

# Political Organization Report of Contributions and Expenditures

► Information about Form 8872 and its instructions is available at [www.irs.gov/form8872](http://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) **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)

**b**  Second quarterly report (due by July 15) **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: \_\_\_\_\_

**c**  Third quarterly report (due by October 15) **h**  Post-general election report (due by the 30th day after general election)  
**(1)** Date of election: \_\_\_\_\_  
**(2)** For the state of: \_\_\_\_\_

**d**  Year-end report (due by January 31)

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

**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**  

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

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
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 . . . . . ▶ **\$**

<b>Schedule B</b> <b>Itemized Expenditures</b> <i>(DO NOT enter social security numbers on this schedule.)</i>	Schedule B page _____ of _____
Name of organization _____	<b>Employer identification number</b> _____

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

Purpose of expenditure \_\_\_\_\_

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