

Political Organization Report of Contributions and Expenditures

OMB No. 1545-1696

▶ 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)

<p>a <input type="checkbox"/> First quarterly report (<i>due by April 15</i>)</p> <p>b <input type="checkbox"/> Second quarterly report (<i>due by July 15</i>)</p> <p>c <input type="checkbox"/> Third quarterly report (<i>due by October 15</i>)</p> <p>d <input type="checkbox"/> Year-end report (<i>due by January 31</i>)</p> <p>e <input type="checkbox"/> Mid-year report (<i>Non-election year only-due by July 31</i>)</p>	<p>f <input type="checkbox"/> Monthly report for the month of: _____ <i>(due by the 20th day following the month shown above, except the December report, which is due by January 31)</i></p> <p>g <input type="checkbox"/> Pre-election report (<i>due by the 12th or 15th day before the election</i>)</p> <p>(1) Type of election: _____</p> <p>(2) Date of election: _____</p> <p>(3) For the state of: _____</p> <p>h <input type="checkbox"/> Post-general election report (<i>due by the 30th day after general election</i>)</p> <p>(1) Date of election: _____</p> <p>(2) For the state of: _____</p>
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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 contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	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 ▶		\$

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 each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	

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