further declare that I a	m the official authorized to sign this report, and I am signing by entering my name
			\
Sign	Name of authorized offici	al	Date
Here	, iname of authorized oπic	aı	, Date
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