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
CAMPAIGN OF EILEEN FERDINAND

Employer identification number
APPLIED FOR
91-2065200

2 Mailing address (P.O. Box or number, street, and room or suite number)
5040 WATERSIDE DRIVE

City or town, state, and ZIP code
PORT RICHEY, FL. 34668

3 E-mail address of organization
eferdinand@yahoo.com

4a Name of custodian of records
EILEEN FERDINAND

4b Custodian's address
5040 WATERSIDE DR.
PORT RICHEY, FL. 34668

5a Name of contact person
EILEEN FERDINAND

5b Contact person's address
5040 WATERSIDE DR.
PORT RICHEY, FL. 34668

6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
N/A

City or town, state, and ZIP code

**Part II Purpose**

7 Describe the purpose of the organization
POLITICAL CAMPAIGN

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

| 8a Name of related entity | 8b Relationship | 8c Address |
|---|---|---|
| N/A | | |
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**Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)**

| 8a Name | 8b Title | 8c Address |
|---|---|---|
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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.

Eileen Ferdinand ▶ 7/31/00

Signature of authorized official ▶ Date