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
SKEET ALFORD, CANDIDATE FOR HOUSE DIST. 21, COMMITTEE TO ELECT

Employer identification number
91 | 2064292

2 Mailing address (P.O. Box or number, street, and room or suite number)
3816 REID ST.

City or town, state, and ZIP code
PALATKA, FL 32177

3 E-mail address of organization

4a Name of custodian of records
ROSEMARY MOTES

4b Custodian's address
126 RADCLIFF ROAD
PALATKA, FL 32177

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5a Name of contact person
SKEET ALFORD

5b Contact person's address
3816 REID ST.
PALATKA, FL 32177

6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
3816 REID ST.

City or town, state, and ZIP code
PALATKA, FL 32177

Part II Purpose

7 Describe the purpose of the organization

CAMPAIGN TO ELECT SKEET ALFORD TO FL. HOUSE DIST. #21

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
N/A		
N/A		
N/A		
N/A		
N/A		

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

9a Name	9b Title	9c Address
SKEET ALFORD	DEPUTY TREASURER	3816 REID ST PALATKA, FL 32177
ROSE MARY MOSES	TREASURER	126 RADCLIFF RD. PALATKA, FL 32177

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 ▶ Skeet Alford ▶ 8-7-2000

Signature of authorized official — Date

Internal Revenue Service
Customer Service Center-Atlanta
P. O. Box 47-421 Stop 751
Doraville, GA 30362

Date: July 27, 2000

0716 934125

Tele-Tin Number: 770-455-2360
Fax Number: 678-530-6156

Ukeet Alford
3816 Reid St
Palatka, FL 32177

Dear Taxpayer:

We are returning your Form SS-4 for additional information. Please provide the requested information indicated by the item(s) circled below and send the completed form back to us for processing. You may fax the Form SS-4 to the above fax number for a quicker response.

1. Social Security Number on line 7 of Form SS-4.
   A. Corporation - President. Vice President. other principal officer or member of LLC.
   B. Partnership - General partner or member of LLC.
   C. Trust – Grantor/Trustor (person who established the trust).
   D. Estate – Decedent on line 8a.
   E. Non-Resident/Canadian Citizen – Copy of social security card, passport, visa, birth certificate, or driver's license.
   F. Other – Owner, Sole Proprietor or Non-Profit Organization.
   G. Copy of social security card (the name does not match the SSN on our records).

2. Mailing Address / Location Address of Business.

3. Business Operational Date on line 10 of Form SS-4.
   A. Corporation – Date business started or acquired.
   B. Partnership – Date partnership agreement went into effect.
   C. Trust – Date trust was created or funded.
   D. Estate – Date of death of the decedent.
   E. Other – Date business or organization started.

4. Fiscal Year Month on line 11 of Form SS-4.

5. Principal Activity of Business on line 14 of Form SS-4 (please specify the exact product and/or type of business being operated).

6. Telephone Number of Business on line 17c of Form SS-4.

7. Our records indicate the name of your corporation has already been used. We will need a copy of your Certificate or Articles from your state of incorporation.

8. A "Limited Liability Company" can file either as a Corporation, Partnership, Sole Proprietor, or Disregarded Entity. Please specify on line 8a of Form SS-4 the appropriate type of entity and how many members. If filing as a single member corporation submit Form 8832 to elect corporate status.

(over)

Skeet Alford
District 21 Candidate
Florida House of Representatives
3816 Reid St
Palatka, FL 32177
904-325-7330
904-325-5177 FAX

FAX COVER SHEET

Date: 7-28-00

To: INTERNAL REVENUE SERVICE

@:

Fax#: 678-530-6156

From: SKEET ALFORD

# of Pages including cover : 2

** If you have any trouble receiving this fax, please contact our office. **

[illegible]

[illegible] 64292 [illegible]

[illegible] NAME [illegible]
[illegible] ALFORD COMMITTEE [illegible]
[illegible] RIED ST
[illegible] [illegible]

FISCAL YEAR MONTH [illegible]
[illegible] FISCAL YEAR MONTH [illegible]
[illegible] OYMENT CODE
[illegible] ISHMENT YEAR/MONTH [illegible]
[illegible] BOD CLIENT CODE [illegible]