

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 (due by April 15)</p> <p>b <input type="checkbox"/> Second quarterly report (due by July 15)</p> <p>c <input type="checkbox"/> Third quarterly report (due by October 15)</p> <p>d <input type="checkbox"/> Year-end report (due by January 31)</p> <p>e <input type="checkbox"/> Mid-year report (Non-election year only-due by July 31)</p>	<p>f <input type="checkbox"/> 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)</p> <p>g <input type="checkbox"/> 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: _____</p> <p>h <input type="checkbox"/> Post-general election report (due by the 30th day after general election) (1) Date of election: _____ (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 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 **\$** _____ ▶

