

# Political Organization Report of Contributions and Expenditures

▶ 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><b>a</b> <input type="checkbox"/> First quarterly report (<i>due by April 15</i>)</p> <p><b>b</b> <input type="checkbox"/> Second quarterly report (<i>due by July 15</i>)</p> <p><b>c</b> <input type="checkbox"/> Third quarterly report (<i>due by October 15</i>)</p> <p><b>d</b> <input type="checkbox"/> Year-end report (<i>due by January 31</i>)</p> <p><b>e</b> <input type="checkbox"/> Mid-year report (<i>Non-election year only-due by July 31</i>)</p>	<p><b>f</b> <input type="checkbox"/> Monthly report for the month of: _____          (<i>due by the 20th day following the month shown above, except the December report, which is due by January 31</i>)</p> <p><b>g</b> <input type="checkbox"/> Pre-election report (<i>due by the 12th or 15th day before the election</i>)          (1) Type of election: _____          (2) Date of election: _____          (3) For the state of: _____</p> <p><b>h</b> <input type="checkbox"/> Post-general election report (<i>due by the 30th day after general election</i>)          (1) Date of election: _____          (2) For the state of: _____</p>
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<b>9</b> Total amount of reported contributions (total from all attached <b>Schedules A</b> ). . . . .	<b>9</b>	
<b>10</b> Total amount of reported expenditures (total from all attached <b>Schedules B</b> ). . . . .	<b>10</b>	

**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

<b>Schedule A Itemized Contributions</b>		Schedule A page      of
Name of organization		<b>Employer identification number</b>
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
<b>Subtotal</b> 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
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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

<b>Subtotal</b> 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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