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 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 Name of organization	Schedule A page of 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	
	Contributor's occupation	\$
	Aggregate contributions	Date of contribution
Contributor's name, mailing address and ZIP code	year-to-date ▶ \$ Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions	Date of contribution
	year-to-date ▶ \$	
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	
	Contributor's occupation	\$
	Aggregate contributions	Date of contribution
Contributor's name, mailing address and ZIP code	year-to-date ▶ \$ Name of contributor's employer	Amount of contribution
Contributor's flame, maining address and Zir Code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	_
		\$ Date of contribution
	Aggregate contributions year-to-date	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	
	Communication of coordination	\$
	Aggregate contributions	Date of contribution
Contributor's name, mailing address and ZIP code	year-to-date ▶ \$ Name of contributor's employer	Amount of contribution
contributor of harmo, maining address and zin code	Tamo of continuator of omproyor	7 tillodik of containation
	Contributor's occupation	
	A	\$ Date of contribution
	Aggregate contributions year-to-date	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	
		\$
	Aggregate contributions	Date of contribution
Subtotal of contributions reported on this page only. En	year-to-date ▶ \$	

Name of organization Itemized Expenditures (DC	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	ent's name, mailing address and ZIP code Name of recipient's employer	
	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
	Peciniant's accumption	\$ Date of expenditure
	Recipient's occupation	Date of experionare
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		
		Amount of expenditure
Recipient's name, mailing address and ZIP code	lecipient's name, mailing address and ZIP code Name of recipient's employer	
	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. Fi	nter here and also include this amount in the total on line	e 10 of
Form 8872		▶ \$

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