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: ROB MAGNAGNI FOR SENATE CAMPAIGN

Employer identification number: APPLIED FOR

2 Mailing address (P.O. Box or number, street, and room or suite number): 150 HONEYWOOD DRIVE

City or town, state, and ZIP code: KISSIMMEE FL 34743

59-3660804

3 E-mail address of organization

4a Name of custodian of records: RICHARD DIEZ

4b Custodian's address: 3325 GREAT OAK BLVD KISSIMMEE FL 34741

5a Name of contact person: ROB MAGNAGNI

5b Contact person's address: 150 HONEYWOOD DRIVE KISSIMMEE FL 34743

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

TO ELECT CANDIDATE TO PUBLIC OFFICE

Part III List of All Related Entities (see instructions)

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

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For Paperwork Reduction Act Notice, see page 4. Cat. No. 30405V Form **8871** (7-2000)

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

9a Name	9b Title	9c Address

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.

Sign Here ▶ Signature of authorized official ▶ 7/30/00 Date

ROB MAGNAGHI FOR SHERIFF CAMPAIGN
150 HONEYWOOD DRIVE
KISSIMMEE, FLORIDA 34743
407-962-0055 PHONE
407-931-3906 FAX

FACSIMILE TRANSMITTAL SHEET

TO: Tele-Tin	FROM: Rob Magnaghi
COMPANY: Internal Revenue Service	DATE: 07/30/00
FAX NUMBER: 678-530-6156	TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER: 770-455-2360	SENDER'S REFERENCE NUMBER: Form **SS-4**
RE: Request for EIN number	YOUR REFERENCE NUMBER:

X URGENT

NOTES/COMMENTS:

This request for an EIN number is to fill out mandated IRS form 8871. Per telephone conversation with Ms. Krebs badge 3102330, I am sending form 8871 to IRS Service Center, Ogden, Utah 84201 with a copy of this fax and copy of faxed form SS-4.