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

Political Organization Notice of Section 527 Status

OMB No. 1545-1890

Part I General Information

1 Name of organization: Committee to Elect Jennifer Fauve

Employer identification number: 38 3548058

2 Mailing address (P.O. Box or number, street, and room or suite number): 32768 Lancaster

City or town, state, and ZIP code: Warren, MI 48093

3 E-mail address of organization:

4a Name of custodian of records: Paul Bukowski

4b Custodian's address: 2610 Marfit, #3, E. Lansing, MI 48823

5a Name of contact person: Same as above

5b Contact person's address:

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

Candidate Committee

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
None		

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AUG 01 2000
OGDEN, UTAH

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

9a Name	9b Title	9c Address

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 ▶ Date 7/27/00

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Form **SS-4**
(Rev. December 1993)
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.)

EIN

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) Committee to Elect Jennifer Faunce

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name Jennifer Faunce

4a Mailing address (street address) (room, apt., or suite no.) 32768 Lancaster

5a Business address, if different from address in lines 4a and 4b

4b City, state, and ZIP code Warren, MI 48093

5b City, state, and ZIP code

6 County and state where principal business is located Macomb

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole Proprietor (SSN)
- ☐ REMIC
- ☐ State/local government
- ☐ Personal service corp.
- ☐ National guard
- ☒ Other nonprofit organization (specify) Political Candidate Committee
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator-SSN
- ☐ Other corporation (specify)
- ☐ Federal government/military
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative
- ☐ Church or church controlled organization

(enter GEN if applicable)

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.)

- ☐ Started new business (specify) ▶
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify) ▶
- ☐ Changed type of organization (specify) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶
- ☒ Other (specify) ▶ New Federal Campaign Finance Law

10 Date business started or acquired (Mo., day, year) (See instructions.) 5/12/98

11 Enter closing month of accounting year. (See instructions.)

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

13 Enter 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." ▶

Nonagricultural	Agricultural	Household
0	0	1

14 Principal activity (See instructions.) ▶ Candidate Campaign Manager

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 the appropriate box.
☐ Public (retail) ☐ Other (specify) ▶ ☐ Business (wholesale) ☒ N/A

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

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.
Legal name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the 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.

Name and title (Please type or print clearly.) ▶ Jennifer Faunce, Candidate | Business telephone number (include area code) (810) 977-8208

Signature ▶ Jennifer Faunce | Date ▶ 7/27/00

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

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

For Paperwork Reduction Act Notice, see page