Form **8871**
(July 2000)
Department of the Treasury
Internal Revenue Service

# Political Organization Notice of Section 527 Status

OMB No. 1545-1693

**Part I General Information**

1 Name of organization
Creed Campaign 2000

Employer identification number
~~Applied For,~~
06-1589710

2 Mailing address (P.O. Box or number, street, and room or suite number)
PO Box 361, Litchfield, Ct 06759
City or town, state, and ZIP code

3 E-mail address of organization

4a Name of custodian of records
Edward Olcese

4b Custodian's address
PO Box 361, Litchfield, CT 06759

5a Name of contact person
Kevin E. Creed

5b Contact person's address
PO Box, 361, Litchfield, Ct 06759

6 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

**Part II Purpose**

7 Describe the purpose of the organization

Campaign Committee formed under Conn General Statues for the purposes of electing Kevin E. Creed to the Connecticut State Senate.

**Part III List of All Related Entities (see instructions)**

| 8a Name of related entity | 8b Relationship | 8c Address |
|---|---|---|
| N/A | | |
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For Paperwork Reduction Act Notice, see page 4.

Cat. No. 30405V

Form **8871** (7-2000)

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Form 8871 (7-2000)

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

| 8a Name | 8b Title | 8c Address |
|---|---|---|
| Edward Olcese | Treasurer | PO Box 361, Litchfield, CT06759 |
| Grace Rogers | Deputy Treasurer | PO Box 361, Litchfield, Ct 06759 |
| | | |
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**Sign Here**

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an 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.

Signature of authorized official

7-31-00
Date

Printed on recycled paper



(860) - 9[illegible]

Form **SS-4**
(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
KEVIN E. CREED

2 Trade name of business (if different from name on line 1)
Creed Campaign 2000

3 Executor, trustee, "care of" name
Edward Olcese

4a Mailing address (street address) (room, apt., or suite no.)
PO Box 361

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
Litchfield, CT 06759

5b City, state, and ZIP code

6 County and state where principal business is located
Litchfield, Connecticut

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶
Kevin E. Creed, Candidate for State Senate; 30th Dist

8a Type of entity (Check only one box.) (see instructions)
*Caution: If applicant is a limited liability company, see the instructions for line 8a.*

- ☐ Sole proprietor (SSN)
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Other corporation (specify) ▶
- ☐ Trust
- ☐ Federal government/military
- ☒ Other nonprofit organization (specify) ▶ Caimpaign (enter GEN if applicable)
- ☐ Other (specify) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated | State | Foreign country

9 Reason for applying (Check only one box.) (see instructions)
- ☐ Started new business (specify type) ▶
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☒ Other (specify) ▶ IRS purposes

10 Date business started or acquired (month, day, year) (see instructions)
July 2000

11 Closing month of accounting year (see instructions)
December 2000

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶ N/A

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)* ▶

| Nonagricultural | Agricultural | Household |
|---|---|---|
| 0 | 0 | 0 |

14 Principal activity (see instructions) ▶

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ N/A
☐ Public (retail) ☐ Other (specify) ▶

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
*Note: If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) ( )

Fax telephone number (include area code) (860) 583-5200

Name and title (Please type or print clearly.) ▶ Kevin E. Creed, Candidate

Signature ▶ [signature] Date ▶ 7-31-00

*Note: Do not write below this line. For official use only.*

| Please leave blank ▶ | Geo. | Ind. | Class | Size | Reason for applying |
|---|---|---|---|---|---|
| | | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 16055N Form **SS-4** (Rev. 4-2000)