Print Form

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

Financial Report for Charitable Solicitations

1. Name (as on certificate) _____
2. Address _____
3. Certificate No. _____ Period covered by certificate _____
4. Solicitation Dates: From _____ To _____
5. Name under which solicitation conducted: _____
6. Were paid solicitors used? Yes____ No ____
   If you answer yes, attach a list of the solicitors and the amounts paid to each.
7. Will financial records be audited for the period covered by this report? Yes____ No____
   Have the financial records been audited for this period? Yes____ No____
8. Name of Audit Firm _____ Phone Number_____
   Address_____

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1. Period covered by campaign financial statement_____
2. Cash on hand and in the bank $_____

Receipts from Solicitations:

3. Person to person solicitation $_____
4. Mail Solicitation $_____
5. Sale of tickets (gross) $_____
6. Other solicitations (Specify_____) $_____
7. All other receipts $_____
8. Total receipts $_____
9. Total funds to be accounted for $_____

Disbursements:

10. Executive Staff (Number _____) $_____
11. Clerical staff (Number _____) $_____
12. Solicitors (see item 6 above) $_____
13. Other salaries (Number _____) $_____
14. Total salaries $_____
15. Professional fund raising fee $_____
16. Telephone and telegraph $_____
17. Postage $_____
18. Stationary and printing $_____
19. Auditing cost for campaign $_____
20. Campaign supplies $_____
21. Advertising and publicity (exclude salaries) $_____
22. Travel and transportation $_____
23. Campaign meetings $_____
24. Cost of tickets (when purchase at discount) $_____
25. All other (itemize all items costing over $500 on a separate sheet) $_____
26. Total cash disbursements $_____
27. Cash balance to be accounted for $_____

Department of Consumer & Regulatory Affairs
1100 4th Street, SW, Washington, DC 20024 ◊ Phone: (202) 442-4400 Fax: (202) 442-4523
For Relay Service call 711 ◊ Email: bbl.infocenter@dc.gov

CASH BALANCE DISTRIBUTION

Distribution to beneficiaries: (give name, address and amount)

1. Name _____ $_____

   Address _____

2. Name _____ $_____

   Address _____

3. Name _____ $_____

   Address _____

4. Name _____ $_____

   Address _____

5. Name _____ $_____

   Address _____

REMAINING CASH BALANCE TO BE DISBURSED AS FOLLOWS:

Distribution: (give name, address and amount)

1. Name _____ $_____

   Address _____

2. Name _____ $_____

   Address _____

3. Name _____ $_____

   Address _____

4. Name _____ $_____

   Address _____

Total to be disbursed: $_____

I CERTIFY THIS FINANCIAL STATEMENT TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____ Name (printed) _____

Title _____ Date submitted _____

Filing of financial report in substitute form subject to conditions and approval