Form **8871**
(July 2000)
Department of the Treasury
Internal Revenue Service

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

General Information

1 Name of organization: Harris for House

Employer identification number: 92-0173060

2 Mailing address (P.O. Box or number, street, and room or suite number): Box 1245

Applied for

City or town, state, and ZIP code: Valdez AK 99686

3 E-mail address of organization: visu@alaska.net

4a Name of custodian of records: John Harris

4b Custodian's address: Same

5a Name of contact person: John Harris

5b Contact person's address: Same

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

Purpose

7 Describe the purpose of the organization

Reelection Campaign

RECEIVED AUG 18 2000 OGDEN, UT

List of All Related Entities (see instructions)

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

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11

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

9a Name	9b Title	9c Address
None		

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] Harris
Signature of authorized official

7-31-00
Date

Form **SS-4**

(Rev. February 1998)

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

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) John L. Harris

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

3 Executor, trustee, "care of" name John Harris

4a Mailing address (street address) (room, apt., or suite no.) Box 1245

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

4b City, state, and ZIP code Valdez AK 99686

5b City, state, and ZIP code

6 County and state where principal business is located USA

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

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) ▶ Political
- ☐ Other (specify) ▶
- ☐ 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) ▶ Political fundraising

10 Date business started or acquired (month, day, year) (see instructions) 7-1-00

11 Closing month of accounting year (see instructions) 12-31-00

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)* ▶

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.
☐ Public (retail) ☒ Other (specify) ▶ None ☐ Business (wholesale)

17a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No ☐ N/A
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 ▶ John Harris Trade name ▶ Valdez Industrial Supply

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.

Name and title (Please type or print clearly.) ▶ John L. Harris (Representative)

Business telephone number (include area code) 907 835-2836

Fax telephone number (include area code) 907 835 3732

Signature ▶

Date ▶ 7-31-00

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

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

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