

Political Organization Report of Contributions and Expenditures

► Information about Form 8872 and its instructions is available at www.irs.gov/form8872.
► Do not enter social security numbers on this form or any attachments to it as they may be made public.

Open to Public Inspection

A For the period beginning _____, 20____ and ending _____, 20____

B Check applicable boxes: Initial report Change of address Amended report Final report

1 Name of organization _____ **Employer identification number** _____

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

City or town, state or province, country, and ZIP or foreign postal code _____

3 Email address of organization _____ **4** Date organization was formed _____

5a Name of custodian of records _____ **5b** Custodian's address _____

6a Name of contact person _____ **6b** Contact person's address _____

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number _____

City or town, state or province, country, and ZIP or foreign postal code _____

8 Type of report (check only one box)

a First quarterly report (due by April 15)

b Second quarterly report (due by July 15)

c Third quarterly report (due by October 15)

d Year-end report (due by January 31)

e Mid-year report (Non-election year only—due by July 31)

f Monthly report for the month of: _____
(due by the 20th day following the month shown above, except the December report, which is due by January 31)

g Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election: _____
(2) Date of election: _____
(3) For the state of: _____

h Post-general election report (due by the 30th day after general election)
(1) Date of election: _____
(2) For the state of: _____

9 Total amount of reported contributions (total from all attached Schedules A) **9**

10 Total amount of reported expenditures (total from all attached Schedules B) **10**

Under penalties of perjury, I declare that I have examined this report, 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 Date

Schedule A Itemized Contributions (DO NOT enter social security numbers on this schedule.)	Schedule A page _____ of _____
Name of organization _____	Employer identification number _____

Contributor's name, mailing address and ZIP code	Name of contributor's employer		Amount of contribution
	Contributor's occupation		
	Aggregate contributions year-to-date ▶	\$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer		Amount of contribution
	Contributor's occupation		
	Aggregate contributions year-to-date ▶	\$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer		Amount of contribution
	Contributor's occupation		
	Aggregate contributions year-to-date ▶	\$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer		Amount of contribution
	Contributor's occupation		
	Aggregate contributions year-to-date ▶	\$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer		Amount of contribution
	Contributor's occupation		
	Aggregate contributions year-to-date ▶	\$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer		Amount of contribution
	Contributor's occupation		
	Aggregate contributions year-to-date ▶	\$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer		Amount of contribution
	Contributor's occupation		
	Aggregate contributions year-to-date ▶	\$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer		Amount of contribution
	Contributor's occupation		
	Aggregate contributions year-to-date ▶	\$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer		Amount of contribution
	Contributor's occupation		
	Aggregate contributions year-to-date ▶	\$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer		Amount of contribution
	Contributor's occupation		
	Aggregate contributions year-to-date ▶	\$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer		Amount of contribution
	Contributor's occupation		
	Aggregate contributions year-to-date ▶	\$	

Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 ▶	\$
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Schedule B Itemized Expenditures <i>(DO NOT enter social security numbers on this schedule.)</i>	Schedule B page _____ of _____
Name of organization _____	Employer identification number _____

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure _____

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure _____

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure _____

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure _____

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure _____

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure _____

Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872	\$ _____
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