

**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)

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: \_\_\_\_\_

<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</b> <b>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
<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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