

Political Organization Report of Contributions and Expenditures

▶ See Separate instructions.

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, and ZIP code _____

3 E-mail 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, and ZIP 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** _____

Sign Here 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.

▶ _____ **Signature of authorized official** ▶ _____ **Date**

Schedule A Itemized Contributions		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 . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 ▶		\$

Schedule B **Itemized Expenditures** 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 **\$** _____ ▶

