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Almost every form and publication also has its own easily accessible information page on IRS.gov. For example, the Form 1040 page is at [IRS.gov/form1040](https://www.irs.gov/form1040); the Form W-2 page is at [IRS.gov/w2](https://www.irs.gov/w2); the Publication 17 page is at [IRS.gov/pub17](https://www.irs.gov/pub17); the Form W-4 page is at [IRS.gov/w4](https://www.irs.gov/w4); the Form 8863 page is at [IRS.gov/form8863](https://www.irs.gov/form8863); and the Schedule A (Form 1040) page is at [IRS.gov/schedulea](https://www.irs.gov/schedulea). If typing in the links above instead of clicking on them: type the link into the address bar of your browser, not in a Search box; the text after the slash must be lowercase; and your browser may require the link to begin with “www.”. Note that these are shortcut links that will automatically go to the actual link for the page.

If you wish, you can submit comments about draft or final forms, instructions, or publications on the [Comment on Tax Forms and Publications](#) page on IRS.gov. We cannot respond to all comments due to the high volume we receive, but we will carefully consider each one. Please note that we may not be able to consider many suggestions until the subsequent revision of the product.

**Political Organization
Report of Contributions and Expenditures**

(Rev. October 2014)

Department of the Treasury
Internal Revenue Service

► **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.**

**Open to Public
Inspection**

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 or province, country, and ZIP or foreign postal code _____

3 Email 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 or province, country, and ZIP or foreign postal 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: _____

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.

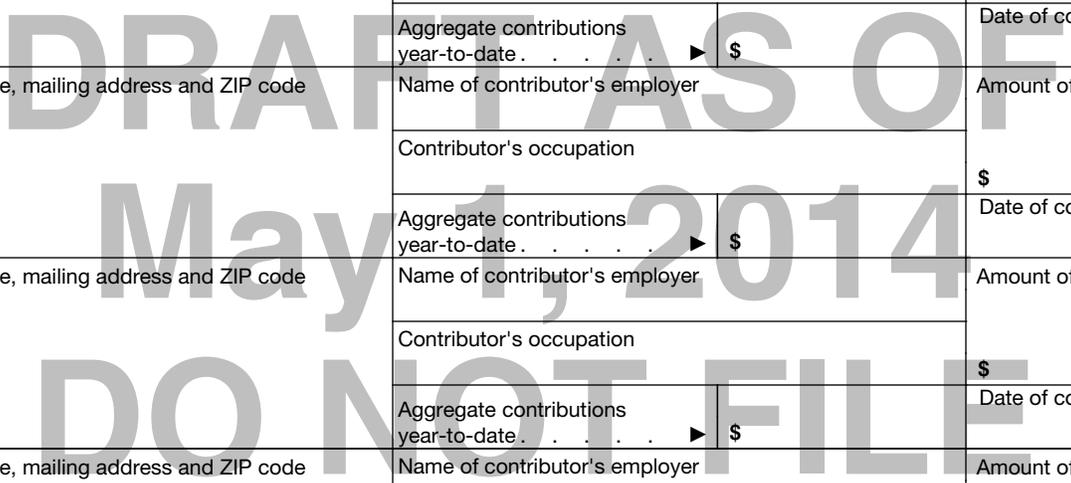
► _____ Date

Signature of authorized official

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 _____
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 <i>(DO NOT enter social security numbers on this schedule.)</i>	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		

DRAFT AS OF
May 1, 2014
DO NOT FILE

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	\$
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