

**Political Organization
Report of Contributions and Expenditures**

OMB No. 1545-1696

► Information about Form 8872 and its instructions is available at www.irs.gov/form8872.

► Do not enter Social Security numbers on this form as it may be made public.

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****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 Employer identification number
Name of organization			
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 ▶			\$

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		\$
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