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: Committee to Elect Stephen H. Stetler

Employer identification number: 91-2065644

2 Mailing address (P.O. Box or number, street, and room or suite number): P.O. Box 1503 York, Pa. 17405

City or town, state, and ZIP code: York Pa. 17403

3 E-mail address of organization:

4a Name of custodian of records: Keith Skotnicki

4b Custodian's address: 730 N. Hawthorne York Pa. 17404

5a Name of contact person: Stephen H. Stetler

5b Contact person's address: 932 S. Beaver St York, Pa. 17403

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 assist with the re-electi of Stephen H. Stetler - Primary functi of Committee is to raise money + to fund 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)

9a Name	9b Title	9c Address
Keith Skotnicki	Treasurer	730 N. Hawthorne St York, Pa. 17404

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 Stephen H. Stetler ▶ Date 7/31/00

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 91-2065644

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
Committee to Elect Stephen H. Stetler

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

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
P.O. Box 1503

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

4b City, state, and ZIP code
York Pa. 17403

5b City, state, and ZIP code

6 County and state where principal business is located
York, Pa.

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶

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
- ☐ Other nonprofit organization (specify) ▶
- ☐ Other (specify) ▶ Campaign Committee
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Other corporation (specify) ▶
- ☐ Trust
- ☐ Federal government/military

(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.) (see instructions)
- ☐ Banking purpose (specify purpose) ▶ Campaign Committee
- ☐ Started new business (specify type) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
1990

11 Closing month of accounting year (see instructions)
December

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) ▶ Campaign Committee

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.
☐ Public (retail) ☐ Other (specify) ▶ Nothing Sold ☐ Business (wholesale) ☐ N/A

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.

Stephen H. Stetler

Name and title (Please type or print clearly.) ▶

Business telephone number (include area code) (717) 848-4395

Fax telephone number (include area code) (717) no

Signature ▶ Date ▶

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)