Disaster Relief Fundraising Quarterly Financial Report

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Secretary of State

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Department of State
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For Office Use Only

Instructions: Any charitable organization other than a bona fide religious institution, that solicits and receives contributions exceeding twenty-five thousand dollars ($25,000) for a charitable purpose related to a disaster in this state, shall file a financial report with the secretary of state. The organization shall file quarterly financial reports with the secretary of state detailing the money raised and expended by the organization as a result of the solicitation, until the funds are expended. The quarterly reports shall be filed within thirty (30) days of the close of the quarter.

1. Name of the organization: _____
2. Address: _____
3. Phone Number: _____ 4. Registration Number (if applicable): _____
5. Disaster for which contributions were solicited: _____
6. Financial Period: ❑ 1st Quarter ❑ 2nd Quarter ❑ 3rd Quarter ❑ 4th Quarter

_____ _____ , _____ to _____ _____ , _____
Month Day Year Month Day Year

I. **Revenue**

A. Gross contributions received as a result of solicitations ..... $_____

B. **Total Revenue** ..... $_____

II. **Expenses** ..... $_____

A. Program Services ..... $_____

B. Gifts/Grants ..... $_____

C. Fundraising ..... $_____

D. Administrative ..... $_____

E. Other (**attach** schedule) ..... $_____

F. **Total Expenses** ..... $_____

III. Program/Recipient Description

Describe the program services provided by the organization which were funded by contributions detailed in this report. (If the organization provided grants to other organizations, list the grant recipients and amounts distributed to such recipients. Attach additional pages if necessary).

Signature Section

This document must be signed by two authorized officers. I certify that the statements in this registration statement and all supplemental forms, documents, and continuation sheets are true and correct to the best of my knowledge and belief.

Signature of Authorized Officer: _____

Salutation: _____ First: _____ MI: _____ Last: _____

Position Title: _____ Date: _____

Signature of Authorized Officer: _____

Salutation: _____ First: _____ MI: _____ Last: _____

Position Title: _____ Date: _____