Form **8872**

(Rev. October 2014)

Department of the Treasury Internal Revenue Service

Political Organization Report of Contributions and Expenditures

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

► Do not enter social security numbers on this form or any attachments to it as they may be made public.

OMB No. 1545-0123

Open to Public Inspection

A	For the period beginning	, 20_	, 20 and ending					, 20	
	-	_			_	-	_	_	
	Check applicable boxes:	Initial report	Change of a	address		Amended rep			report
1	Name of organization						Employer	iaentitio	cation number
2	Mailing address (P.O. Box or nu	mber, street, and room	or suite numbe	r)					
	City or town, state or province,	country, and ZIP or fore	ign postal code	,					
3	Email address of organization						4 Date orç	janizatio	n was formed
5a	Name of custodian of records		5	ib Custodi	ian's a	ddress			
6a	Name of contact person		6	6b Contact	t perso	n's address			
7	Business address of organization	n (if different from mailir	ng address sho	wn above).	. Numb	per, street, and	room or suit	e numbe	er
	City or town, state or province,	country, and ZIP or fore	ign postal code						
8	Type of report (check only one b	oox)							
а	First quarterly report (due by	/ April 15)	f			port for the mo		nth show	vn above, except the
b	Second quarterly report (due	e by July 15)				report, which is			
С	Third quarterly report (due b	y October 15)	g	Pre-		n report <i>(due b</i>	y the 12th oi	15th da	y before the
d	Year-end report (due by Jan	nuary 31)		(1) (2)	• •	of election: of election:			
е	Mid-year report (Non-election	on year only–due by July		(3)		ne state of:		- 00#	dan affan namanl
			h	electi (1) (2)	tion) Date	of election: ne state of:	ort (aue by tr	e 30th 6	day after general
9	Total amount of reported contrib	outions (total from all att	ached Schedu l	les A) .				9	
10	Total amount of reported expen	,			<u></u>		<u></u>	10	
Sign Here	 	ete.	report, including a	accompanyii	ng sche	dules and statem	.	he best o	t my knowledge and
	Signature of authorized official	al					Date		

Schedule A Itemized Contributions (DO	NOT enter social security numbers on this schedule.)	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
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. En	, , , , , , , , , , , , , , , , , , , ,	9 9 of > \$

Name of organization	NOT enter social security numbers on this schedule.)	Schedule B page of 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		
Positional page mailing address and 7ID ands	Name of recipient's employer	Amount of expanditure
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
Tioopicite a marite, maining address and 2ii oodo	Traine of recipions of simpleyer.	\$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of our anditure
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. Er Form 8872	nter here and also include this amount in the total on line	e 10 of ▶ \$

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