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: Citizens For MARK Mitman

Employer identification number: 91-2065645

2 Mailing address (P.O. Box or number, street, and room or suite number): 703 Overlook Drive

City or town, state, and ZIP code: Bethlehem, PA 18017

3 E-mail address of organization: feedback@mitman2000.com

4a Name of custodian of records: DAVID EVANS

4b Custodian's address: 2462 Greencrest Drive, Bethlehem, PA 18017

5a Name of contact person: MARK MITMAN

5b Contact person's address: 703 Overlook Drive, Bethlehem, PA 18017

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: Political Committee

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address

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

8a Name	8b Title	8c Address
Emil Giordano	Chairman	4380 Lorraine Lane Bethlehem, PA 18017
David Evans	Treasurer	2462 Greenscrest Drive Bethlehem, PA 18017

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

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 91-2065645

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) Citizens for MARK MitmAN

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.) 703 Overlook Drive

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

4b City, state, and ZIP code Bethlehem, PA 18017

5b City, state, and ZIP code

6 County and state where principal business is located Northampton

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ MARK S. MitMAN 190-54-9789

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

10 Date business started or acquired (month, day, year) (see instructions) N/A

11 Closing month of accounting year (see instructions) N/A

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) ▶

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. ☐ Business (wholesale) ☐ N/A
☐ Public (retail) ☐ Other (specify) ▶

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.

Business telephone number (include area code) ( )

Fax telephone number (include area code) ( )

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

Signature ▶ Date ▶ 7/31/00

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

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