Form **8872** (July 2000)

Political Organization Report of Contributions and Expenditures

OMB No. 1545-1696

Department of the Treasury Internal Revenue Service ► See separate instructions.

Α	For the period beginning		, 20 and en	ding		,	20
В	Check applicable boxes:		Change of address	Amende	d report		Final report
1	Name of organization				Employer id	dentific	ation number
	•						
2	Mailing address (P.O. Box or number, street, and ro	oom or '	suite number)				
_	maining address (Fig. 25). So mainizer, except, and re	30 0. 0	sano nambon,				
	City or town, state, and ZIP code						
	only of town, state, and zir code						
	E mail address of organization				1 Data ara	opizati	an was formed
3	E-mail address of organization				4 Date org	anızatı	on 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 n	mailing a	iddress shown above). Number	r, street, and re	oom or suite r	number	
	Ç .	Ü					
	City or town, state, and ZIP code						
	, , , , , , , , , , , , , , , , , , , ,						
8	Type of report (check only one box)						
•	Type of report (encountering one bony						
			f Monthly report for the (due by the 20th da		n month show	un abo	wo except the
а	First quarterly report (due by April 15)		December report, wh	hich is due by .	anuary 31)	VII ADC	ме, ехсері іне
b	Second quarterly report (due by July 15)		g ☐ Pre-election report (de	ue by the 12th	or 15th day b	efore t	he election)
			(1) Type of election:				
С	☐ Third quarterly report (due by October 15)		(2) Date of election:				
			(3) For the state of:				
d	Year-end report (due by January 31)						
			h Post-general election	report (due by	the 30th day	after a	eneral election)
е	Mid-year report (Non-election		(1) Date of election:	,	,	3	,
	year only-due by July 31)		(2) For the state of:				
			(2) For the state of.			-	
•	Tabal and and affirm and a substitute of the same	-11 -441	ad Cabadadaa A		9		
9	Total amount of reported contributions (total from a	iii attacr	lea Schedules A)		7		
10	Total amount of reported expanditures (total from a	all attack	and Sahadulas P)		10		
10	Total amount of reported expenditures (total from a		•	<u> </u>	10		
	Under penalties of perjury, I declare that I have exame and belief, it is true, correct, and complete.	nined this	report, including accompanying sc	hedules and state	ements, and to	he best	of my knowledge
Sig	n						
He							
				•			
	Signature of authorized official			Date)		

Name of organization	Schedule A page of Employer identification number	
2 and the start and a second 71D and a	No. of contributors and con-	A
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution 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 contribution 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 contribution 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 contribution 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 contribution 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 contribution 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 contribution 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 contribution reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date ► \$	\$

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	
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N. C. LL. II.	\$
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 fo 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	
Designantly name, mailing address and ZID and	Name of reginient/s ampleyer	\$
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	
		\$

