



PLEASE RETURN TO:
Board of Solicitation
915 Quarrier Street Suite 4
Charleston, WV 25330
Telephone:(304)348-8024

REPORT OF RECEIPTS AND EXPENDITURES

GENERAL INFORMATION (Please print or type)

NAME OF THE ORGANIZATION _____

ADDRESS _____

PHONE NUMBER _____

Period and nature of Solicitation: _____

RECEIPT:

Ticket Sales or Admission Charges: \$ _____

Sale of Advertising Space: \$ _____

Returns from sales of refreshments,
novelties, and/or operation of
concession booths: \$ _____

Cash contributions and Pledges: \$ _____

Amounts received from other sources
(Itemized): \$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Total: \$ _____

Federal, State, and City Taxes: _____

TOTAL RECEIPTS (less Federal,
State and City Taxes) \$ _____

EXPENSES OF SOLICITATION OR ACTIVITY

Salaries, Wages, Commissions: \$ _____

Remuneration to Promoters or Managers: \$ _____

Rentals: \$ _____

Rentals or Purchase of Equipment: \$ _____

Printing, Postage, Stationary: \$ _____

Telephone, Telegraph, Television or
Radio Time: \$ _____

Advertising Costs: \$ _____

Publicity Costs: \$ _____

Cost of Merchandise, Food, etc. for resale: \$ _____

Transportation: \$ _____

Legal Fees: \$ _____

Other Expenditures (Itemize) \$ _____

(over)

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

TOTAL EXPENSES OF SOLICITATION OR ACTIVITY: \$ _____

FINAL AMOUNT AVAILABLE RETAINED FOR THE "STATED PURPOSE OF THE SOLICITATION" \$ _____

DISTRIBUTION OF FUNDS - These funds have been (or will be) distributed in the following manner: _____ \$ _____
_____ \$ _____
_____ \$ _____

This is a final report: yes _____ no _____ If no, the final report will be submitted by _____ (date)

Are you requesting a refund? _____ Amount of refund requested. \$ _____

THIS REPORT IS SUBMITTED BY:

Organization: _____ By: _____

Title: _____ Date: _____