Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

▶ See Seperate instructions.

OMB No. 1545-1696

A For the period beginning April 1 ,20 13 and ending June 30 , 20 13

B Check applicable boxes ☐ Intial report ☐ Change of address ☐ Amended report ☑ Final report

1 Name of organization
Americans Against Pornography

Employer identification number
90 0475340

2 Mailing address (P O. Box or number, street, and room or suite number)
14459 Washington Boulevard

City or town, state, and ZIP code
University Heights, Ohio 44118

3 E-mail address of organization

4 Date organization was formed

5a Name of custodian of records
James V. Carfagna

5b Custodian's address
Same as #2 above

6a Name of contact person
Benjamin J. Cooper

6b Contact person's address
25 W. Prospect Avenue, Republic Bldg., Ste. 1400
Cleveland, Ohio 44115

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· _____

9 Total amount of reported contributions (total from all attached **Schedules A**)	9	0
10 Total amount of reported expenditures (total from all attached **Schedules B**)	10	0

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

▶ J Carfagna ▶ July 10, 2013
Signature of authorized official Date

For Paperwork Reduction Act Notice, see separate instructions. Cat No 30406G Form **8872** (11-2002)

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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
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 . . . . . ▶ $